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Joe M. Allbaugh, Director Oklahoma Department of Corrections		Signature on File	

Pharmacy Operations

The Oklahoma Department of Corrections (ODOC) is committed to the safe, effective, appropriate and cost-effective use of medications for the inmate population.

I. Purpose

The purpose of this procedure is to supply guidelines for ODOC’s provision of pharmaceutical care to its inmates.

II. Policy

It is the policy of ODOC to provide pharmaceutical care in accordance with federal and state laws and regulations, national standards, agency policies and procedures approved by the Medical Services Unit of ODOC. (2-CO-4E-01, 4-4378M, b #6)

III. Definitions

A. Director of Pharmacy Services

An administrative pharmacist, licensed by the State of Oklahoma and employed by ODOC, responsible for the management of pharmacy services.

B. Designated Pharmacy Services Provider

The private company contracted with ODOC to provide pharmaceutical services. The designated pharmacy services provider will provide all services in accordance with federal and state laws and regulations, accreditation standards of the ACA and ODOC’s policies and procedures.

C. Pharmacy and Therapeutics Committee (P&T Committee)

A group of health care professionals employed by ODOC and appointed by ODOC’s Chief Medical Officer (CMO) for the general purpose of evaluating, educating, and advising the Medical Services Administration regarding all aspects of medication use within ODOC.

D. Formulary (4-4378, b #1)

A listing of drugs, approved by the P&T Committee that are considered safe and therapeutically effective.

E. Non-Formulary

Any drug not specifically designated as a formulary drug by the P&T Committee will be considered non-formulary. Non-formulary drugs require prior approval and authorization by the chief medical officer/designee before they can be procured and administered to inmates.

F. Controlled Drug

Any drug scheduled as a controlled substance by the Federal Drug Enforcement Administration (DEA) or designated as a controlled substance by the Oklahoma State Board of Pharmacy and/or the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND).

G. Drug

A pharmaceutical preparation, either a prescription or an over-the-counter product that has pharmacologic activity as recognized and approved by the Food and Drug Administration (FDA). This definition excludes radioactive drugs, blood products and derivatives, and medical gases.

H. Over-The-Counter (OTC) Medications

Medications that, by federal and/or state law, do not require a prescription but may require ODOC medical provider approval prior to issuance to an inmate. (4-4379)

I. Keep-On-Person (KOP) Medications

Medications designated by the P&T Committee as eligible for inmate possession, subject to approval by a medical provider and the facility correctional health services administrator (CHSA).

J. Pill Line

Method by which certain medications, which are designated and restricted by the P&T Committee to only be kept and administered by a qualified health care professional (QHCP), will be distributed. The facility CHSA and/or medical provider may designate any medication (i.e., KOP medications) to be restricted to pill line.

K. Medication Error

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care

professional or inmate. Such events may be related to professional practice, health care products, procedures and systems to include: prescribing, order communications, product labeling, packaging, and nomenclature (look-alike, sound-alike drug names), compounding, dispensing, distribution, administration, education, monitoring and use.

L. Adverse Drug Reaction (ADR)

A detrimental response to a medication that is undesired, unintended, and unexpected in doses recognized in accepted medical practice. An ADR is suspected to be related to the drug. An adverse drug event (ADE) is harm that occurs while a patient is taking a drug, irrespective of whether the drug is suspected to be the cause.

M. Medication Administration Record (MAR)

A document where inmate medications administered/issued by ODOC QHCPs will be recorded. The MAR may be in either a hardcopy or Electronic Health Record (EHR) format.

N. Stock Medications (Non-Controlled)

Medications (both prescription and OTC) that have been approved by the P&T Committee for initiation of drug therapy, for maintaining continuity of care until the inmate receives prescribed medications from the designated pharmacy services provider or for administration in the medical services unit as a part of diagnosis and/or treatment of the inmate.

O. Controlled Drug Stock (Controlled Substances/Narcotics)

Stock medications, which are also controlled substances (Schedules II, III, IV, V), from which doses are administered to multiple inmates. These medications will be secured under double lock measures and access will be limited to authorized medical providers and QHCPs.

P. Emergency Kit

Medications that have been approved by the P&T Committee to be used for emergency care of the inmate as outlined in [OP-140118](#), entitled "Medical Emergency Response."

Q. OTC Medications

Specific OTC medications will be approved by the P&T Committee, that are listed on the "Approved Canteen OTC Medications" form ([Attachment A](#)).

