

OFFICE OF TREATMENT SERVICES
OFFICE OF INMATE HEALTH SERVICES



PHARMACY SERVICES MANUAL

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All Policies and Procedures will be reviewed, at a minimum, annually by Office of Inmate Health Services Staff

OFFICE OF TREATMENT SERVICES
OFFICE OF INMATE HEALTH SERVICES

PHARMACY SERVICES MANUAL

Chapter 1
MEDICATION ADMINISTRATION

- I. Purpose: To provide standardized guidelines for the administration of medications to Department of Public Safety and Correctional Services Inmates.
- II. Policy: Medications provided to inmates in the Department of Public Safety and Correctional Services will be administered utilizing the Department's established procedures and in accordance with applicable law(s) and regulation (s).

Medication Administration Records (MAR) will be maintained for each inmate who has prescribed medications. This record will be maintained on a monthly basis and updated as medication orders are adjusted to meet the health care needs of the inmate.

- III. Procedure:
- A. General Administration of Medications
1. Medications will be administered only by:
 - a. Physicians,
 - b. Dentists,
 - c. Pharmacists,
 - d. Physician assistants,
 - e. Nurse practitioners,
 - f. Registered nurses, (RN)
 - g. Licensed practical nurses (LPN, or
 - h. Certified medication assistants (CMA) who are appropriately supervised according to existing state regulations.
 2. The administration of a "first dose" by an LPN or CMA shall be supervised by an RN or higher.

- a. The MAR shall also be initialed by the supervising individual.
3. No more than a 30 day supply of each prescribed medication will be provided for patients at any one time.
4. Routine medication orders shall be transcribed prior to the end of the shift.
5. Stat and Emergency medications shall be transcribed within 2 hours of their being ordered.
6. Medications ordered and supplied for one patient shall not be administered to another patient.
7. Medication not administered to the inmate for whom it was prescribed shall be discarded consistent with law, regulation and policy, and not returned to its original container.
8. All medications administered to inmates on administrative segregation shall be administered in unit dosages under watch take direct observation by an RN or higher and documented on the MAR. (See Section III.G)
9. The inmate shall be asked daily if they are experiencing any adverse reactions to the medications they are taking. Any adverse reactions reported by the inmate shall be noted on the MAR (See Section III.F)

B. The Medication Administration Record (MAR)

1. Medication administration records shall be maintained on the EPHR and if EPHR is not available, on the hard copy Medical Record.
2. Use of highlighters on the MAR is not permitted
3. Medications administered for a patient shall be recorded on the individual patient's MAR for a particular month.
 - a. The month of administration shall be noted on the MAR
 - i. Only one month shall be recorded on a MAR.

4. Wherever medication is administered, the MAR shall be present to assure that documentation is made directly on the MAR at the time of administration.

a. Pre or post charting is not permitted

5. The administration of prescribed medications will be recorded on the MAR at the time of drug administration and will include the following documentation (some of this information is "pre-printed or written on the MAR but initials are entered only once medication is administered or contradictory documentation is recorded):

- a. Patient name,
- b. Name and dosage of the medication,
- c. Date, and time,
- d. Route of administration,
- e. Name of prescriber,
- f. Reason for the medication
- g. Name of the person administering the medication, their title and their initials, and
- h. Patient allergies.

6. All injectable medications shall be documented on the MAR.

7. If a medication has been ordered for a specific number of days, this shall be clearly documented on the MAR (e.g. zithromax X 10 days).

8. The MAR will reflect each dose withheld, accepted or refused by the patient, using legible initials and signatures.

- a. All refusals and missed doses shall be documented by circling the missed dose,
- b. Clearly defined explanations for the missed dose shall be entered into the circle using the codes provided on the MAR or noted in the appropriate section of the MAR if Other is selected as the code (on the back if using the paper record)
- c. The inmate shall sign a refusal form if refusing medication.
- d. If the inmate refuses to sign the refusal form, such refusal will be witnessed by two individuals documented on the form (Release of Responsibility Form DPSCS Form 130-250-1)

9. When a medication is to be given based on pulse and or blood pressure, the pulse and blood pressure must be recorded on the

MAR under the record of administration for the specific medication to be given. If Pharmacy has used the block immediately following the medication requiring the additional information, the next available block on the MAR will be used for that purpose.

10. If an order requires a medication to be increased or decreased, there must be documentation on the MAR citing the order and noting the change, clearing indicating a STP on the original order and a START on the new order..
11. Any medication disposed of for a particular inmate per section III.A.7 of this Chapter shall be noted on the back of the MAR and shall note:
 - a. The name and dosage of the medication
 - b. The date that the medication was destroyed
 - c. That the destruction was recorded on the Medication Destruction Log.

C. Missed Medication

1. **Three refusals of medication or if the patient does not receive 50% of the prescribed dosing for a one week period shall require the patient being immediately referred to the prescribing physician.**
2. The nurse administering the medication shall
 - a. Notify the prescribing physician of patient non compliance, and
 - b. Schedule an appointment and document the date and time of the appointment in the medical record.
3. The physician to whom the patient has been referred shall:
 - a. Provide the patient education regarding his/ her disease state and medication therapy requirements as it relates to that disease state
 - b. Document the session with by a progress note in the medical record

D. Keep on Person (KOP) Medications

1. The management of KOP medications will be based on the guidelines established by facility, pharmacy and state regulations.

2. Inmates assigned to home detention shall have their prescribed medications kept on person (KOP) for self administration.
3. Any inmate placed on KOP medications will receive patient information (see “Keep on Person Medication Program – Patient Information” form)

E. PRN Medication

1. PRN (as needed) medications shall be documented on the MAR, as would any other prescribed medication, but on the back of the MAR in the designated spaces for the PRN medication.
2. At the time of subsequent administrations of PRN medication, the individual administering the medication shall inquire as to the effectiveness of the prior dose and note the response on the MAR in the appropriate blank on the back of the MAR. If the patient reports that the prior dose was ineffective, the individual administering the medication shall
 - a. Notify the prescribing physician of the patient’s report, and
 - b. Schedule an appointment and document the date and time of the appointment in the medical record.

F. Adverse Reactions

1. If an inmate reports an adverse drug reaction, the person administering the medication shall:
 - a. Notify the on duty physician immediately and follow his/her orders.
 - b. The physician shall document in a progress note in the medical record:
 - i. The adverse drug reaction and its effects (e.g. Rash, hives pain or allergic reaction)
 - ii. The clinical disposition, and
 - iii. Whatever notification was made to the pharmacy.
 - c. Notify the pharmacy immediately by phone
 - d. Complete the adverse drug reaction report form, and
 - e. Document the adverse drug reaction in the medical record.

G. Direct Observation Therapy (DOT or watch take)

1. Unless precluded for security or medical reasons, inmates prescribed insulin shall self-administer injectable insulin under direct observation of an RN or higher and documented on the MAR.
2. All inmates at MRDCC, CBIF or at “reception” in any other facility who are prescribed medications shall be placed on “watch-take” status.
 - a. When the inmate leaves reception, “watch-take” medication administration for non-psychotropic medication shall be discontinued unless otherwise ordered by a physician.
 - b. Any medication not otherwise required by policy to be administered with watch take precautions may only be ordered with watch take precautions for thirty days.
 - i. Continuations over thirty days must be approved by the Regional Medical Director.
 - ii. Reasons to continue must be documented in the Medical Record
3. Watch take direct observation shall be conducted as follows:
 - a. The inmate will be handed the medication in an appropriate container,
 - b. The inmate will be instructed to place the medication on the center of his/her tongue and to keep his/her mouth open until (s)he drinks the water to wash down the pill,
 - c. The inmate will then be asked to open his/her mouth and roll their tongue
 - d. The person administering the medication will observe this entire process and will immediately notify the custody officer on duty if the inmate behaves in such a fashion as to prevent observation.
4. All scheduled drugs (see Medication Classification Listing – Chapter 2 of this Book), and other drugs as identified by Departmental policy as watch take medications will be administered in unit dosages by the medical personnel administering the medications. (See Section III.D.3. for exceptions)

IV. References: Correct Rx Policy & Procedures Manual for Correctional Facilities Updated 6/07
DPSCS Inmate Health Care Services Contract

V. Rescissions: DPSCSD 130-300-310 all issuances and versions.

VI. Issued: July 15, 2007

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Chapter 2
MEDICATION CLASSIFICATION

- I. Policy: Medications provided to inmates in the Department of Public Safety and Correctional Services will be classified according to schedules as periodically published the Federal Drug Enforcement Administration and if not so classified will be known as “non-scheduled” drugs or medications.
- II. Procedure:
- H. This list is provided for educational/informational purposes. Please refer to the MD DPSCS approved formulary and stock lists to determine approved controlled substances for DPSCS facilities.

