

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.05	Page 1 of 6
	Original Effective Date: 11/07/05, 09/01/04	New Effective Date: 01/11/21
	Supersedes: 500.80.05	Dated: 10/06/17
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Formulary – Approved Medications for Use		

POLICY

Advanced Care Providers shall utilize approved formulary medications when prescribing for patients in the Division of Adult Institutions. Prescribed medications that are not on the formulary shall be evaluated for therapeutic substitution and, if necessary, require prior authorization and/or non-formulary approval.

REFERENCES

Standards for Health Services in Prison, National Commission on Correctional Health Care, 2018, P-D-01 Pharmaceuticals Operations; P-D-02 Medication Services
Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

CPS – Central Pharmacy Service

Class II – Urgent non-formulary request

DAI – Division of Adult Institutions

DOC – Department of Corrections

Formulary – A written list of prescription and nonprescription medications that are ordinarily available to authorized prescribers, including consultants, working for the facility.

HCR - Healthcare Record

HSU – Health Services Unit

Non-formulary Medication – Any medication not contained within the established formulary list utilized by authorized prescribers or consultants working for the facility.

Non-formulary Request– Process by which Prescribing Practitioners may request medications that are not included in the standard medication formulary.

P&T Committee – Pharmacy and Therapeutics Committee

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WRC – Wisconsin Resource Center

PROCEDURES

I. Development of the Formulary

- A. The DOC formulary shall be developed, reviewed and updated by the P&T Committee. A listing of approved formulary items will be maintained on the DOC intranet site.
 - 1. Approved formulary items shall indicate the preferred status where such designations are assigned.
 - 2. A therapeutic substitution protocol shall be created for each therapeutic category where therapeutic substitution is allowed.
- B. Requests for additions and deletions to the formulary shall be submitted to the P&T Committee for review.
 - 1. The P&T Committee evaluates the appropriateness of the request, and makes decisions regarding additions, deletions and updates to the formulary.
 - 2. The formulary shall be reviewed in its entirety at least annually by the Pharmacy Director/designee.
- C. Formulary classes
 - 1. Open formulary.
 - 2. Criteria based.
 - 3. Non-formulary.

II. Non-Formulary Continuation of Medications Upon Intake

- A. Patients arriving at a DOC intake center may continue all non-formulary medications for up to 90 days post intake without approval.
 - 1. ACPs shall indicate “intake orders” on any orders.
 - 2. CPS pharmacists shall allow dispensing any non-formulary medication orders for up to 90 days after intake.
- B. Patients arriving at a DOC intake center may continue all non-formulary psychotropic medications indefinitely without approval except for:
 - 1. Class II – V controlled substances.
 - 2. Bupropion.
 - 3. Quetiapine.
 - 4. Thioridazine.
 - 5. Pimozide.

III. Use of the Preferred Formulary Medications by Licensed Prescribers

- A. The Medical, Dental, and Mental Health Directors shall provide orientation and training for ACPs related to the use and function of the medication formulary.
- B. ACPs shall utilize a preferred formulary medication when ordering medications.

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- C. The ACP shall allow therapeutic substitution, when appropriate, on any order written for a non-preferred product, regardless of formulary status, where a therapeutic substitution protocol exists.
- D. The ACP may exclude any order from therapeutic substitution by designating the order as “Do not substitute” or similar language. Non-formulary approval shall be required for any order designated as “Do not substitute”, or similar language, whenever an approved generic or therapeutic equivalent exists.
- E. A copy of the current Compact Formulary shall be included with the off-site paperwork when patients are sent off-site so that it can be used by off-site providers as a reference.
- F. All non-formulary medications, including OTCs, shall require non-formulary approval prior to dispensing.
- G. Non-formulary requests may be approved by any of the following
 1. Medical Director or his assigned delegate(s).
 2. Mental Health Director.
 3. Psychiatry Director.
 4. CPS pharmacist if the request is deemed clinically appropriate
- H. Non-formulary requests may be denied by any of the following
 1. Medical Director or his assigned delegate(s).
 2. Mental Health Director.
 3. Psychiatry Director.
- I. The ACP shall be notified of all non-formulary approvals and denials through the healthcare record message center.
- J. Class II– Urgent Non-formulary Request may be submitted which authorizes a one-time only dispensing of an unapproved non-formulary medication. Urgent non-formulary requests shall have a maximum order duration of 30 days.
- K. Urgent non-formulary process:
 1. ACP deems non-formulary medication is medically necessary and cannot wait for non-formulary approval.
 2. ACP places the order indicating the urgent non-formulary reason.
 3. CPS will dispense the order one-time, up to a 30-day supply, to the patient.
 4. Urgent non-formulary orders with a duration of more than 30 days shall have the duration of the order reduced to 30 days by a CPS pharmacist.
 5. The CPS pharmacist shall notify the ACP that non-formulary approval is required for any future dispensing of the non-approved medication.

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6. The ACP renewing any medication order previously dispensed as an urgent non-formulary is responsible for submitting the appropriate non-formulary request if the unapproved non-formulary medication is to be continued beyond the initial prescription fill regardless of who initially placed the order.
7. The ACP shall re-enter or renew the order only after the non-formulary request has been submitted and approved. CPS shall fill only approved formulary medication.

IV. Therapeutic Substitution

- A. Therapeutic substitution shall be allowed only where a therapeutic substitution protocol exists.
 1. Protocols shall be established using data obtained from clinical trials or peer reviewed literature.
 2. See formulary for appendices.
- B. The ACP will select the therapeutic substitute at the time of order placement.
- C. A CPS pharmacist may initiate therapeutic substitute by entering a proposed order into the HCR.
 1. If approved, the ACP shall cosign CPS entered proposed orders.
 2. If rejected, the ACP shall complete a non-formulary request.
- D. The patient shall receive notification regarding the therapeutic substitute. Medication education shall be documented.

V. Non-Formulary Medication Continuation Upon Readmission From an Inpatient Hospital Stay, WRC or Short Term Incarceration

- A. Patients returning from an inpatient hospital stay may continue any non-formulary medications started at the hospital for up to 90 days without approval.
- B. WRC
 1. Patients returning from WRC may continue any non-formulary psychotropic medication indefinitely without approval.
 2. Non-psychotropic, non-formulary medications are subject to normal formulary restrictions.
- C. Patients arriving for short term ATR may continue non-formulary medications without approval for the duration of their incarceration.

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Bureau of Health Services: Michael Rivers Date Signed: 1/8/21
Michael A. Rivers, Bureau Director

_____ Date Signed: _____
Vacant, Medical Director

Mary Muse Date Signed: 1/8/21
Mary Muse, Nursing Director

Administrator's Approval:  Date Signed: 01/11/21
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility:		
Original Effective Date:	DAI Policy Number: 500.80.05	Page 6 of 6
New Effective Date:	Supersedes:	Dated:
Chapter: 500 Health Services		
Subject: Formulary – Approved Medications for Use		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other