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*Division of Institutions*  
*Policy and Procedure*

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**Chapter:** S  
**Section:** .3900  
**Title:** Medication Procurement and Returns  
**Issue Date:** November 8, 2023  
**Supersedes:** January 2017

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I. PURPOSE

To provide guidelines for obtaining and returning medications.

II. POLICY

- A. Medications shall be obtained as soon as possible to begin administration in accordance with providers' orders.
- B. Medications shall be returned when discontinued or when the medications no longer meet the criteria of the 5 Rights of Medication Administration.

III. PROCEDURES

A. Medication Procurement for Patients

- 1. Comprehensive Health Services staff shall be responsible for promptly entering all medication orders into the patient's health care record.
- 2. If the order cannot be entered into the patient's health care record, the orders shall be written on the DC-834, Provider's Orders, and sent by fax, courier, delivery by authorized personnel, or pneumatic tube to a Pharmacy and shall be scanned into the patient's health care record.
- 3. Consultation/Referral medication orders shall be considered recommendations for therapy and shall be entered into the patient's health care record by the provider or licensed staff at the facility. The provider or licensed staff shall enter a note that the order is "per Dr. (the consultant)" to indicate they did not initiate the order.
- 4. Central Pharmacy shall be responsible for issuing chronic disease and mental health medication refills using the Medication Refill Tracking System (MRTS).
- 5. Comprehensive Health Services staff shall be responsible, if applicable, for requesting medication refills for medications that are expensive or to monitor for applicable therapies.

6. In accordance with policy S .4900, Offender Medication Refill Request, the patient shall be responsible for requesting applicable medication refills.
7. Comprehensive Health Services staff shall be responsible for entering medication refill requests into the patient's health care record.
8. Comprehensive Health Services staff shall be responsible for contacting the appropriate Pharmacy to request refills of medications determined to be a "CRITICAL" need.
9. Pharmacy shall process refill requests and send the medication to the facility in a minimum of seven days.
10. Patients may be issued their refill medications up to five days before their current supply is depleted, which may result in the patient having two bottles of medication totaling up to a 35-day supply.

B. Medication Procurement for Processing Patients

1. Patients received at processing facilities with medication from outside providers in their possession shall be required to give those medications to the receiving officer.
2. Chronic disease medications, critically necessary medications, and medications readily available for administration shall be entered into the patient's health care record as a "Start Now" order by checking the start now box.
3. Other medications shall be entered into the patient's health care record as a routine order.
4. Nursing staff shall count and record the amount of controlled substances on the DC 175A Controlled Substance Medication Administration Record.
5. A provider shall be contacted for Controlled Substance orders and the order shall be appropriately documented in the patient's health care record.
6. Offenders shall be allowed to retain their formulary and non-formulary medications that have appropriate labels from the dispensing pharmacy after they have been reviewed, identified, and approved by the appropriate Comprehensive Health Services staff member. A valid provider order shall be entered in their health care record.
7. The name, strengths, and instructions for taking the medication as written on the Medication Administration Record, transfer/discharge medication summary, or the label affixed to the original container shall be used for the source of the medication order that shall be entered

or scanned into the patient's health care record as a standing order per a facility provider. The ordering provider shall be entered to co-sign.

8. The provider shall review the patient information and sign within two weeks of the offender's admission into the facility.
  9. When an offender enters a processing facility with non-formulary drugs in their possession, therapy with these medications may continue for two weeks pending evaluation by the provider.
  10. If the offender must remain on a non-formulary drug, the provider shall submit a utilization review (UR) request for approval.
  11. When an offender enters a processing facility and does not have the non-formulary drug in their possession, nursing shall obtain a two-week supply from the designated pharmacy.
    - a) A three to four-day supply shall be obtained from a local pharmacy until the remainder of the supply can be obtained from a Comprehensive Health Services Pharmacy.
    - b) This provision applies only to drugs used to treat chronic diseases or sustain life. Examples include, but are not limited to, drugs used to treat diabetes, HIV, cardiovascular diseases, pulmonary diseases, mental health, seizures, and TB.
  12. Liquid formulations shall be confiscated because they cannot be identified by unique markings.
  13. Controlled substances, psychotropics, or mental health drugs, anti-tuberculosis drugs, or drugs designated for administration by direct observation therapy (DOT) shall not be in the patient's possession.
  14. Medication not allowed in the offender's possession shall be placed in the drug storage area in the facility and sent to the appropriate DAC Pharmacy for destruction.
- C. Medication Procurement from Starter Doses
1. If a provider requests the immediate start of a medication, nursing staff shall utilize facility starter doses in accordance with policy TX II-5, Starter Dose Program.
  2. Starter dose medications shall be obtained from a nearby facility if authorized personnel or medications are not available at their facility.

