

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patients -
Medication Administration

POLICY # TX II-22

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SUBJECT: Mental Health Preferred Drug List

EFFECTIVE DATE: November 2010
SUPERCEDES DATE: None

References

Related ACA Standard

*4th Edition Standards for Adult Correctional
Institutions 4-437,*

Purpose

To provide guidelines when ordering psychotropic medications for those inmates in need of psychiatric treatment within the Division of Prisons (DOP).

Policy

The Division of Prisons Mental Health Services shall identify those inmates who are in need of treatment with psychotropic medications. After informed consent has been obtained, these inmates will be treated initially with psychotropic medications listed on the Preferred Drug List (PDL) of the DOP.

The Mental Health PDL of the DOP is a subset of the larger DOP medication formulary, and as such is a list of those psychotropic medications that are available from the DOP pharmacy for use within the prison system. The Mental Health PDL reflects current clinical judgment and standard of care analyses of the DOP psychiatric staff and the Office of the Director of Mental Health. The goal of the Mental Health PDL is to ensure that psychotropic medications are available for mental disease states that are likely to be treated in the prison system. The Mental Health PDL is closed, meaning that only a limited number of medications are available, and these were selected by objective evidence in the scientific literature that supports the equivalence / superiority, plus cost-efficacy, of these medications over other psychotropic medications which could be similarly employed

Orders for non-PDL Mental Health medications require prior authorization for use through an established utilization review process.

The Mental Health PDL applies to all psychiatric inmate-patients and psychiatrists within the Division of Prisons.

Procedure

I. Initial Orders for Non-PDL Mental Health Medications Commenced Outside DOP.

1. Inmates may be initially admitted into the DOP on non-PDL Mental Health medications. For an inmate who enters a DOP diagnostic center with a legitimately prescribed non-PDL Mental Health medication, the medication may at first be used to continue therapy until the inmate's case can be evaluated by a DOP mental health clinician, after which the non-PDL Mental Health medication is to be converted to an appropriate PDL Mental Health alternative.

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2. In no case will non-PDL Mental Health medications be continued for longer than fourteen (14) days after entry into a DOP facility without UR approval.

II. Non-PDL Mental Health medications May Be Requested by Mental Health Prescribers.

1. As outlined in section 2, below, mental health prescribers can communicate their requests for non-PDL Mental Health medications for inmates on a Consult/Referral Form (DC 767). The requests are then entered into the Offender Population Unified System (OPUS) at the facility level and are sent electronically to the Utilization Review Section of Mental Health Services.
2. Utilization Review (UR) Requests. Any requests for non-PDL Mental Health medications are entered as Emergent, Urgent, Rush, or Routine, with specific time frames for action assigned for each one of those categories. In addition to the name of the psychotropic medication, the request must also present a justification for using the non-PDL Mental Health medication instead of a medication on the PDL. Under almost all circumstances, consideration will be given to non-PDL Mental Health medication requests only after the failure of two (2) PDL treatment regimens. Employing the information supplied by the requesting mental health prescriber, the physician serving as UR reviewer may research and evaluate other factors, including but not limited to, documented DOP medical and psychiatric histories, purported disease states, lab values, allergies, current assessments, physical examinations, and potential drug-drug interactions. The UR reviewer will then assess the information to determine (1) if a therapeutically equivalent or superior medication is available on the Mental Health PDL, (2) if there is an alternative drug therapy that is more cost effective, (3) if the requested drug therapy is appropriate, and (4) if the requested dose and duration of therapy are appropriate for the disease state documented.
3. Requesting mental health prescribers are notified electronically through OPUS of the approvals or denials of the requests for non-PDL Mental Health medications. The requesting prescriber may appeal a decision to deny a request to the Office of the Director of Mental Health Services. The appeal must be submitted electronically with any additional information to support the original request.
4. A one (1) year automatic stop order shall be applied to all approved non-PDL Mental Health medication requests unless otherwise specified in the UR process. The expiration date of the UR can be found on the HS15 screen in OPUS. Another UR request must be submitted for continuation of therapy after the expiration date of the initial approval and only after re-evaluation of the continuing need for said therapy by the mental health prescriber.
5. Prescribing clinicians may request that a non-PDL Mental Health medication be considered for Mental Health PDL inclusion. The Pharmacy and Therapeutics (P&T) Committee will review these requests, under advisement and consent of the Office of the Director of Mental Health.

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III. Initiation of Mental Health PDL Medications by Mental Health Prescriber inside DOP.

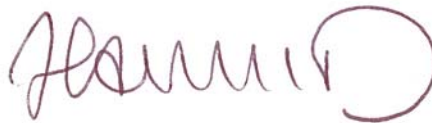
When first initiating psychotropic medication therapy, or when changing an inmate's treatment regimen from non-PDL Mental Health medications to Mental Health PDL medications, the prescribing mental health clinician may select medications from the Mental Health PDL with no additional need for approval. Inmates must have received adequate treatment with a Mental Health PDL medication before said trial can be deemed to have failed. 'Adequate treatment' means that the psychotropic in question was dosed and titrated at regimens of strength and duration within guidelines set forth by the United States Food and Drug Administration in the requisite package insert. A failure of said treatment can be documented if, 1. side effects necessitate discontinuation of the medication at any time during the trial, and such is clearly documented; or, 2. there is no clinical improvement noted even after following FDA-approved guidelines regarding strength of dosing and duration of treatment. Requests for non-PDL Mental Health medications are to be submitted by an attending physician-prescriber after the documented failures of adequate treatment regimens of two PDL Mental Health medications.

IV. Drug Purchases from Local Pharmacies

Drug purchases made from local pharmacies will be monitored by DOP Mental Health Services, DOC Internal Auditors, and/or the DOC Controller's office. The monitoring will focus on appropriateness of therapy, compliance with the Mental Health PDL, compliance with Mental Health Services' policy, any pattern of circumventing the UR process, and cost-effectiveness.

V. Preferred Drug List Update

The Mental Health PDL is revised and updated based on the recommendations and decisions of the Pharmacy and Therapeutics (P&T) Committee; however, the Mental Health PDL shall be reviewed at least annually by said committee and the Office of the Director of Mental Health. Any subsequent changes to the Mental Health PDL will be communicated to psychiatric staff at each DOP facility in a timely manner by fax, e-mail, and/or paper hardcopy.



11/9/10

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