SUBJECT: DRUG FORMULARY PROCESS

EFFECTIVE DATE: 10/02/2020

I. PURPOSE:

The purpose of this health services bulletin is to provide for a departmental medication formulary system. This system will provide a method for medical staff to evaluate, appraise, and select those medicinal drugs or proprietary preparations which, in the medical staff's clinical judgment, are most useful in patient care.

II. DEPARTMENT OF CORRECTIONS DRUG FORMULARY:

The Department of Corrections operates within a formulary system that is updated/reviewed through the Clinical Quality Management Pharmacy Services Group. The departmental drug formulary was developed to utilize the most cost-effective medications available and to track usage of non-formulary items. All medications used shall meet national standards of quality. The use of DC4-648, *Drug Exception Request* provides information regarding new medication use within the department and the possible need for addition to the formulary. It is essential that a non-formulary item not be issued to an inmate without a signed and approved DC4-648. Failure to utilize DC4-648 is not acceptable. Practitioner and pharmacist adherence to the formulary system is essential in providing quality health care at the most economical price. Prescribers must comply with the procedures outlined in this system. A copy of the formulary shall be readily available to all staff.

The Chief of Pharmaceutical Services will provide the drug formulary to each institution. Updates will be posted on the Department of Corrections Health Services Pharmacy intranet website.

III. INSTITUTIONAL DRUG FORMULARY:

A. The Department of Corrections Drug Formulary is the formulary for each institution. It shall be updated/reviewed through the Clinical Quality Management Pharmacy Services Group. The formulary shall be cross-referenced with generic and brand names. A facility with a Class II institutional permit which is operating under the formulary system shall establish policies and procedures for the development of the system in accordance with the joint standards of the American Hospital Association and American Society of Hospital Pharmacists for the utilization of a hospital formulary system, which formulary shall be approved by the medical staff.

B. A DC4-648 shall be properly filled out for approval/disapproval of non-formulary medications by the appropriate authority. The drug exception request may be faxed or emailed or mailed to the appropriate approving authority for approval/disapproval. A verbal approval may be obtained for stat needs. The pharmacist shall have seventy-two (72) hours to obtain non-formulary items. Copies of approved drug exception requests will be filed in the inmate's medical record. The pharmacy will also maintain a copy of the approved DER form.

IV. DEPARTMENT FORMULARY RESTRICTIONS:

A. A distinct category of non-formulary items shall be developed. Central office approval is required before these items are obtained by the pharmacy. The following items will be in this distinct category: Isotretinoin (Accutane), Tretinoin (Retin-A), Butabarbital (Fiorinal), Carisoprodol (Soma). All prescriptions for Isotretinoin, Carisoprodol, Butabarbital and Tretinoin must have the approval of Chief Medical Director or designee, before the pharmacist can order. All prescriptions that have any of the active ingredients of marijuana must have the approval of the Chief Medical Director or designee before ordering.

B. Muscle relaxants—Per manufacturer's guidelines are to be used on a short-term basis only. These medications have a high abuse potential and should be single dosed. These medications may be prescribed a maximum of ten (10) days.

Usage of these medications for a period longer than the maximum of ten (10) days, even if a new prescription is written requires approval from a Regional Medical Director on an appropriately completed drug exception request form (DC4-648).

C. Quinolones—Oral Quinolones are restricted to second line use, first line use being medications such as Cephalexin, Amoxicillin, Ampicillin, Erythromycin, Tetracycline, etc., with the exception of documented indications in medical literature (which includes *The Sanford Guide to Antimicrobial Therapy*) or a culture and sensitivity obtained that indicates an oral Quinolone is the only formulary medication to which the organism is sensitive.

D. Ziagen—All allergies to Ziagen (Abacavir) must be documented using a stamp that reads **DOCUMENTED ALLERGY TO ABACAVIR—USE OF ABACAVIR MAY BE FATAL**. The stamp is to be used on the problem list in the medical record in the section or that part where allergies are documented.

E. All practitioners and pharmacy staff are to adhere to the various treatment guidelines/algorithms that are attached to the Formulary document.

V. ADDITIONS TO INSTITUTIONAL DRUG FORMULARY:

For an item to be added to the formulary, it must have the approval of the Clinical Quality Management Pharmacy Services Group. All requests for additions/deletions may be submitted to the Chief of Pharmaceutical Services via e-mail.

VI. RELEVANT FORMS:

DC4-648, *Drug Exception Request*
DC4-777, *Drug Exception Request for Formulary Addition*

Health Services Director Date