CONTROLLED DRUGS LISTED BY SCHEDULES

Schedule I

All Non-Research Use – Forbidden

OPIATES	OPIUM DERIVATIVES	HALLUCINOGENIC
Acetylmethadol	Acetorphine	3, 4-methylenedioxy amphetamine
Allylprodine	Acetyldihydrocodeine	5-methoxy-3, 4-methylenedioxy amphetamine
Alphacetylmethadol	Benzylmorphine	3, 4, 5-trimethoxy amphetamine
Alphameprodine	Codeine methylbromide	Bufotenine
Alphamethadol	Codeine-N-Oxide	Diethyltryptamine
Benzethidine	Cyprenorphine	Dimethyltryptamine
Betacetylmethadol	Desomorphine	4-methyl-2, 5-dimethoxyamphetamine
Betameprodine	Dihydromorphine	Ibogaine
Betamethadol	Etorphine	Lysergic acid diethylamide
Betaprodine	Etorphine	Marijuana
Clonitazene	Hydromorphanol	Mescaline
Detromoramide	Methyldesorphine	Peyote

Diampromide	Methylhydromorphine	N-ethyl-3-piperidyl benzilate
Diethylthiambutene	Morphine methylbromide	N-methyl-3-piperidyl benzilate
Difenoxin	Morphine methylsulfonate	Psilocybin
Dimenoxadol	Morphine-N-Oxide	Psilocyn
Dimepheptanol	Myrophine	Tetrahydrocannabinols
Dimethylthiambutene	Nicocodeine	
Dioxaphetylbutyrate	Nicomorphine	
Dipipanone	Normorphine	
Ethylmethylthiambutene	Pholcodine	
Etonitazene	Thebacon	
Etoxidine		
Furethidine		
Hydroxypethidine		
Ketobemidone		
Levomoramide		
Levophenacymorphan		
Morpheridine		
Noracymethadol		
Norlevorphanol		
Normethadone		
Norpipanone		
Phenadoxone		
Phenampromide		
Phenomorphin		
Phenoperidine		
Piritramide		
Proheptazine		
Properidine		
Propiram		
Racemoramide		
Tilidine		
Trimeperidine		

CLASS II Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alfentanil	Alfenta	Opioid
Amobarbital	Amytal	Barbiturate
Amobarbital and secobarbital	Tuinal	Barbiturate
Amphetamine	Dexedrine	Amphetamine

Cocaine	Cocaine	Amphetamine
Codeine	Codeine	Opioid
Dexmethylphenidate	Focalin	Amphetamine
Dextroamphetamine	Dexedrine, DextroStat	Amphetamine
Fentanyl	Actiq, Sublimaze, Duragesic	Opioid
Glutethimide	Gluthethimide	Piperidine Derivatives
Hydromorphone	Dilaudid, Palladone	Opioid
Levorphanol	Levo-Dromoran	Opioid
Meperidine	Demerol	Opioid
Meperidine w/ atropine	Meperidine and Atropine	Opioid
Meperidine w/ promethazine	Mepergan	Opioid
Methadone	Dolophine, Methadose	Opioid
Methamphetamine	Desoxyn	Amphetamine
Methylphenidate	Ritalin, Concerta, Metadate, Methylin	Amphetamine
Morphine	MS Contin, Roxanol, Kadian, Duramorph, Oramorph, MSIR, Avinza,	Opioid
Morphine w/ atropine	Morphine and Atropine	Opioid
Opium Tincture	Opium Tincture	Opioid
Opium and Belladonna Suppositories	B&O Suppettes	Opioid
Oxycodone	OxyContin, OxyIR	Opioid
Oxycodone combinations	Percocet, Roxicet, Tylox, Roxilox, Percodan	Opioid
Oxymorphone	Numorphan	Opioid
Pentobarbital	Nembutal	Barbiturate
Remifentanyl	Ultiva	Opioid
Secobarbital	Seconal	Barbiturate
Sufentanyl	Sufenta	Opioid

CLASS III Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Aprobarbital	Alurate	Barbiturate
Benzphetamine	Didrex	Anorexiant
Buprenorphine	Buprenex, Subutex	Narcotic agonist- antagonist
Butabarbital	Butisol	Barbiturate
Butalbital compound	Fiorinal	NonNarcotic Analgesic with Barbiturate

Codeine combination product 90 mg/du	Tylenol #2, Tylenol #3, Tylenol #4, Fioricet with Codeine, Guaifenesin (tablets), Carisoprodol, Codeprex, pseudoephedrine, Cycofed, Nucofed, chlorpheniramine	Opioid
Dihydrocodeine combination product 90 mg/du	Pancof, Tricof, DHC Plus, Synalgos DC	Opioid
Dihydrotestosterone	Androgen	Androgen Steroid
Dronabinol	Marinol	Miscellaneous
Fluoxymesterone	Fluoxymesterone	Androgen Steroid
Hydrocodone combination product 15 mg/du	Vicodin, Chlorpheniramine, Guaifenesin, Vicoprofen, Lortab, Hydrocodone with ASA,	Opioid
Ketamine	Ketalar	General Anesthetic
Methyltestosterone	Android, Methitest, Testred, Virilon	Androgen Steroid
Nandrolone	Nandrolone	Anabolic Steroid
Opium	Paregoric	Opioid
Oxandrolone	Oxandrin	Anabolic Steroid
Oxymetholone	Anadrol-50	Anabolic Steroid
Pentobarbital suppository	Nembutal	Barbiturate
Phendimetrazine	Prelu-2, Bontril, Melfiat	anorexiant
Testolactone	Teslac	Androgen Steroid
Testosterone	Testopel, Depotestosterone, Delatestryl, Testoderm, Androderm, AndroGel, Testim,	Androgen Steroid
Thiopental	Pentothal	Barbiturate

CLASS IV Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alprazolam	Niravam, Xanax	Benzodiazepines
Butorphanol	Stadol, Stadol NS,	Narcotic agonist-antagonist
Chloral hydrate	Somnote, Aquachloral	Sedative Hypnotic
Chlordiazepoxide	Librium	Benzodiazepines
Clobazam	Urbadan, Urbanyl	Benzodiazepines

Clonazepam	Klonopin	Benzodiazepines
Clorazepate	Tranxene	Benzodiazepines
Diazepam	Valium	Benzodiazepines
Dichloralphenazone combination	Midrin	Migraine analgesic
Diethylpropion	Tenuate	Anorexiant
Difenoxin with Atropine	Motofen	Antidiarrheals
Estazolam	ProSom	Benzodiazepines
Eszopiclone	Lunesta	Sedative Hypnotic
Ethchlorvynol	Placidyl	Tertiary Acetylenic Alcohols
Flurazepam	Dalmane	Benzodiazepines
Halazepam	Paxipam	Benzodiazepines
Lorazepam	Ativan	Benzodiazepines
Mazindol	Sanorex, Mazanor	Anorexiant
Mephobarbital	Mebaral	Barbiturate
Meprobamate	Miltown, Equanil	Antianxiolytic
Methohexital	Brevital	Barbiturate
Midazolam	Versed	Benzodiazepines
Modafinil	Provigil	Analeptics
Nitrazepam	Mogadon	Benzodiazepines
Oxazepam	Serax, Serenid-D	Benzodiazepines
Paraldehyde	Paral	Sedative Hypnotic
Pentazocine	Tawlin, Talwin NX, Talacen	Narcotic agonist-antagonist
Phenobarbital	Luminal, Sulfoton, Bellatal	Barbiturate
Phentermine	Ionamin, Fastin, Adipex-O, ProFast	Anorexiant
Propoxyphene	Darvon	Opioid
Propoxyphene combinations	Darvocet	Opioid
Quazepam	Doral	Benzodiazepines
Sibutramine	Meridia	anorexiant
Temazepam	Restoril	Benzodiazepines
Triazolam	Halcion	Benzodiazepines
Zaleplon	Sonata	Pyrazolopyrimidine
Zolpidem	Ambien	Imidazopyridines

CLASS V Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Codeine preparations-200gm/100ml or 100gm	Tylenol with Codeine liquid,	Opioid

	Guaifenesin with Codeine, Promethazine with codeine, Tussirex, Dihistine, Decohistine Codimal PH, Triacin-C,	
Dihydrocodeine preparations 10mg/100ml or 100gm	Cophene-S	Opioid
Diphenoxylate with Aptropine	Lomotil, Lonox, Logen	Antidiarrheal