R. DOT (Directly Observed Therapy)

A specific strategy to improve medication adherence by requiring a QHCP to carefully observe and record an inmate's ingestion of each dose of his/her medication. DOT may be used for the administration of certain medications that are sensitive by their nature or by the nature of the disease being treated. Examples of DOT therapy may include controlled or narcotic pain medications, certain psychotropic medications, and medications used for the treatment of tuberculosis.

S. Medical Providers

Medical providers include physicians, dentists, physician assistants, nurses, advanced practice nurses (APNs), and others who by virtue of their education, training, credentials, and experience are permitted by law, within the scope of their professional practice statutes, to provide medical care for inmates as described in [OP-140117](#) entitled "Access to Health Care."

IV. Oversight of Pharmacy Services and Pharmacy Operations

A. Director of Pharmacy Services

Management responsibilities include: contract compliance, policy and procedure development, consultative resource for drug information and education to ODOC medical providers and qualified health care professionals, facility medication management audits and risk management regarding medication management processes.

B. Pharmacy and Therapeutics Committee

1. The P&T Committee will approve the adoption of policies and procedures that promote the safe and effective use of drugs for inmates of ODOC.
2. The members of the P&T Committee are appointed by the chief medical officer or designee (i.e., director of Pharmacy Services). The committee consists of medical providers and QHCPs; all committee members have voting privileges. Representatives from the designated pharmacy services provider will serve in an advisory capacity to the committee and will not have voting privileges.
3. Proposed recommendations will be approved by a majority of committee members present. Committee decisions will be communicated to medical providers and facility health administrators in a timely fashion by the director of Pharmacy Services.
4. The committee will meet quarterly. The scheduling of meetings is determined by the chief medical officer or designee.

5. Any medical provider or QHCP may submit requests for formulary inclusion to the director of Pharmacy Services for discussion by the committee.
6. The committee's tasks specifically include:
 - a. Approving policies and procedures that promote the safe and effective use of drugs for inmates;
 - b. Serving in an advisory capacity to ODOC's medical providers regarding the use of drugs;
 - c. Coordinating with the director of Pharmacy Services for suitable therapeutic alternatives in the event of drug shortages;
 - d. Defining and approving drugs designated as stock, controlled drug stock, and emergency stock;
 - e. Objectively evaluating scientific/clinical criteria regarding drugs proposed for inclusion in the formulary;
 - f. Recommending removal/addition of drugs from the formulary;
 - g. Promoting educational programs for the safe and appropriate use of drugs; and
 - h. Periodically evaluating ADEs and recommending actions to prevent their further occurrence.

C. Designated Pharmacy Services Provider

1. The designated pharmacy services provider, with oversight of the P&T Committee, will be responsible for the procurement, distribution, use and evaluation of drugs approved for use at ODOC facilities.
2. In accordance with this procedure, and upon the recommendation of the P&T Committee, the designated pharmacy services provider will procure only those chemicals, pharmaceuticals and biologicals which are approved for human use by the FDA. (4-4378M)

D. Formulary Management

1. Upon the P&T Committee recommendations and the approval of the chief medical officer or designee (i.e., director of Pharmacy Services), the designated pharmacy services provider will establish,

disseminate and maintain a formulary of drugs for ODOC. (4-4378, b #1)

2. The formulary will consist of select drugs, which are considered most useful/beneficial in inmate care, and will be continually reviewed and revised to reflect the current clinical judgment of the pharmacy and medical staff. Drugs selected for formulary inclusion will meet criteria of clinical rationality and efficacy, including the management of disease state outcomes (treatment guidelines), and incorporating principles of pharmacoeconomic (cost/benefit) analysis in decision-making. Other factors may also be taken into consideration, including, but not limited to, therapeutic duplications, potential for therapeutic misuse, and adequate clinical trial evaluation.
3. The formulary is updated and distributed annually to facilities in a hard copy format. Revisions of the formulary following P&T Committee recommendations will be updated on the pharmacy computer system by the designated pharmacy services provider and formulary revisions will be posted on ODOC's website. (4-4378M)

E. General Procedures and Practices

1. Contracted pharmacy service provider procedures are outlined in MSRM 140130-01 entitled "Pharmacy Services" which delineates the exact steps involved in medication management.
2. Procedures regarding prescribing, ordering, procuring, storing, disposing, administering, and issuing, as well as information regarding control, responsibility, and accountability, for controlled drugs are described in detail in MSRM 140130-03 entitled "Controlled Drug Procedures."
3. Procedures regarding prescribing, ordering, procuring, storing, disposing, administering, and issuing, as well as information regarding control, responsibility, and accountability, for stock medications are described in detail in MSRM 140130-02 entitled "Stock Protocol."

