



<b>VOLUME 9: PHARMACY SERVICES</b>	Effective Date: 4/07
<b>CHAPTER 8</b>	Revision Date: 8/14
<b>9.8 CCHCS DRUG FORMULARY</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**I. PROCEDURE OVERVIEW**

The California Correctional Health Care Services (CCHCS) Systemwide Pharmacy and Therapeutics (P&T) Committee shall maintain the systemwide drug formulary. The development of the correctional formulary is based upon evaluations of efficacy, safety and cost-effectiveness.

**II. PURPOSE**

To promote rational, safe, clinically appropriate and cost-effective drug therapy within CCHCS and establish the process for approval and denial of nonformulary medications and for adding medications to and deleting them from the formulary.

**III. PROCEDURE**

**A. Procedure Overview**

1. The Chief of Pharmacy Services shall ensure that the current formulary is readily available in electronic format. A paper copy will be maintained by each institution pharmacy.
2. Formulary medication usage is required. Exceptions are outlined below.
3. Pharmacy shall dispense the most cost-effective, generic equivalent, otherwise nonformulary approval is required. Requests for the use of “brand name only” require nonformulary approval.
4. Pharmacy shall dispense dosage forms and strengths as listed in the formulary, otherwise nonformulary approval is required.

**B. Nonformulary Drug Requests**

1. Justification for Nonformulary Drug Requests
  - a. Documented treatment failures with medications listed in the formulary.
  - b. Documented allergy, side effect, or adverse reaction that prevents the use of a formulary medication.
  - c. Medications having the potential to prevent mortality and morbidity when formulary options do not exist. The requesting clinician may be asked to supply supporting scientific literature with the nonformulary request.
2. Nonformulary Drug Request Approval
  - a. Nonformulary Drug Requests (NFDR) shall be reviewed and approved by the Facility Medical Authority (FMA).
    - For medical indications, the FMA is the Chief Medical Executive (CME) or designee.
    - For dental indications, the FMA is the Regional Dental Director or designee.
    - For mental health indications, the FMA is the Chief Psychiatrist, senior psychiatry leadership or designee. For institutions without psychiatry leadership, the headquarters Chief Psychiatrist or designee shall be the FMA.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- b. Initial NFDRs require both the medication order (CDC 7221, Physician's Orders) and CDCR 7374, Nonformulary Drug Request, when submitted to the FMA for approval.
  - c. Unless otherwise specified on the NFDR, nonformulary drugs shall be approved for 12 months.
  - d. If a delay in therapy could result in harm or injury to the patient-inmate, the prescriber may obtain verbal approval from the FMA or designee for the pharmacy to immediately dispense the nonformulary medications. The prescriber shall subsequently submit the formal written request within 72 hours.
  - e. For inmates transferring between CDCR institutions, an approved NFDR remains valid at the receiving institution
  - f. Reception Centers may continue nonformulary medications for patient-inmates arriving from non-CDCR facilities for up to 30 days, after which a NFDR form must be approved by the FMA to continue the nonformulary medication.
  - g. Blanket authorizations (non-patient specific or for more than one patient) are not permitted.
3. Nonformulary Drug Request Denial
- a. If the FMA denies the NFDR, the FMA shall communicate the denial to the prescriber and the NFDR form shall be forwarded to pharmacy.
  - b. Upon receiving the denied NFDR, the pharmacist shall contact the provider to obtain a verbal order for discontinuation of the denied medication and complete a CDC 7221.
    - For nonformulary medications which have not yet been administered or dispensed to the patient-inmate, the discontinuation of the order shall be immediate, and the provider shall determine if an alternative medication is appropriate and/or if a patient-provider consultation is clinically indicated.
    - For nonformulary medications which have been administered or dispensed to the patient-inmate, the prescriber shall provide a verbal order for a clinically appropriate discontinuation date within 30 days of the NFDR denial, and the provider shall determine if an alternative medication is appropriate and/or if a patient-provider consultation is clinically indicated.
  - c. The CDC 7221 shall include the following information:
    - "Discontinue order per denial of NFDR by [insert name of FMA]"
    - Name and strength of medication to be discontinued
    - Signature of pharmacist, time and date
  - d. The pharmacy shall fax a copy of the NFDR and the CDC 7221 discontinuation order to the nursing station.
  - e. The pharmacy shall provide the original NFDR and CDC 7221 discontinuation order to medical records to be scanned into the electronic Unit Health Record.
  - f. The discontinuation order shall be retained in the pharmacy.
  - g. If the request for a nonformulary medication is denied, the prescriber may appeal in writing as follows:
    - For medical indications, to the CME or Regional Deputy Medical Executive (DME).
    - For dental indications, to the Regional Dental Director or designee.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- For mental health indications, to the Chief Psychiatrist, senior psychiatry leadership or designee. For institutions without psychiatry leadership, requests shall be submitted to the headquarters Chief Psychiatrist or designee.

## C. Formulary Change Requests

1. CCHCS Systemwide P&T Committee has exclusive authority to:
  - a. Add or delete drugs from the formulary.
  - b. Add or remove use criteria or restrictions from formulary drugs.
2. Requests to add, delete, or change restrictions for formulary drugs must follow the following process:
  - a. The provider shall submit a CDCR 7373, Formulary Change Request, and supporting scientific literature to the appropriate discipline as follows:
    - For medical indications, to the CME or Regional DME.
    - For dental indications, to the Regional Dental Director or designee.
    - For mental health indications, to the Chief Psychiatrist, senior psychiatry leadership or designee. For institutions without psychiatry leadership, requests shall be submitted to the headquarters Chief Psychiatrist or designee.
  - b. If the above leadership determines that the request should be considered further, the request and supporting documentation shall be forwarded to the CCHCS Systemwide P&T Committee.
3. Denied formulary addition requests may be reconsidered again 12 months after the initial review, or if new practice standards are published indicating a different role for the drug.

## IV. REFERENCES

- Inmate Medical Services Policies and Procedures, Volume 9, Chapter 4, CCHCS Systemwide Pharmacy and Therapeutics Committee