- III. References: Correct Rx Policy & Procedures Manual for Correctional Facilities Updated 6/07 DPSCS Inmate Health Care Services Contract
- IV. Rescissions: DPSCSD 130-300-310 all issuances and versions.
- V. Date Issued: July 15, 2007

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Chapter 3
PHARMACY VENDOR SERVICES

Section 1
DRUG PROCUREMENT

- I. Policy: To ensure that inmates receive all necessary medications, and all persons ordering pharmaceuticals will adhere to a prescribed format and methodology for obtaining those supplies.
- II. Procedure:
 - A. Only licensed nursing personnel or a pharmacist may receive and transcribe medication orders from a licensed medication practitioner. A physician's medication order may be:
 1. On an inter-facility transfer sheet signed by the physician;
 2. By telephone, and then immediately written onto a telephone order form, or any other form the facility may require; or
 3. In the physician's own handwriting in the patient's chart on any form (i.e. physician's order sheet) designated by the facility. The physician must sign and date this order.
 - B. Orders faxed and verified by the established cut off time, Monday through Saturday, will normally be delivered the same day. Only designated facilities will receive Sunday deliveries. Orders may be faxed at any time, seven days a week, but can only be verified during regular business hours, Monday through Saturday.
 1. All EPHR orders received will have a fill date and start date correlating to the date the medication is dispensed. If the order is not faxed to Correct Rx on the same day (by the established cut-off time) that the order is entered into EPHR, there may be a discrepancy with the start date in EPHR and what is identified on

the label.

2. Further, the dispensed stop date, especially for full course short term therapy (i.e., antibiotics), may not match the stop date in EPHR. When a medication therapy is specified in the directions (i.e., take for 10 days) Correct Rx will dispense the quantity needed to match the full course of medication therapy.
3. Only designated facilities will receive Sunday deliveries.
4. Orders may be faxed at any time, seven days a week, but can only be verified during regular business hours, Monday through Saturday.

C. Orders for controlled substances must include a DEA number. The DEA numbers of each institutional physician must be on file at the pharmacy.

D. Patient medications shall be obtained from the Pharmacy Contractor. Medications shall be supplied (whenever possible) in “blister” card packaging on an individual patient prescription basis, in a maximum quantity of a thirty (30) day supply, unless otherwise specified by contract. Some medications will be dispensed in bulk bottles when repackaging is limited by stability.

E. A designated health services staff member will assemble all new and renewed prescriptions daily and fax them to the pharmacy provider to be dispensed. A print-out of the EPHR “batch” report, original orders, and transcriptions of the original orders signed by the physician will be accepted by the pharmacy provider.

F. Non-formulary drugs will be provided by the pharmacy provider only when orders are accompanied by a completed non-formulary request form signed by the designated Medical Director. (The exception is parenterals or Schedule II medications).

G. Staff ordering medications will:

1. Separate orders by facility.
2. Fax cell changes or ship outs.
3. Make sure all pages have patient’s name, I.D., CIN number and location (floor and cell).
4. Number all pages in bold, dark ink away from the edges.

5. Complete transmittal form indicating, date, time faxed, number of pages faxed, and your name.

H. When faxing refill orders with the refill stickers, staff will make a copy of those stickers and fax the copy. (If refill stickers are sent directly through the fax machine they can cause damage or even become stuck inside the machine.)

I. When finished faxing, staff will wait 30 minutes, then call to verify that all pages were received by the Pharmacy Contractor.

J. Staff will clean their fax machine daily with an alcohol wipe. To do this:

1. Press the "open" button on the side of the machine.

2. The front of the machine will pop open (toward the user).

3. A glass window with a green strip running through it will be visible.

4. This is where the machine reads orders. Keeping the fax machine clean is crucial to accurate transmission.

K. If the machine makes a copy of the document:

1. Read the instructions again carefully or call the pharmacy for help.

2. Usually when this happens, the phone is being hung up before the "start" button is pressed.

L. Keep pages together with the transmittal form and verification numbers until orders arrive from the Pharmacy Contractor.

M. Compare faxed orders with the packing list.

1. If an item was not listed on the packing list, look for an explanation on the discrepancy log (i.e., reorder too soon, non-formulary, etc.).

2. If no explanation is provided or further explanation is needed, write down problem with the patient's name, location, ID number and drug in question. Also know what page and verification number, if needed.

N. Compare packing list with items received. The packing list serves as a checklist, so check each item off. If an item is listed, but not received without explanation, such as backordered (B/O) or sent yesterday, etc., write down the patient's location, name, ID number, or prescription number missing.

O. Call the pharmacy and speak to a pharmacist for an explanation of any

missing or unfilled prescriptions.

- P. Call the Pharmacy Contractor for any other STAT medication orders or drug questions.
 - Q. The Pharmacy Contractor will utilize FDA approved manufacturers for all medications. Generic medications rated "AB" or greater will be used whenever generic drugs are dispensed. The Pharmacy Contractor will automatically utilize generic medications when available unless the provider specifically requests brand name medications.
 - R. Medications will be delivered to designated locations inside of each facility.
 - S. All pharmacy records of receipt and disbursement shall be maintained on site for twelve (12) months. Controlled substance records must be kept in accordance with State and federal regulations.
 - T. Controlled substances will immediately be transferred to the double locked storage area and a controlled substance inventory record shall be completed.
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- III. References: Correct Rx, Pharmacy Vendor
 - IV. Rescissions: None
 - V. Date Issued: July 15, 2007

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Chapter 3
PHARMACY VENDOR SERVICES

Section 2
MEDICATION LABELING REQUIREMENTS

I. Policy: All DPCSC staff, contractors and inmates will be assured of correct labeling of all medications.

II. Procedure:

A. All prescription drugs shall be properly labeled by the pharmacy vendor with the following information:

1. Patient's Name
2. Licensed Prescriber's Name
3. Prescription Number
4. Name, strength, and quantity of drug
5. Directions for use including route, frequency, and any specific directions such as a need for refrigeration or the need to avoid sunlight while taking the drug
6. Date of prescription
7. Expiration date, where applicable
8. Auxiliary labels, where applicable.
9. Drug manufacturer and lot number (where applicable)
10. Date dispensed
11. Quantity dispensed

B. Exceptions to the above include:

1. Prescription house stock medications
2. Emergency Kit medications
3. Starter Dose Kit medications (MD/PA items)
4. O.T.C. medications

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Chapter 3
PHARMACY VENDOR SERVICES

Section 3
MEDICATION STORAGE

I. Policy: All medications kept in DPCSC facilities will be stored appropriately and in a safe manner in keeping with community standards.

II. Procedure:

- A. All drugs in the Nursing Station/Medication Room/On-site Pharmacy shall be stored under the following conditions:
 - 1. Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs.
 - 2. Drugs to be taken by mouth will be stored separately from other dosage forms such as eye drops, lotions or other external medications.
 - 3. Drugs shall be stored at appropriate temperatures.
 - 4. Drugs requiring room temperature will be stored at 59° to 86°F.
 - 5. Drugs requiring refrigeration will be stored at 38° to 46°F.
- B. Drugs shall be stored in an orderly manner in cabinets, drawers, or carts of sufficient size to prevent crowding. All medications and other drugs, including treatment items, shall be stored in a locked cabinet or room, inaccessible to patients and visitors.
- C. Dose preparation and administration areas shall have adequate lighting.
- D. All expired, contaminated, or deteriorated drugs will be disposed of or returned to the pharmacy for proper disposal.
- E. Discontinued drug containers (stored in a separate area of the station or other secure, specific area) shall be marked to indicate that the drug has been

- discontinued and shall be disposed of within thirty (30) days, or less, as of the date the drug order was discontinued (unless the drug is re-ordered within that time).
- F. Patient drug storage boxes shall not contain non-drug items.
 - G. Drugs requiring special containers for stability will be dispensed and stored in accordance with the specifications (e.g., Lasix in amber containers, original manufacturer packages, etc.)
 - H. The drug of each patient shall be kept and stored in their originally received containers. No drugs shall be transferred from one container to another.
 - I. Internal medications must be stored apart from medications that are to be used externally.
 - J. Ingredients in containers are not to be changed in any manner.
 - K. There will be no re-labeling of any drug or drug peripherals at any time by anyone other than a licensed pharmacist.
 - L. All drugs and non-prescription medication stock are stored in a locked room with artificial light and power ventilation, or in a locked cabinet, or locked drug cart. Drugs not provided by the Contractor, including non-prescription medication stock are stored separately in the locked room, cabinet, or drug cart; poisons are stored in a separate distinct area.
 - M. Unused, discontinued, outdated or recalled drugs shall be separated from other medications and returned to the pharmacy provider.
 1. All medication returned to the pharmacy vendor will be accompanied by a completed *Medication Return Inventory Log* listing the medications being returned.
 2. The form allows for up to 8 medications to be listed at a time and must include quantity returned.
 3. The completed form shall be wrapped around the respective medications, attached by a rubber band and returned to the Pharmacy Contractor via the medication courier or Federal Express (when using Fed Ex the facility shall contact The contracted pharmacy vendor first and they will provide a mailing label).
 4. A copy of the *Medication Return Inventory Log* will be retained at the facility.
 5. No controlled substances may be returned to the pharmacy provider.