3. Facilities shall not obtain multiple doses of medication from automated dispensing systems within the inpatient facilities.

D. Medication Procurement from Local Pharmacies

1. Drugs required for immediate use, such as analgesics, antibiotics, and other medications deemed critical for medical treatment by the attending provider shall be obtained through a local pharmacy if not available from the starter dose program or facility stock.
2. For a long-term therapy medication required immediately, the attending provider or licensed Comprehensive Health Services staff shall enter the medication order into the patient's health care record, checking the start now box. A comment with the quantity obtained locally shall be entered into the MAR Label box in the health care record.
3. The Nurse Manager/designee shall document purchases made from local pharmacies on a tracking log and maintained for five years.

E. Medication Procurement for Offender Workman's Comp

1. When an offender is injured on a work release job, the employer, as part of workman's comp, pays for the offender's medication that is ordered as a result of the injury. In cases where the employer is not available or able to purchase the ordered medication, Comprehensive Health Services staff shall obtain the medication.
2. The OIC shall inform the facility nurse or designated triage nurse that the offender is receiving outside medical treatment. The nurse shall talk with the outside provider regarding care and treatment upon return to the facility and document in the patient's health care record. The facility provider or on-call provider shall be notified of any ordered medication for their approval.
3. If the employer is not present or unable to purchase the ordered medication, the following process shall be implemented:
  - a) During the weekday hours, the facility nurse shall obtain the medication through the standard process.
  - b) During the evening/night hours or weekends/holidays, the facility/triage nurse shall request the emergency room (ER) provider to provide enough medication until the next business day.

- i. If the ER is unable to provide the medications, the facility/triage nurse shall instruct the OIC to obtain medications from the local pharmacy in accordance with facility SOP.
- ii. Since this is a workman's comp case, the nurse shall instruct the officer to have the entire prescription filled.
- c) All receipts shall be submitted to the facility's Administrative Officer in order to obtain reimbursements from the employer.

F. Medication Returns

- 1. Discontinued medications that are not current therapy for the offender shall be returned to the designated Pharmacy within seven days.
- 2. Medications that do not meet the criteria of the 5 Rights of Medication Administration shall be returned to the designated Pharmacy with seven days.
  - a) The 5 Rights of Medication Administration are right patient, right drug, right dose, right time/frequency, and right route of administration.
  - b) Medications (controlled and non-controlled) that meet the criteria of the 5 Rights of Medication Administration shall be maintained at the facility and administered to the patient even though a renewal order has been entered into the patient's health care record that changes the Rx number, start date, and stop date.
- 3. Medications shall be appropriately packaged in a sealed box and labeled for return to the designated Pharmacy by pharmacy courier, officer, or courier mail.
- 4. Refrigerated medications shall be packaged with ice packs and returned to the designated Pharmacy via employee delivery or by contacting Central Pharmacy for a UPS shipping label. Do not return refrigerated items in courier mail or bus mail.
- 5. Medications which have not been in the patient's possession shall be boxed separately, labeled "Not in Offender's Possession" and returned to the designated Pharmacy.

G. Medication Overstock Report

- 1. Report overstock medications weekly on the Rx Overstock Report if two or more refills are available at the facility.

2. Comprehensive Health Services staff shall visually inspect all medications to determine overstock reporting and track overstock previously reported to prevent duplicate report generation.
3. Submit the completed Rx Overstock Report to the designated Pharmacy. The pharmacist shall note the overstock in the pharmacy software system and postpone issuance of the medication until the date determined by overstock quantity.
4. Comprehensive Health Services shall submit a patient signed DC-442 Refusal form to the provider and the designated Pharmacy. The pharmacist shall advance the next fill date to one day past the stop date of the order to prevent future medications being dispensed from the Medication Refill Tracking System (MRTS).
5. If a new order is obtained for a previously refused order, a new DC-442 shall be signed by the patient and submitted to the designated Pharmacy or the MRTS medications will resume being dispensed.

#### IV. REFERENCES

5<sup>th</sup> Edition Standards for Adult Correctional Institutions

5-ACI-6A-04, 5-ACI-6A-08, 5-ACI-6A-18, 5-ACI-6A-21, 5-ACI-6A-31, 5-ACI-6A-43,  
5-ACI-6D-05

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