



North Carolina Department of Public Safety

Adult Correction and Juvenile Justice

Roy Cooper, Governor
Erik A. Hooks, Secretary

Todd E. Ishee, Commissioner of Prisons
Chris Holland, Deputy Secretary

MEMORANDUM

TO: Joint Legislative Oversight Committee on Justice and Public Safety

FROM: Erik A. Hooks, Secretary *EAH*
Todd E. Ishee, Commissioner of Prisons *th*

RE: Direct Observation Therapy Prescription Drugs for Inmates

DATE: October 1, 2019

Pursuant to Session Law 2018-143, the Department of Public Safety, Health Services Section, shall revise its policies and procedures to reflect that any supply of a prescription for the treatment of conditions other than HIV with a per-supply value of one thousand dollars (\$1,000) or more be designated as Direct Observation Therapy. The Department shall report to the Joint Legislative Oversight Committee on Justice and Public Safety by October 1, 2019, regarding the revised policies and procedures.

Direct Observation Therapy is the issuance of prescription medication to an offender on a per dose basis by which either a Registered Nurse, Licensed Practical Nurse, Medication Technician (CHAI) or trained correctional officer observes the offender ingesting or injecting the medication.

The Pharmacy and Therapeutics Committee (P & T) determines and publishes the mandatory list of drugs that are Direct Observation Therapy (DOT) in DPS facilities. P&T Committee membership consists of the following DPS health care providers and support staff:

1. Chief of Health Services
2. Deputy Medical Director/Director of the Utilization Review Section
3. Director of Mental Health
4. Medical Directors from Central Prison Healthcare Complex and North Carolina Correctional Institution for Women Medical Facility or their designees
5. One Clinical Pharmacist or Clinical Pharmacist Specialist
6. Director of Nursing
7. Risk Manager/Standards Director
8. The Chief of Health Services will appoint other providers to the committee as needed to accomplish the work of the committee.

Effective October 17, 2018, Central Pharmacy initiated the DOT coding of drugs that have costs greater than \$1,000 for a month supply even if the drug was not included on the P & T Mandatory DOT list.

MAILING ADDRESS:
4201 Mail Service Center
Raleigh, NC 27699-4201
www.ncdps.gov



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OFFICE LOCATION:
512 N. Salisbury Street
Raleigh, NC 27604
Telephone: (919) 825-2760

The following drugs were added to the statewide mandatory Direct Observation Therapy list in October 2018:

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|------------------------------------|-----------------|
| 1. Amylase/Lipase/Protease 20000 U | Zenpap 20000 U |
| 2. Amylase/Lipase/Protease 24000 U | Creon 24000 U |
| 3. Amylase/Lipase/Protease 36000 U | Creon 36000 U |
| 4. Amylase/Lipase/Protease 40000 U | Zenpap 40000 U |
| 5. Budesonide ER 9 mg | Uceris ER 9 MG |
| 6. Cinacalcet 60 mg | Sensipar 60 mg |
| 7. Cinacalcet 90 mg | Sensipar 90 mg |
| 8. Fingolimod 0.5 mg | Gilenya 0.5 mg |
| 9. Isavuconazonium 186 mg | Cresemba 186 mg |
| 10. Tacrolimus Anhy 5 mg | Prograf 5 mg |
| 11. Tiagabine 12 mg | Gabitril 12 mg |

Since October 2018 the cost of a monthly supply is assessed for each new drug added to the ADAPT system, and the drug is coded DOT if the cost is greater than \$1,000 for a month supply. ADAPT is the pharmacy software management module of the Healthcare Electronic Records for Offenders (HERO) system.

In October 2019, Central Pharmacy management staff will complete a one-year cost analysis of the greater than \$1,000/month drugs added and will return any drug to the Keep On Person (KOP) code if the cost has fallen below the \$1,000/month threshold unless the drug is included on the P & T Mandatory DOT list. Thereafter, Central Pharmacy management staff will perform a quarterly cost analysis to maintain the greater than \$1,000/month drug list.