6. Controlled substances shall be destroyed per State regulatory and facility policies.
- N. Separate sign-out sheets shall be maintained for controlled substances indicating the following information:
1. Date
 2. Time does administered
 3. Patient name
 4. Dose
 5. Physician's name
 6. Signature of person administering the dose
- O. All drugs and non-prescription medication stock are stored in a locked room with artificial light.
- P. Controlled substances shall be inventoried at each the beginning and end of each shift change by nursing staff and monthly to quarterly by the consultant pharmacist. If the count is incorrect, the discrepancy must be reconciled before the off-going nurse may leave the facility. Unexplained losses shall be reported to the Health Services Administrator, the Director of Nursing, Agency Contract Operations Manager, and the pharmacy provider as soon as possible.
- III. References: Correct Rx, Pharmacy Vendor
- IV. Rescissions: None
- V. Date Issued: July 15, 2007

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Chapter 3
PHARMACY VENDOR SERVICES

Section 4
DRUG FORMULARY

- I. Policy: There is a drug formulary that will be used by the DPSCS pharmacy vendor.
- II. Procedure:
 - A. A list of drugs approved for use in the facility shall be approved by the Pharmacy and Therapeutics Committee and the Medical Director and is considered the official Maryland DPSCS formulary. Other FDA approved medications may be ordered by a licensed practitioner, by following the non-formulary drug request process which requires approval from the designated Medical Director before such drugs are dispensed.
 - B. A copy of the approved formulary will be maintained on site.
 - C. A list of therapeutic substitutions may be approved in writing by the Medical Director.
 - D. The use of sample drugs is not permitted.
- III. References: Correct Rx, Pharmacy Vendor
- IV. Rescissions: None
- V. Date Issued: July 15, 2007

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Section 5
STARTER STOCK MEDICATION

- I. Policy: DPSCS medical and mental health vendors will have stock medications at hand to facilitate continuity of care for newly incarcerated individuals and for use in providing medications before the pharmacy vendor is able to deliver.
- II. Procedure:
 - A. An approved stock list of medications has been developed and approved by the Pharmacy and Therapeutics Committee; under the provisions of the laws of the state for the facility's permit license, and for prescription medications to be available for immediate administration, provided the medication is not otherwise obtainable within an adequate period of time to provide appropriate therapy.
 - B. The reason for a stock card is to begin a drug order as soon as possible, while waiting for the patient specific blister card. A full course of therapy should not be dispensed from stock, Inmates are not provided with stock cards as a "keep on person" med at any time.
 - C. A list of stock medications is provided by the contracted pharmacy vendor to the facility. There are separate lists for the following categories and is designed to be used as the actual order form for these medications (Schedule II stock medications require a separate form-DEA 222). Lists include"
 1. Infirmary Stock Medications
 2. Infirmary Controlled Medication (Schedule III-V)
(Requires physician signature and DEA number)
 3. Infirmary Controlled Medication (Schedule II)

(Must be ordered on DEA 222 Form)

4. Pre-Trial Facility (BCDC, BCBIC) – Dispensary Stock List
5. Pre-Trial Facility (BCDC, BCBIC) – Dispensary Controlled Medication (Schedule III-V)
6. Sentenced Facility – Dispensary Stock List
7. Sentenced Facility – Dispensary Controlled Medication (Schedule III-V) (Requires physician signature and DEA number)
8. Sentenced Facility – Dispensary Controlled Medication (Schedule II) (Must be ordered on DEA 222 Form)
9. Mental Health Stock Medication
 - a.) Mental Health Controlled Medication (Schedule III-V) (Requires physician signature and DEA number)
10. Dental Medication Treatment Packs

- D. Stock levels shall be established for each house stock medication. While the stock list provides a maximum quantity of stock that a facility can have on site, it is not necessary to carry all stock medications on the list or to carry the maximum quantity of all medications.
- E. All stock orders will have a yellow stock sign out sheet stapled to the back of the blister card. Staff will record the date, time, patient name, nurse administering, quantity used and quantity remaining on this card. Schedule II medications must be recorded using the MD DPSCS approved format.
- F. Stock medications must be stored appropriately. Expired medications must be removed from stock (Refer to POLICY #3).

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 6
P.R.N. MEDICATIONS

- I. Policy: DPSCS contract clinicians will have access to and be able to order medications that are not given routinely but are ordered on an “as needed” basis. P.R.N. medications in the correctional setting present a multitude of logistical problems. Such orders should be limited to infirmary patients if possible. If prescribed for a general population patient, frequency of administration greater than twice a day is discouraged.

- II. Procedure:
 - A. P.R.N. medications are ordered by the physician.
 - 1. The nurse receiving the order for a P.R.N. medication should obtain specific orders from the physician delineating the condition or conditions for which the medication should be given. This along with the route, frequency, and dosage should be stated clearly in the order.
 - 2. To reduce the amount of medication that could be wasted, the Pharmacist should be informed regarding the length of time the medication is expected to be used.
 - 3. When a P.R.N. medication is administered, the nurse should properly document in the chart the following:
 - a. The complaint or the symptom for which the drug was given.
 - b. The dose, time, route of administration, and, if appropriate, the site of the injection.

- c. The nurse's signature.
 - d. The outcome of the medication.
- B. Certain approved (Over the Counter) O.T.C. house stock medications may be requested by the patient without a doctor's order and administered within the approved guidelines of the nursing protocols for the facility.
- 1. When the medication is administered, the nurse or designee should promptly document the:
 - a. Patient's name
 - b. Drug given
 - c. Dose, time and route of administration
 - d. Complaint or symptom for which the drug was given
 - e. Signature of the person administering the drug.
 - f. The outcome of the medication.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 7
MEDICATION ADMINISTRATION

- I. Policy: DPSCS and correctional staff as well as inmates can be assured that all medications are provided in a safe and therapeutic manner to:
- enhance patient care and assure the safety of inmates receiving pharmaceutical services
 - promote consistency and continuity
 - communicate important policies
 - aid in personnel training
 - increase legal protection
 - aid in evaluating performance
- II. Procedure:
- A. Procedures for administering medications:
1. All medication administered to patients shall be by the direct order of a physician or other licensed practitioner.
 2. Psychotropic or behavior-modifying medications will be used only when prescribed by a physician for psychiatric or other therapeutically indicated therapy. These medications will not be used for disciplinary reasons.
 3. No investigational drugs will be used in this facility unless approved by the Medical Director and the State officials charged with administration of the facility.
 4. Only licensed personnel are assigned responsibility for preparing, administering and recording of medications or permitted access to drug storage areas.

5. Medications shall always be prepared, administered and recorded by the same licensed person.
6. Charting of medications shall be completed at the time of administration of the drug. If recorded at a later time, entry will be labeled "late entry".
7. The nurse responsible for medication shall not report off-duty without first completing the charting of the administered medications.
8. Medications supplied for one patient shall be administered only to that patient.
9. Self-administration of medications will be based on guidelines established by the facility and local government.
10. Personnel administering drugs shall refer to an appropriate drug reference when unfamiliar with the pharmacology of a drug, its potential toxic effects or contraindications (e.g., Nursing Handbook, U.S.P.D.I., P.D.R.).
11. Each dose of medication administered shall be documented on the MD DPSCS approved Medication Administration Record (MAR). On each patient's MAR the patient's name, physician's name, month of use and any patient allergies.
12. Each MAR must be signed by all nurses whose initials appear on the MAR as documentation of medication administration.
13. Injection sites must be charted legibly on the MAR for all injectable medications.
14. If an order says to increase or decrease a medication if a certain symptom occurs, there must be documentation on the MAR that staff has observed the symptom required to initiate that medication followed by a later entry regarding the outcome of the medication on that symptom.
15. When a medication is given based on pulse and/or blood pressure (BP), the pulse or BP shall be recorded on the MAR under the record of administration for the medication.
16. When a medication has been ordered for a required number of days, the stop date shall be clearly indicated on the MAR.

