

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

3.5.4 CCHCS Drug Formulary

(a) 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.

(b) Purpose

To promote rational, safe, clinically appropriate and cost-effective medication therapy within CCHCS and for adding and deleting medications from the formulary. To ensure appropriate use of nonformulary medications. Prescribing in accordance with the formulary also helps improve continuity of care.

(c) Procedure

(1) Procedure Overview

- (A) The Chief of Pharmacy Services shall ensure that the current formulary is readily available in electronic format.
- (B) Formulary medication usage is required. Exceptions are outlined below.
- (C) Pharmacy shall dispense the most cost-effective, generic equivalent.
- (D) Providers shall include strong clinical justification for any requests for the use of “brand name only.”
- (E) Pharmacy shall dispense dosage forms, strengths, and package sizes (if applicable) as listed in the formulary.

(2) Justification for Nonformulary Drug

- (A) Justification for prescribing a nonformulary medication shall be included as part of the Computerized Provider Order Entry (CPOE) process. If CPOE is unavailable, the provider shall provide both the CDC 7221, Physician’s Orders and CDCR 7374, Nonformulary Drug Request, to the pharmacy.
- (B) Justification for prescribing a nonformulary medication may include, but is not limited to:
 - 1. Patient is a new arrival to a reception center from a non-California Department of Corrections and Rehabilitation (CDCR) facility.
 - 2. Documented treatment failures with medications listed in the formulary.
 - 3. Documented allergy, side effect, or adverse reaction that prevents the use of a formulary medication.
 - 4. Medications recommended by a specialist.
 - 5. 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.

(3) Formulary Change Requests

- (A) The Systemwide P&T Committee has exclusive authority to:
 - 1. Add or delete medications from the formulary.
 - 2. Add or remove use criteria or restrictions from formulary medications.
- (B) Requests to add, delete, or change restrictions for formulary medications must follow the following process:
 - 1. The provider shall submit a CDCR 7373, Formulary Change Request, and supporting scientific literature to the appropriate discipline as follows:
 - a. For medical indications, to the institution Chief Medical Executive (CME) or Regional Deputy Medical Executive (DME).
 - b. For dental indications, to the Regional Dental Director or designee.
 - c. For mental health indications, to the Chief Psychiatrist, Senior Psychiatrist, or designee. For institutions without psychiatry leadership, requests shall be submitted to the headquarters Chief Psychiatrist or designee.
 - 2. If the above leadership determines that the request should be considered further, the request and supporting documentation shall be forwarded to the Systemwide P&T Committee.
- (C) 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 medication.
- (D) Pharmacy Services, by delegated authority from the Systemwide P&T Committee, may make non-substantive changes to the CCHCS Drug Formulary in response to market availability.

(4) Monitoring of Nonformulary Use

- (A) On a monthly basis, the institution Medication Management Subcommittee shall review nonformulary utilization to ensure that resources are used efficiently, effectively, and safely.
- (B) On a quarterly basis, the Systemwide P&T Committee shall review nonformulary utilization to ensure that resources are used efficiently, effectively, and safely.

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- (C) For issues related to the misuse or abuse of nonformulary medications, depending on the breadth of the noncompliance, the Systemwide P&T Committee may:
1. Refer concerns over misuse to the institution Medication Management Subcommittee.
 2. Refer provider(s) to the institution CME, Regional DME, Chief Psychiatrist, Senior Psychiatrist, or Regional Dental Director for further review.
 3. Require prior authorization for the medication.

(5) Prior Authorization

- (A) Medications intended to follow this process are those deemed by the Systemwide P&T or Clinical Documentation and Decision Committees to be rarely appropriate or overused. At least annually, the Systemwide P&T Committee shall review the list of medications that require prior authorization along with use criteria.
- (B) Within three business days of receiving the prior authorization request, Pharmacy Services at the headquarters level shall review the order for its appropriateness and respond with one of the following actions:
1. Authorize the request, and the provider will enter the order for the correctional pharmacy at the institution to dispense it.
 2. Refer to a medical or psychiatry reviewer with a recommendation to reject.
 3. Recommend a formulary or nonformulary alternative.
 4. Request further information or defer to a medical or psychiatry reviewer for further review.
- (C) If the prior authorization request is urgent, the prescriber shall contact Pharmacy Services by phone to expedite the request.
- (D) Prior authorization is valid for one year from the approval date. Renewed or transferred orders do not need to go through the prior authorization process during this period unless otherwise stated as part of its use criteria.
- (E) At least every six months, Pharmacy Services at the headquarters level shall review procurement and utilization data and shall report any issues to the Systemwide P&T Committee including, but not limited to:
1. High-cost pharmaceuticals.
 2. Potential overutilization concerns.
 3. Nonformulary utilization.

References

- Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.11, CCHCS Systemwide Pharmacy and Therapeutics Committee

Revision History

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