



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

September 29, 2020

MEMORANDUM FOR ALL CLINICAL DIRECTORS
ALL HEALTH SERVICES ADMINISTRATORS
ALL INSTITUTION CHIEF PHARMACISTS

Jeffery D. Allen, M.D.

2020.09.29 12:32:09 -04'00'

FROM: Jeffery D. Allen, M.D.
Medical Director

SUBJECT: Changes to Directly Observed Therapy Medications *Amended*

This is a change to the National Formulary in response to the COVID-19 Pandemic.

The following are removed from pill line only (also known as directly observed therapy [DOT]) status and may be dispensed for up to 14-day supplies as self-carry / Keep On Person (KOP) medications on Care Level 3 or 4 inmates and up to 30 days on Care Level 1 or 2 inmates:

- **Atypical Antipsychotics:** asenapine, risperidone, olanzapine, aripiprazole, paliperidone, lurasidone, and ziprasidone
- **Benzotropine**
- **Trazodone**
- **Non-sedating antihistamines:** loratadine, cetirizine, and fexofenadine
- **Antiseizure medications** used for mental health conditions: phenytoin, valproic acid, carbamazepine, levetiracetam, oxcarbazepine, topiramate.

NOTE: This does not include benzodiazepines, gabapentin, quetiapine, or pregabalin.

All patients should be evaluated by a provider prior to changing from DOT to KOP to ensure appropriateness in each circumstance. This does not apply to any other classes of medications currently listed as pill line only (i.e. insulin, or controlled substances). Providers should also consider allowing KOP for inmates on DOT for other medications that are not required by

the formulary to be pill-line only (i.e. of statins, oral diabetic, and hypertensive medications).

This change will remain in effect through March 31, 2021.

cc: Louis Milusnic, ICS Operations Chief
M.D. Smith, Assistant Director, HSD

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Regional Medical Directors
Regional Health Services Administrators
Medical Asset Support Team Members
HSD Branch Chiefs
HSD Chief Professional Officers