17. When a medication is refused, withheld or regurgitated, the nurse shall enter his/her initials in the appropriate square on the MAR and circle them. The nurse will then document the reason that the medication was not given in the appropriate blocks on the MAR.
18. If a patient does not receive the medication as prescribed for three consecutive doses or the patient does not receive 50% of the prescribed dosing for a one week period:
 - a. Each missed dose will be documented on the MAR as indicated above;
 - b. The nurse will notify the prescribing physician of patient noncompliance and schedule an appointment for the patient to be seen by the clinician;
 - c. The patient will receive education regarding his/her disease state and medication therapy by medical staff; and
 - d. Documentation of the scheduled appointment to discuss non compliance will occur within the next 5 business days
19. For medications ordered to be administered on a PRN (as needed) basis, the PRN drug order shall specify the condition(s) for which the drug is to be given and how often the drug may be given.
20. Medications given on an as-needed basis (PRN) shall be recorded on the back of the MAR in addition to other information required by the normal charting procedure including:
 - a. The inmate's subjective symptom or complaints.
 - b. The date, time, drug, strength and route of administration.
 - c. The results of the medication given.
 - d. The nurse's signature.
 - e. The outcome of the medication.
21. In the distribution of medications, if an unusual incident occurs, which may cause real or potential hazard to the inmate, it shall be

immediately reported and recorded in writing on a problem resolution form before the end of the shift during which the event occurred.

22. If an incident occurs in the administration of medication, the physician and the Director of Nursing should be informed immediately. Staff will complete the error report and forward it to the office of the Director of Nursing before the end of the shift in which the incident was discovered.
22. In the case of an adverse drug reaction, staff will notify the physician and follow his orders.
23. All reports should be forwarded to the Agency Contract Operations Manager and respective vendor's Medical Director and administrators for review, comments and signature. A summary of these reports should be presented at the Pharmacy and Therapeutics Committee meeting.

B. Procedures for administering oral medications:

1. The medication's name, dosage, and interval shall be read from the Medication Administration Record.
2. The label on each medication bottle shall be read three times.
 - a. When taking it from the shelf or drawer;
 - b. Before pouring it; and
 - c. When putting it back onto the shelf or into the drawer.
3. The patient's identification will be checked both verbally and by sight before any medication is administered to that patient each time that patient arrives for medication.
4. If the nurse has questions about calculating a dose, assistance should be sought from the Nursing Supervisor and a pharmacist to double-check the calculation.
5. To assure administration accuracy, the nurse shall cross check the following reference points on a daily and monthly basis.
 - a. Physician's order-Medication Administration Record
 - b. Medication Administration Record-label on drug container

c. Label on drug container-Physician's order.

6. If the medication is a liquid suspension or emulsion, the bottle shall be shaken well before measurement of a dose.
7. To pour a liquid medication dose, the bottle shall be held with the label in the palm of the hand in order to avoid spilling on the label.
8. When measuring liquid medication, the medicine cup shall be held at eye level and the desired volume shall be marked with the thumb; the volume shall be read at the LOW LEVEL OF THE MENSICUS.
8. Tablets and capsules shall be handled so that the fingers do not touch them. The cap of the container or the pill "card" shall be used to transfer them to the medicine cup.
9. Medications are given at the time ordered, or within sixty (60) minutes before or after the time designated for BID, TID, or QID passes. The nurse administering the medication shall remain with the patient until the medication is swallowed.
10. If a crushing device - mortar and pestle, etc. is required, then this device will be kept free of medication remains. (This will prevent possible allergic reactions, drug interactions, or other adverse drug reaction from occurring in other patients.)
11. Oral Tetracycline shall be given to the patient one hour before or one hour after the administration of any foods or oral medications. The Tetracycline shall only be given with water. The physician shall be consulted if this rule can not be followed.

C. Procedures for administering injectable medications:

1. Ampules for injection

- a. Nurse will disinfect the ampule with an alcohol swab.
- b. Using sterile technique, nurse will break the ampule so that no glass falls into the medication solution and no fingers will be cut by the glass.
- c. Nurse will withdraw the injection from the ampule with an appropriate syringe, using sterile technique.

- d. If sterile technique is broken, this dose is not to be administered. Ampule, syringe and medication will be discarded in an appropriate container.

2. Vials for injection

- a. Nurse will disinfect the entire vial with an alcohol swab.
 - b. Using sterile technique, nurse will withdraw the appropriate dose from the vial with an appropriate syringe.
 - c. If sterile technique is broken, this dose is not to be administered. Vial (if a single dose vial), syringe and medication will be discarded in an appropriate container
 - d. Mark any multi-dose vial with the date originally used and discard when appropriate, usually after 30 days, but this may differ with certain drugs. Nurse will familiarize him/her self with the specifics of medications for which he or she is responsible.
 - e. All drugs requiring reconstituting shall be prepared by the vendor pharmacy prior to delivery to the facility if feasible.
3. If it is necessary to have the nurse prepare a drug, that nurse will review the package insert, PDR, or information from the pharmacy to determine the proper methods of reconstitution.
 4. If possible, the nurse will prepare only enough medication for use during his or her shift.
 5. Nurse will attach the date of mixing, the initials of the person mixing, and any special information and precautions to the label
 6. Insulin is measured in units and is available in one strength; 100 units per cc. Insulin is given subcutaneously rotating the site of injection (i.e., arms-deltoid area, thighs-anterior, abdomen) and the site as well as the dose and the route (Sub-q) will be documented on the MAR.

D. Procedures for administering sterile irrigations:

1. Nurse will open the bottle using sterile technique. If sterile technique is broken, the solution will not be used and it will be discarded.

2. If any remaining solution in the bottle is to be retained for later use, nurse will record the date the bottle was opened on its label.
3. Nurse will store the unfinished, opened bottle in a clean area. The bottle may be stored for 24 - 48 hours after opening. After 48 hours the nurse will discard the bottle and its contents..

E. Procedures for administering intravenous medications:

1. Nurse will use sterile technique in preparing I.V. formulations. If sterile technique is broken, the preparation will not be used and must be discarded.
2. Nurse will assure that all dosages are calculated properly.
3. If there are any problems with the calculations or formulations, the nurse will call the Pharmacy.

F. Procedures for administering ophthalmic preparations & topical agents

1. If the medication is to be used in the eye, nurse will assure that the tips of dropper, droptainer, ophthalmic ointment tubes, etc., do not touch the inmate's eye tissue during administration and that they will be kept in their closed containers when not being used.
2. If a medication is packaged for external use - tubes, jars, bottles and dropper bottles, nurse will use proper infection control technique in applying medication. Nurse will assure the contents of these containers are kept from contamination:
 - a. Nurse will prevent infectious material from the patient from entering these medicated containers.
 - b. Nurse will keep these containers tightly closed when storing them.

G. The following is a list of the facility's official medication passing times as approved by the Pharmacy & Therapeutics Committee.

QD	Every Day	PRN	As needed with proper documentation
BID	Twice a Day	Q6	Every 6 hours
TID	Three times a day	Q8	Q8 Every 8 hours
QID	Four times a day	Q12	Every 12 hours
AC	Before meals - approximately ½ - 1 hour before meals		

PC After meals - approximately $\frac{1}{2}$ - 1 hours after meals

Around the clock medications should be given accordingly, that is at evenly distributed times throughout the twenty-four hour period.

- III. References: Correct Rx, Pharmacy Vendor
- IV. Rescissions: None
- V. Date Issued: July 15, 2007

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Section 8
EMERGENCY DRUG KIT

- I. Policy: DPSCS pharmacy vendor will assure that there is an emergency drug kit available in all medical facilities for ready access to all medical staff.
- II. Procedure:
 - A. A limited number of doses of drugs will be kept at each facility for use in emergencies when medications are not obtainable at the required time through regular procurement procedures.
 - B. These emergency drugs shall be stored in a separate select cabinet or container, with a list of the contents, including expiration date, secured to the outside.
 - C. A record shall be kept accounting for the use of these emergency medications. This record is separate and apart from the individual patient's MAR and shall contain the following information for each item used:
 1. Drug name, strength and amount used
 2. Date and time drug used
 3. Inmate's name
 4. Prescriber's name
 5. Name of nurse administering drug
 6. Nature of emergency

- D. The pharmacy shall be notified when a drug is used from the kit and the pharmacy will replace used drugs within 48 hours.
 - E. A health services staff member shall make a notation in the pharmacy record of the date that medications are replaced (on the same line containing sign-out information). The name of the person replacing the medication shall also be recorded.
 - F. The contents of the emergency drug supply shall be determined by the OIHS Medical Director, physician-in-charge, the pharmacist and Director of Nursing. If new drugs are to be added to the supply, the DPSCS Medical Director will be consulted.
 - G. A member of the staff will perform at least a daily inspection of the emergency (crash) cart.
 - H. Any drug or supply that will expire within thirty (30) days will be reordered.
 - I. The individual performing the inspection will date, sign and make any relevant notation on an emergency (crash) cart inspection record.
- III. References: Correct Rx, Pharmacy Vendor
 - IV. Rescissions: None
 - V. Date Issued: July 15, 2007

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Section 9
AUTOMATIC STOP ORDERS

I. Policy: DPSCS pharmacy vendor shall have a system for stopping orders for medications that have not been renewed by a clinician

II. Procedure:

A. All staff physicians shall be informed of the facility's stop-order policies.

All drugs shall be stopped once the maximum amount of time permitted by institutional policy or State and Federal law is reached, whichever is least.