V. Prescribing and Ordering Medications

A. Medical Providers

Medical providers will only provide medical care or services which fall within the scope of their practice and is in accordance with federal and state laws and regulations, as well as ODOC policy. More information regarding these limitations, including definitions, may be found in MSRM 140130-02 entitled "Stock Protocol."

B. Non-Formulary Medications

A formalized process for obtaining non-formulary medications will be required. The non-formulary medication request will be submitted to the designated pharmacy services provider for all non-formulary pharmaceutical requests via the EHR.

1. The process begins with submission of a non-formulary medication request to the designated pharmacy services provider.
2. If warranted, the non-formulary request is then further reviewed by a medical provider designated by the chief medical officer for approval or denial.
3. The final authority for non-formulary drug approval is the chief medical officer. (4-4378, b #2)
4. All non-formulary drug approvals will be reviewed by the P&T Committee. (4-4378M)

C. Orders

1. Legibility

Medication orders will be written clearly and legibly, avoiding abbreviations which may be misinterpreted.

2. Stop Orders

Automatic stop orders are medication orders, which unless designated by a medical provider for a specified duration of therapy, that are automatically discontinued after 30 days. The P&T Committee will designate which medications are subject to discontinuation.

3. Clinical Indications

Medications will be prescribed only when clinically indicated as one facet of a program of therapy. (4-4378M, b #3a)

4. Re-Evaluation

The prescribing medical provider will re-evaluate the inmate and his/her prescription prior to its renewal, as referenced in [OP-140117](#), entitled "Access to Health Care." (4-4378M, b #3b)

5. Issuance and Documentation of Orders

Medication order requests from medical providers, including verbal orders, telephone, written orders, and orders transmitted via electronic conveyance (i.e., EHR, computer, fax), will be issued and documented in accordance with [OP-140143](#) entitled "Nursing Staff."

D. Medication Refills

1. Each inmate will be responsible for requesting his/her own medication refills. Up to a 30 day supply of medication may be issued.
2. All medication refill requests will be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" ([DOC 140130M](#)). Inmates will submit their medication refill requests within ten days of the date their medication expires or runs out. An inmate with multiple medication refills and/or work center and halfway houses that fax an inmate's medication refill slip to the host facility will use the "Medication Refill Slip" (single form) ([DOC 140130N](#)).
3. Medication refill slips will be readily available and accessible to all inmates at designated locations within the facility.
4. Each facility's health services unit will designate a process for collecting medication refill slips. This process may require inmates to submit their refill slips in person to the health services unit at designated times or via a secured collection box system. Health care staff will collect refill slips Monday through Friday, excluding holidays, and will affix the date received on each "Medication Refill Slip" collected.
5. The facility's CHSA will maintain the "Medication Refill Slip" for a period of 30 days after the medication has been issued or administered to the inmate.

VI. Drug Procurement (4-4378, b #4)

- A. Medication procurement will be performed in accordance with the applicable MSRM(s).
- B. Under the guidance of ODOC's P&T Committee, the designated pharmacy services provider will determine which brand or source of pharmaceutical product (drug) to order and dispense. All pharmaceuticals will meet FDA standards of quality, purity, and therapeutics (composition, formulation, and bioavailability). (4-4378M)
- C. Pharmaceuticals prepared and packaged by the designated pharmacy services provider will be consistent with accepted standards of pharmacy practice and in accordance with federal and state regulatory packaging

and labeling requirements. (4-4378M)

