State of Iowa Department of Corrections
Policy and Procedures

Policy Number: HSP-402
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: Health Services
Sub Chapter: Pharmacy
Related DOC Policies: HSP-401, HSF-402, HSF-402A, HSP-408
Administrative Code Reference: N/A
Subject: Preferred Product List and Medication Management
PREA Standards: N/A
ACA Standards: 5-ACI-6A-43
Responsibility: Dr. Michael Riley, William Yohe
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Authority:

1. PURPOSE

To ensure that the proper procedures are followed in the Iowa Department of Corrections (IDOC) medication management and the use of the IDOC Preferred Product List.

2. POLICY

It is the policy of IDOC to use medications from the IDOC Preferred Product List (PPL) in the treatment of patients unless clinical conditions require substitution, and that the use of any medications or prescriptions not on that list shall be monitored and controlled.

3. DEFINITIONS - As used in this document:

A. Non-Preferred Medication – Any drug which has not been approved for use by the Pharmacy Therapeutics/Health Services (PT/HS) Committee.

B. Specialty Medication – A medication that is:

1. Used for complex disease states requiring close monitoring;

2. Available only from limited sources outside the usual IDOC pharmacy wholesalers.

4. PROCEDURES

A. Objectives

The primary objectives of the Preferred Product List are as follows:

1. To provide effective medications in a cost effective manner.

2. To exclude drugs classified as ineffective or possibly effective by the National Academy of Sciences, National Research Council, as a means of quality assurance.

B. Drug Substitutions

1. Therapeutically equivalent drugs as defined in **HSP-401** *Administrative Organization*, will be dispensed and administered interchangeably (generic substitution) unless the prescriber specifies in the text of the medication order that such a substitution is unacceptable.

2. Under IDOC Policy, pharmaceutical alternates as defined in **HSP-401** may be dispensed and administered interchangeably (pharmaceutical substitution) provided the therapeutic effect and route of administration of the drug are unaltered, unless the prescriber specifies in the text of the medication order that such a substitution is unacceptable.

3. Therapeutic substitution of legend drugs must be authorized by a practitioner legally authorized to prescribe. However, non-legend (OTC) drugs that can be classed as therapeutic alternates as defined in **HSP-401** and are approved for therapeutic substitution by the IDOC Pharmacy & Therapeutics/Health Services Committee may be dispensed and administered interchangeably unless the prescriber specifies in the text of the medication order that such a substitution is unacceptable.

C. Drug Product Selection/Inventory Management

1. All medications added to the Preferred Product List shall be listed by generic name and route of administration, and the IDOC Pharmacy & Therapeutics/Health Services Committee shall approve all changes to the list. All products procured for use in the Iowa DOC will meet USP NF standards for identity, quality, strength, and purity, and all FDA standards of therapeutic equivalence based on evaluations published in the current edition of Approved Drug Products.

2. IDOC pharmacies do not routinely manufacture or compound sterile medications or products at this time. If required, sterile compounded products should be obtained from appropriately licensed and inspected sterile compounding pharmacies registered as State of Iowa Vendors, or from the University of Iowa Hospitals and Clinics.

D. Preferred Product List Additions/Deletions

Requests for additions to the Preferred Product List will be submitted to the Formulary Review Committee on the *Preferred Product List Addition Request* **HSF-402**. The Committee will meet at least quarterly, and will review all requests and recommend approval or rejection to the Pharmacy and Therapeutics/Health Services Committee on the basis of the criteria cited in the previously noted objectives. The Formulary Review Committee may also recommend deletion of items from the list that are no longer prescribed or that results of new studies have shown to be harmful or of questionable efficacy, and will also evaluate all additions and/or deletions to the list of items kept as Provisional Stock within the institutions.

E. Preferred Product List Exceptions

Because it is not economically feasible to stock all possible medications required in the treatment of patients with rare illnesses or unique combinations of drug allergies or medical contraindications, it may be justifiable to procure a medication which is not on the Preferred Product List to meet the needs of an individual patient. Requests for such drugs shall be submitted to the IDOC

Pharmacy Director and/or IDOC Health Services Administrator, IDOC Medical Director, or designee utilizing the form entitled *Preferred Product Exception Request* **HSF-402A**.

1. If a practitioner wishes to use a non-preferred medication in a patient's treatment, the following procedure will be followed:

    a. The practitioner will complete a *Preferred Product Exception Request* **HSF-402A** as part of the encounter in the electronic medical record, providing as much information as possible where details are requested (e.g. other drugs that were tried and failed, rationale for use of non-preferred medication, and any other helpful clinical information). The practitioner will also indicate an interim therapy to be used until the request can be reviewed and, if approved, the medication can be obtained by the pharmacy.

    b. The IDOC Pharmacy Director or designee will review the request and will decide whether to approve or disapprove the request, or whether more information is needed. Once the decision has been made on the request, the pharmacy will be notified if the medication has been approved, or the prescriber will be notified if the medication order has been denied or more information is needed.

    c. If a provider feels that there are significant clinical indications for immediate utilization of a non-preferred item, they may contact the IDOC Pharmacy Director or designee for verbal approval. The Preferred Product Exception Request should still be filled out with the appropriate clinical information and justification for the medication's use. The pharmacy will be notified that the non-preferred medication has been approved to be started immediately, or as soon as it is available.

    d. Patients admitted on intake or after hospitalization with non-preferred medications outside of regular DOC hours may have these items ordered by the on-call provider for a time span not to exceed 30 days with no renewals. Prior to the expiration of that initial order the patient's medications must be reviewed by a DOC provider and, if at all possible, the non-preferred medication

should be changed to an appropriate DOC preferred medication, or, if the provider feels that continuation of the non-preferred medication is clinically indicated, the necessary documentation should be provided in the electronic medical record and on the Preferred Product Exception Request.

2. Preferred Product Exception Requests (approved and denied) will be collected and reviewed by Quality Improvement and Quality Assessment Committees. The results from this review will be submitted for recommendations of the medical staff at quarterly intervals. Medications found to have frequent requests may be considered for addition to the IDOC Preferred Product List.

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