C. All drugs which have run the course of a specific dosage regimen, when so ordered by the clinician, shall be stopped. Upon request, the vendor will notify the medical provider (clinician) of medications due to stop within ten (10) days via a 10-day stop reorder report.

Specific stop orders shall be listed and maintained through a cooperative effort of the medical staff, administration, and consultant pharmacist.

A copy of approved stop orders shall be posted in each medicine room of each facility.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 10
MEDICATION RECALLS AND CQI

- I. Policy: DPSCS vendors will have a procedure to follow in the event of manufacturer drug recalls.
- II. Procedure:
 - A. In the event that a medication is recalled by the manufacturer, the pharmacy vendor will notify the Site Medical Director, Director of Nursing and the Administrator. Such medications will be removed from all drug storage areas and replaced, if feasible.
 - B. If replacement is not possible, the Site Medical Director will be provided suggested therapeutic alternatives.
 - C. The OIHS Medical Director will be notified as well as the respective Agency Contract Operations Manager.
- III. References: Correct Rx, Pharmacy Vendor
- IV. Rescissions: None
- V. Date Issued: July 15, 2007

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Section 11
REPORTING

- I. Policy: DPSCS will require the pharmacy vendor to perform certain quality assurance endeavors and to report on discrepancies found as well as providing a regular report of findings with trending seen in the course of its endeavors.
- II. Procedure:
 - A. Operations:
 1. The Pharmacy Contractor receives and logs all medication orders, ensuring that all pages have been received and are legible.
 2. The orders are entered into the computer system and then checked by a pharmacist. The computer has built in safeguards to include drug interactions, allergies, etc.
 3. Orders are then filled by a technician and every order is checked by another pharmacist.
 4. Delivery Manifests are generated and all orders are packed by delivery location. Every order is checked with the delivery manifest before being delivered to a facility
 - B. Discrepancy Reporting:
 1. As soon as a medication discrepancy is identified, it must be reported to the Pharmacy Contractor so that the proper medication can be sent to the facility.
 2. If a patient has received and taken a wrong medication, (s)he should be evaluated by a physician. A pharmacist should be consulted to

provide information about the potential deleterious impact of taking the specific medication involved. The administering nurse will complete an incident report and provide the sequence of events to the charge nurse before the end of the shift or as soon as the error is discovered.

3. A discrepancy report shall be completed and returned to the Pharmacy Contractor to allow for implementation of CQI and follow up. A photocopy of the front and back of the medication blister card should also be sent to the Pharmacy Contractor with the discrepancy report.
4. The Pharmacy Contractor will provide statistical data regarding all pharmacy discrepancies with the monthly MAC reports and Monthly Incident Review Report. Additionally, discrepancies are reported and discussed at CQI and Pharmacy & Therapeutics Meetings.

C. Internal CQI:

1. The General Manager of Operations tracks all discrepancies for patterns in employee performance, drug differentiation, dosing etc. and employs interventions, training and system changes as needed.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 12
DISPOSITION OF MEDICATIONS

- I. Policy: DPSCS medical vendors will have a procedure for disposing of medications on a routine basis.
- II. Procedure:
 - A. All unused, discontinued, outdated or recalled, non-controlled drugs shall be returned to the pharmacy vendor.
 - B. The Pharmacy Contractor shall provide credit in compliance with the Maryland Board of Pharmacy Comar 10.34.10.07. Medications must be in their original container as supplied by the Pharmacy Contractor. Non-Resident pharmacies must comply with the same regulations.
 - C. Inmates can be provided with a limited amount of medications at the time of their discharge if there is a physician's order for discharge medications. An inventory of the drugs provided is made, dated and signed by both the person releasing the drugs and the person receiving the drugs, and is placed in the inmate's record.
 - D. The medications and the medication record (MAR) should be transferred with the inmate when moved to another facility.
 - E. Licensed personnel shall document any wastage of controlled drugs with two signatures.
 - F. All Class II DEA drugs should be returned to the local DEA office or disposed per DEA direction in accordance with Federal law.
 - G. No controlled substances may be returned to the pharmacy provider.

H. A record of disposition for all controlled substances will be maintained on site for three years.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 13
CONTROLLED DRUG PACKAGING

- I. Policy: All DPSCS vendors will recognize the delivery packaging of controlled substances and will have a procedure for accepting such medications at each facility.
- II. Procedure:
 - I. All controlled drugs will be packed and **sealed** in a red and white **UPS** bag.
 - J. All multiple cards of controlled substances will be printed with the number of cards on each label. For example, 2 cards of 30 tablets of Clonazepam for an inmate must be labeled 1 of 2 and 2 of 2.
 - K. The UPS bag will have the facility number placed on the outside.
 - L. A red letter "C" will be drawn on the outside of the UPS bag indicating controlled drugs inside.
 - M. **The UPS bag will be packed inside the box containing the regular medication order.**
 - N. The sign-off sheet (packing list) for controlled drugs will be packed and shipped in the same bag as the controlled drugs.
 - O. Nurse will contact the pharmacy manager immediately if this procedure is not followed exactly.
- III. References: Correct Rx, Pharmacy Vendor
- IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 14
CONTROLLED SUBSTANCE ORDERING

- I. Policy: DPSCS vendor staff will have a procedure for ordering controlled substances.
- II. Procedure:
 - A. Nursing staff shall order Schedule II Medications
 1. Stock:
 - a. All orders must be written on a DEA 222 order form
 - b. This form can be obtained from the DEA by facilities that have a DEA Clinic License.
 - c. A maximum of 1 blister card of 30
 - d. Tablets/capsules will be sent at 1 time.
 2. Inmate Specific:
 - a. All orders must be written by a DEA licensed prescriber
 - b. The order should be written on a separate order form. It should include the prescriber's signature and DEA #. The exact quantity and directions for administration should be specified.

- c. No refills are allowed on Schedule II drugs without a new written order by the DEA licensed prescriber.
- d. DEA regulations require the pharmacy to receive the original prescription within 72-hours of filling the order. The facility is responsible for faxing all required information and then by following one of the procedures listed below:

- i. Mailing the original script immediately to the Pharmacy Contractor:

Correct Rx Pharmacy Services, Inc.
803A Barkwood Court
Linthicum, Maryland 21090

- ii. Or by placing the original order in an envelope and sending it back to the pharmacy with the medication courier.

- 3. Original prescription must be received by the pharmacy within 72 hours or medications already delivered will be withdrawn.

B. Nursing staff shall order Schedule III – IV Medications

1. Stock

- a. All orders should be written on the MD DPSCS stock order forms. This should include the prescriber's signature and DEA # .
- b. Clinician will order quantities in multiples of 30 only.
- c. When additional medications are needed for existing orders, nurse will not pull reorder stickers. As a new written order is required each time.
- d. A maximum of 2 blister cards (dispensary) or 3 blister cards (infirmary) will be sent at 1 time.