- D. The designated pharmacy services provider will be responsible for the proper delivery and receipt of ordered medications using a licensed courier, such as Fed Ex, UPS, and/or DHL. (4-4378M, b #4)
- E. Facility Order Placement
1. Each facility CHSA or designee will interpret and transmit the provider's medication orders to the designated pharmacy services provider via an electronic transmittal (i.e., EHR, computer, fax) and/or verbal phone order.
 2. All medications used in facility medical services will be procured from the ODOC designated pharmacy services provider, unless otherwise authorized by the designated pharmacy services provider and/or Medical Services. (4-4378M)
- F. Stock Medication
1. Stock medications (non-controlled drugs) may be requisitioned by submitting a "Stock Order Form" ([DOC 140130A](#)) and/or the "ODOC Practitioner Cards" form ([DOC 140130B](#)) to the designated pharmacy services provider. The facility CHSA will be responsible for the inventory control of stock drugs by determining and re-evaluating the level of each stock drug maintained in medical services using [DOC 140130C](#) entitled "Monthly Stock Inventory Form."
- G. Patient-Specific Medications
1. Prescription medications, including controlled substances, will be dispensed by the designated pharmacy services provider pursuant to the receipt of an order by a medical provider in accordance with federal and state regulatory statutes. (4-4378M, b # 4, 4-ACRS-4C-12)
 2. The designated pharmacy services provider will process/fill authorized new and refill orders within 24 hours as outlined in MRSM 140130-01. Medication refills may be ordered within ten days before last dose (subject to any limitations as may be specified by ODOC and imposed at its discretion), via EHR, computer, or fax using the "Barcode Medication Refill Form" ([DOC 140130L](#)). (4-4378M)
 3. The designated pharmacy services provider will authorize and coordinate the procurement of urgently needed drugs from alternate providers, such as local pharmacies, pursuant to the

receipt of an "Emergency Prescription Request" form that is provided directly to each facility via the vendor. (4-4378M)

H. Canteen Medications

OTC medications available through canteens require authorization as outlined in this procedure. Any OTC medications available to facility canteens for purchase by inmates will be subject to joint approval by the facility head and health authority. (4-4379)

VII. Drug Receipt, Storage, and Disposal

- A. Upon receipt, all medications will be checked in by the CHSA or designee. All items received will be verified and reconciled against the pharmacy vendor invoice and medications ordered. All discrepancies will be reported to the designated pharmacy services provider upon discovery, with corrective measures taken as necessary. (4-4378M, b #4)
- B. Medications will be securely stored under environmental conditions which maintain the drug's integrity, according to the manufacturer or designated pharmacy services provider recommendations. Such environmental conditions include: protection from exposure to light and moisture and storage under refrigerated temperatures (2° to 8°C, 36° to 46°F); frozen temperatures (-20° to -10°C, -4° to 14°F); or room temperatures (< 30°C, 86°F). (4-4378M, b # 4)
- C. Secured storage of controlled substances, syringes, and needles will be in strict accordance with federal and State of Oklahoma laws and regulations and ODOC operational procedures. The control and accountability of these items will be maintained by a daily inventory conducted by the CHSA or designated/approved QHCP. (4-4378M, b # 5)
- D. Each stock medication (non-controlled) stored within the facility will be subject to monthly inventory accountability and control measures by the facility CHSA or designee using the "Monthly Stock Inventory Form" ([DOC 140130C](#)) to be completed by the fifth of each month.
- E. Each health services clinic and infirmary will conduct an inspection, at least monthly, of all pharmaceuticals and labeled prescription containers.
- F. Storage and disposal of all medication will be done in accordance with the applicable MSRM(s).
- G. Unused or expired medications will be separated and secured until final disposition, the method of such determined by the following categories:
 - 1. Controlled Substances

Detailed procedures regarding the proper disposition of unused or expired controlled drugs will be in accordance with MSRM 140130-03, entitled "Controlled Drug Procedures."

2. Credited Medications (Non-Controlled)

All medications obtained from the contract pharmacy provider will be returned to the designated pharmacy services provider for credit as soon as possible to prevent diversion using the "Pharmaceutical Return Sheet" ([DOC 140130E](#)). (4-4378M, b # 4)

3. Non-Credited Medications (Non-Controlled)

Non-credited medications include: compounded pharmaceutical formulations, any drug product obtained from a back-up pharmacy, and/or any drug product whose integrity may have been compromised should be returned to the designated pharmacy services provider as soon as possible to prevent diversion.

VIII. Drug Administration/Issuance (4-4378M, b # 4)

A. Issuance

1. Certain medications, including prescription and OTC medications may be issued for inmate self-administration. These medications are referred to as KOP medications and will be designated and approved by the P&T Committee for inmate self-administration, subject to the approval of the facility medical provider and CHSA. Detailed procedures for officer observed self-administered medications are found in MSRM 140143-02 entitled "Correctional Officer Observation of Inmate Self-Administered Medication and Issuance Procedure." (4-ACRS-4C-12)
2. Accountability for all prescription pharmaceuticals issued to inmates will be documented on a MAR in accordance with [OP-140143](#) entitled "Nursing Service."