2. Inmate Specific

- a. All orders must contain prescriber's signature and DEA # as well as directions for administration of the medications.
- b. The order may be written on Physician order form or transcribed order sheet
- c. Length of an order can not exceed 6 months or 5 refills per DEA regulations.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 15
Poisoning

- I. Policy: DPSCS vendor staff will have a procedure to follow in the event of a poisoning at a DPSCS medical facility.
- II. Procedure:
 - A. In the event of an accidental poisoning, the following procedures shall be followed:
 1. Following immediate notification to the clinician on duty, Nurse will maintain and continuously (every fifteen minutes for one hour, the every half hour for one hour, the every hour until discontinued by the clinician) observe the patient's vital signs.
 2. Nurse will save all containers and labels that describe the suspected poisoning agent, and will save any vomitus.
 3. Nurse will call a Poison Control Center immediately. If no Poison Control Center is available, then nurse will call "911" (or local emergency assistance).
 4. Nurse will, with clinician's agreement, Follow the Poison Control Center or 911's directions.
 5. In the event of inhaled poison, nurse will immediately:
 - a. Take the victim to fresh air
 - b. Avoid breathing fumes
 - c. Start artificial respiration if needed

- d. Call 911
 - e. Inform the physician
6. In the event of poison on the skin, nurse will immediately:
- a. Notify the clinician on duty.
 - b. Remove contaminated clothing and flood skin with water for ten (10) minutes. Then wash gently with soap and water, rinse. Use care not to expose yourself to toxic or corrosive substances.
 - c. Follow steps 1 through 5.
7. In the event of poison in the eye, nurse will:
- a. Notify the clinician on duty
 - b. Flood the eye with lukewarm water poured from a large glass 2 or 3 inches from the eye. Repeat every 15 minutes. Have patient blink as much as possible while flooding eye. Do not force the eyelid open.
 - c. Follow steps 1 through 5.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 16
CONSULTANT PHARMACY SERVICES

- I. Policy: DPSCS will have the services of a consultant pharmacist through its contract with the pharmacy vendor to perform certain quality assurance functions and to make recommendations for bettering pharmacy services.

- II. Procedure:
 - A. A pharmacist shall visit each facility quarterly, or more frequently as dictated by the contract or if there is found to be need (such as in the event of a poor performance review of that facility) to perform inspections of medication storage areas, record keeping, etc. The consultant pharmacist shall monitor compliance with the pharmacy policies and procedures. A record shall be kept at the facility documenting pharmacist visits.

 - B. A pharmacist will inspect each medication area.

 - C. Each of the following will be reviewed or inspected to assure that the policies described in this manual are adhered to:
 - 1. Emergency Kit
 - 2. Controlled Substances
 - 3. Medication Administration Records
 - 4. Medication storage areas including refrigerators and double locked cabinets for controlled drugs.
 - 5. Labeling and Expiration Dates

- D. The completed inspection form will be provided to the health services administrator.
- E. A pharmacist or other qualified speaker will provide, per contractual agreement, in-service programs to nursing personnel on topics including, but not limited to:
 - 1. Drug distribution system policy and procedure
 - 2. Pathophysiology and treatment of various diseases
 - 3. Pharmacology of drug classes
 - 4. Policies and procedures
 - 5. Documentation as to the subject matter and participation in programs shall be maintained with the Agency Contract Operations Manager and Health Services Administrator or Director of Nursing.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

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Section 17
CONTROLLED DRUGS BY SCHEDULES

- I. Policy: DPSCS medical vendor staff will have a list of scheduled drugs for reference use
- II. Procedure: Staff will reference the lists below if there is any question about where a drug may fall on the scheduled lists.

CONTROLLED DRUGS LISTED BY SCHEDULES

Schedule I

All Non-Research Use - Forbidden

OPIATES	OPIUM DERIVATIVES	HALLUCINOGENIC
Acetylmethadol	Acetorphine	3, 4-methylenedioxy amphetamine
Allylprodine	Acetyldihydrocodeine	5-methoxy-3, 4-methylenedioxy amphetamine
Alphacetylmethadol	Benzylmorphine	3, 4, 5-trimethoxy amphetamine
Alphameprodine	Codeine methylbromide	Bufotenine
Alphamethadol	Codeine-N-Oxide	Diethyltryptamine
Benzethidine	Cyprenorphine	Dimethyltryptamine
Betacetylmethadol	Desomorphine	4-methyl-2, 5-dimethoxyamphetamine
Betameprodine	Dihydromorphine	Ibogaine
Betamethadol	Etorphine	Lysergic acid diethylamide
Betaprodine	Etorphine	Marijuana
Clonitazene	Hydromorphanol	Mescaline
Detromoramide	Methyl-desorphine	Peyote
Diampromide	Methylhydromorphine	N-ethyl-3-piperidyl

		benzilate
Diethylthiambutene	Morphine methylbromide	N-methyl-3-piperidyl benzilate
Difenoxin	Morphine methylsulfonate	Psilocybin
Dimenoxadol	Morphine-N-Oxide	Psilocyn
Dimepheptanol	Myrophine	Tetrahydrocannabinols
Dimethylthiambutene	Nicocodeine	
Dioxaphetylbutyrate	Nicomorphine	
Dipipanone	Normorphine	
Ethylmethylthiambutene	Pholcodine	
Etonitazene	Thebacon	
Etoxidine		
Furethidine		
Hydroxypethidine		
Ketobemidone		
Levomoramide		
Levophenacymorphan		
Morpheridine		
Noracymethadol		
Norlevorphanol		
Normethadone		
Norpipanone		
Phenadoxone		
Phenampramide		
Phenomorphane		
Phenoperidine		
Piritramide		
Proheptazine		
Properidine		
Propiram		
Racemoramide		
Tilidine		
Trimeperidine		

“This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary and stock lists to determine approved controlled substances for MD DPSCS facilities.”

CLASS II Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alfentanil	Alfenta	Opioid

Amobarbital	Amytal	Barbiturate
Amobarbital and secobarbital	Tuinal	Barbiturate
Amphetamine	Dexedrine	Amphetamine
Cocaine	Cocaine	Amphetamine
Codeine	Codeine	Opioid
Dexmethylphenidate	Focalin	Amphetamine
Dextroamphetamine	Dexedrine, DextroStat	Amphetamine
Fentanyl	Actiq, Sublimaze, Duragesic	Opioid
Glutethimide	Gluthethimide	Piperidine Derivatives
Hydromorphone	Dilaudid, Palladone	Opioid
Levorphanol	Levo-Dromoran	Opioid
Meperidine	Demerol	Opioid
Meperidine w/ atropine	Meperidine and Atropine	Opioid
Meperidine w/ promethazine	Mepergan	Opioid
Methadone	Dolophine, Methadose	Opioid
Methamphetamine	Desoxyn	Amphetamine
Methylphenidate	Ritalin, Concerta, Metadate, Methylin	Amphetamine
Morphine	MS Contin, Roxanol, Kadian, Duramorph, Oramorph, MSIR, Avinza,	Opioid
Morphine w/ atropine	Morphine and Atropine	Opioid
Opium Tincture	Opium Tincture	Opioid
Opium and Belladonna Suppositories	B&O Suppettes	Opioid
Oxycodone	OxyContin, OxyIR	Opioid
Oxycodone combinations	Percocet, Roxicet, Tylox, Roxilox, Percodan	Opioid
Oxymorphone	Numorphan	Opioid
Pentobarbital	Nembutal	Barbiturate
Remifentanyl	Ultiva	Opioid
Secobarbital	Seconal	Barbiturate
Sufentanyl	Sufenta	Opioid

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** FACILITY MUST BE LICENSED FOR METHADONE TREATMENT

CONTROLLED DRUGS LISTED BY SCHEDULES

CLASS III Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Aprobarbital	Alurate	Barbiturate
Benzphetamine	Didrex	Anorexiant
Buprenorphine	Buprenex, Subutex	Narcotic agonist-antagonist
Butabarbital	Butisol	Barbiturate
Butalbital compound	Fiorinal	NonNarcotic Analgesic with Barbiturate
Codeine combination product 90 mg/du	Tylenol #2, Tylenol #3, Tylenol #4, Fioricet with Codeine, Guaifenesin (tablets), Carisoprodol, Codeprex, pseudoephedrine, Cycofed, Nucofed, chlorpheniramine	Opioid
Dihydrocodeine combination product 90 mg/du	Pancof, Tricof, DHC Plus, Synalgos DC	Opioid
Dihydrotestosterone	Androgen	Androgen Steroid
Dronabinol	Marinol	Miscellaneous
Fluoxymesterone	Fluoxymesterone	Androgen Steroid
Hydrocodone combination product 15 mg/du	Vicodin, Chlorpheniramine, Guaifenesin, Vicoprofen, Lortab, Hydrocodone with ASA,	Opioid
Ketamine	Ketalar	General Anesthetic
Methyltestosterone	Android, Methitest, Testred, Virilon	Androgen Steroid
Nandrolone	Nandrolone	Anabolic Steroid
Opium	Paregoric	Opioid
Oxandrolone	Oxandrin	Anabolic Steroid
Oxymetholone	Anadrol-50	Anabolic Steroid
Pentobarbital suppository	Nembutal	Barbiturate
Phendimetrazine	Prelu-2, Bontril, Melfiat	anorexiant

Testolactone	Teslac	Androgen Steroid
Testosterone	Testopel, Depotestosterone, Delatestryl, Testoderm, Androderm, AndroGel, Testim,	Androgen Steroid
Thiopental	Pentothal	Barbiturate

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CLASS IV Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alprazolam	Niravam, Xanax	Benzodiazepines
Butorphanol	Stadol, Stadol NS,	Narcotic agonist-antagonist
Chloral hydrate	Somnote, Aquachloral	Sedative Hypnotic
Chlordiazepoxide	Librium	Benzodiazepines
Clobazam	Urbadan, Urbanyl	Benzodiazepines
Clonazepam	Klonopin	Benzodiazepines
Clorazepate	Tranxene	Benzodiazepines
Diazepam	Valium	Benzodiazepines
Dichloralphenazone combination	Midrin	Migraine analgesic
Diethylpropion	Tenuate	Anorexiant
Difenoxin with Atropine	Motofen	Antidiarrheals
Estazolam	ProSom	Benzodiazepines
Eszopiclone	Lunesta	Sedative Hypnotic
Ethchlorvynol	Placidyl	Tertiary Acetylenic Alcohols
Flurazepam	Dalmane	Benzodiazepines
Halazepam	Paxipam	Benzodiazepines
Lorazepam	Ativan	Benzodiazepines
Mazindol	Sanorex, Mazanor	Anorexiant
Mephobarbital	Mebaral	Barbiturate
Meprobamate	Miltown, Equanil	Antianxiolytic
Methohexital	Brevital	Barbiturate
Midazolam	Versed	Benzodiazepines
Modafinil	Provigil	Analeptics
Nitrazepam	Mogadon	Benzodiazepines

Oxazepam	Serax, Serenid-D	Benzodiazepines
Paraldehyde	Paral	Sedative Hypnotic
Pentazocine	Tawlin, Talwin NX, Talacen	Narcotic agonist-antagonist
Phenobarbital	Luminal, Sulfoton, Bellatal	Barbiturate
Phentermine	Ionamin, Fastin, Adipex-O, ProFast	Anorexiant
Propoxyphene	Darvon	Opioid
Propoxyphene combinations	Darvocet	Opioid
Quazepam	Doral	Benzodiazepines
Sibutramine	Meridia	anorexiant
Temazepam	Restoril	Benzodiazepines
Triazolam	Halcion	Benzodiazepines
Zaleplon	Sonata	Pyrazolopyrimidine
Zolpidem	Ambien	Imidazopyridines

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CLASS V Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Codeine preparations- 200gm/100ml or 100gm	Tylenol with Codeine liquid, Guaifenesin with Codeine, Promethazine with codeine, Tussirex, Dihistine, Decohistine Codimal PH, Triacin-C,	Opioid
Dihydrocodeine preparations 10mg/100ml or 100gm	Cophene-S	Opioid
Diphenoxylate with Aptropine	Lomotil, Lonox, Logen	Antidiarrheal

“This list is intended for educational purposes. Please refer to the the MD DPSCS approved formulary and stock lists to determine approved controlled substances for MD DPSCS facilities.”

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007

OFFICE OF TREATMENT SERVICES
OFFICE OF INMATE HEALTH SERVICES

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section 18
KEEP ON PERSON (KOP) DRUGS

- I. Policy: Some inmates will be afforded the opportunity to self administer chronic disease medications. Medical staff will have guidelines for assuring that these inmates receive their medications and understand the steps needed to enact KOP procedures.
- II. Procedure:
 - A. Clinician will write an order that medications are to be "KOP".
 - B. The clinician has the authority to remove inmates from the KOP program for compliance or safety purposes, and will record his or her reasons in the inmate's medical record.
 - C. Medications will be provided to and signed for by the inmate.
 - 1. Nurse will provide the blister packs of medications to the inmate and record that the drugs by name, dosage and number of pills have been provided. This will be done using the MAR.
 - 2. The inmate will receive instruction from the nurse regarding the medication including possible side-effects, when the inmate is to take the drugs (with meals, not with certain foods, frequency, etc.)
 - 3. The inmate will be advised to keep the medication in his or her cell for self administration.
 - 4. Inmate will receive a thirty (30) day supply of each KOP medication.

5. A "Keep On Person (KOP) Medication Procedure-Patient Education" form will be made available to each inmate upon initial receipt of the medication. This document :

a. Is designed to provide education on the program.

b. Must be signed by the providing staff and the patient after review.

c. Must be kept on site.

D. Those medications determined to be acceptable as KOP will be determined by the Pharmacy and Therapeutics Committee

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: September 15, 2007

OFFICE OF TREATMENT SERVICES
OFFICE OF INMATE HEALTH SERVICES

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section 19
Pharmacy Audits

- I. Policy: The Pharmacy Vendor will conduct regular audits per its contract with DPSCS.

- III. Procedure:
 - A. A pharmacist shall visit facilities quarterly, or more frequently as dictated by the DPSCS contract to perform inspections of medication storage areas. Findings will be reported to the Office of Inmate Health Services.

 - B. The inspection/audit follows a standardized form which is divided into five sections:
 - 1. Medication storage.
 - 2. Records.
 - 3. Controlled medications.
 - 4. Emergency medications.
 - 5. Recommendations.

 - CI. All items noted above are rated and scored using the following scale:
 - 1. Meets Requirement: Upon inspection the evaluated item is in compliance.

 - 2. Problem Area: The evaluated item does not meet the requirement and further action is needed to reach compliance

(e.g., not documenting the reason for missed doses on the back of the MAR).

3. Immediate Attention Requires(*): The evaluated item does not meet the requirement and further action is needed to reach compliance. This item needs immediate resolution or a plan for resolution (e.g., a missing narcotic, medication refrigerator is broken).
4. Not Applicable: This item does not apply to this facility (e.g., no controlled medications are stored at this facility).

DI. Listed below are the specific items that are routinely evaluated:

1. Medication Storage:

- a. Adequate security is provided at all locations where drugs are stored and keys are controlled by authorized personnel.
- b. Medication rooms and carts are locked when not in use.
- c. Medication room and carts are clean.
- d. Internal and External medications are separated.
- e. All medications stored in accordance with manufacturer's specifications.
- f. Refrigerator is in good working condition; temperature is 38-46 degrees F.
- g. Medication containers are properly labeled.
- h. No discontinued, expired, or deteriorated meds are found.
- i. Multiple dose containers (parenterals) are dated when opened and discarded after thirty days.
- j. Stock medication inventory does not exceed DOC approval levels.
- k. No food or drink is in the medication refrigerator.

2. Records:

- a. Stock medication records are maintained in accordance with DOC policy.
- b. Medication order is on medication administration record (MAR).
- c. Patient data on MAR is complete including refusals.
- d. Start and stop dates are recorded on the MAR.
- e. Dosage administration and refusals are properly documented.
- f. Personnel administering medications have signed and initialed the MAR.
- g. Medication disposal records are in order.
- h. Inventory counts for sharps equals the count sheet balance.
- i. PRN medications are properly documented.

3. Controlled Medication:

- a. DEA controlled drugs are stored under double locks.
- b. Inventory counts for controlled drugs equal the count sheet balance.
- c. Change of shift count records are complete.
- d. The correct procedure for disposal of drugs is being followed.
- e. Change of shift count is completed every eight hours.

4. Emergency Medication:

- a. There is a seal on the emergency box/cart.
- b. No expired medications are present.

- c. List of contents for the emergency box/cart is posted.
- d. There is record indicating that at a minimum, monthly inspections are being done.

5. Recommendations:

- a. Previous recommendations have been attended to (if not listed under comments).
- b. Comments section is used to address issues identified during the audit..

- E. All unused, discontinued, outdated, or recalled non-controlled drugs will be returned to the pharmacy vendor. The auditing pharmacist will assure that any identified controlled drugs falling into these categories are destroyed in accordance with state (COMAR § 10.19.03.10.D.3) and federal law.
- F. At the completion of the audit, auditing pharmacist will review the findings with the Director of Nursing or designee.
- G. The auditing pharmacist will sign the audit form and the Director of Nursing or designee will sign the form in the locations designated for their signatures.
- H. A copy of the audit form and disposal record will be maintained by the pharmacist. The originals stay at the facility.
- I. An audit summary of findings and recommendations will be provided to DPSCS Office of Inmate Health Services on a monthly basis.
- J. The pharmacy vendor will provide audit trend information and reported recommendations to the quarterly multi-vendor meeting held by the Director of the Office of Inmate Health.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: September 15, 2007