B. Administration

1. Administration of medication will be performed by properly-trained QHCPs under the supervision of the health authority. (4-4378, b #6, 7) Administering or distributing medications will be performed in a timely manner, according to medical provider orders. (4-4378M, b #8) QHCPs must not exceed their authorized scope of practice. Refer to MSRM 140130-02, entitled "Stock Protocol," for definitions of administration and dispensing and [OP-140143](#) entitled "Nursing Staff" for additional information regarding administration.
2. All prescribed medications that are not designated as KOP will be

restricted to administration by QHCPs (Pill Line) at each facility in accordance with [OP-140143](#) entitled "Nursing Staff." (See [Attachment C](#) entitled "KOP vs. Pill Line by Security Level")(4-4378M)

3. Prior to administration of medications, a QHCP will confirm the inmate's identity and review the inmate's medical history for drug allergy/hypersensitivity, drug or alcohol abuse and medical conditions (e.g., kidney or liver disease) that may potentially affect an inmate's therapeutic response to a prescribed drug.
 4. Prescribed medications will be administered according to the directions of the medical provider. (4-ACRS-4C-12) A MAR and other chart forms that document medication administration will be monitored in accordance with [OP-140143](#) entitled "Nursing Staff."
- C. The use of inmates for medical, pharmaceutical or cosmetic experiments is prohibited. (4-4402M)

IX. Quality Assurance

A. Monitoring

1. Medical services, through the chief medical officer, the director of Pharmacy Services, and the P&T Committee, will routinely review and evaluate drug therapy for safety, appropriateness, therapeutic effectiveness and cost-effectiveness. The review of medication management processes will be done in accordance with this procedure.
2. The prescribing and administration of medication practices will be routinely reviewed by the P&T Committee. (4-4410M)
3. Inmate treatment plans, which include the monitoring of medications, will be periodically reviewed for medical necessity and efficacy in accordance with [OP-140137](#) entitled "Chronic Illness Management." (4-4359M)

B. Reports

1. Medication Errors and ADEs

- a. A "Medication Error Reporting Form" ([DOC 140130H](#)) will be completed whenever a medication error is discovered. A "Suspected Adverse Drug Reaction (ADR) Reporting Form" ([DOC 140130K](#)) will be completed when a suspected ADR is discovered. The individual who discovers an error or ADR will complete the report and submit it to the facility CHSA

and the director of Pharmacy Services within 72 hours of discovery.

- b. In accordance with [OP-140143](#), entitled “Nursing Service,” medical staff are expected to demonstrate on-going competency in detecting, managing, and reporting of medication errors and ADEs. Developmental plans will be developed for any employee failing to demonstrate on-going competency. The target dates for completion will be the responsibility of the CHSA or designee.
 - c. ADE (medication errors and ADR’s) reports will be compiled, analyzed, and reported to the P&T Committee by the designated pharmacy provider and the director of Pharmacy Services on a quarterly basis.
2. Statistical reports will be prepared by the designated pharmacy services provider and are reviewed monthly by the facility CHSA, ODOC Medical Services through the director of Pharmacy Services, and any other administrator designated by the chief medical officer or the director of Health Services.

Reports include drug utilization analyses, medical provider usage patterns, medication errors and ADRs and any medication usage report, such as non-formulary drug usage that promotes inmate safety, rational drug use, and cost effectiveness in delivering pharmaceutical care.

3. MARs and other chart forms that document medication administration/self-administration will be monitored for adherence in accordance with [OP-140143](#), entitled “Nursing Staff.”
4. Medications issued by non-medical staff at community corrections centers or transit detention units (TDU) will be documented on the DOC 140130J, entitled “Community Corrections – Supervised Medication/Syringe Count Log or Supervised TDU Medication Log.” This form will be scanned by medical personnel into the EHR upon completion. Detailed procedures are referenced in [OP-140143](#), entitled “Nursing Service” and MSRM [140143-02](#), entitled “Correctional Officer Observation of Offender Self-Administered Medication and Issuance Procedure.”

C. Audits

1. Medication management audits will be conducted quarterly by the designated pharmacy services provider.
2. Medication management audits will be conducted by ODOC’s director of Pharmacy Services as directed by the chief medical

officer.

X. Special Considerations

Special considerations for inmates on out-count status, facility transfers and at discharge will be as follows:

- A. Inmate access to, and possession of, prescription pharmaceuticals will be in accordance with [OP-140113](#) entitled "Health Assessments for Inmate Transfers." (4-4378M)
- B. Up to a 60 day supply of all currently prescribed medications may be issued to inmates discharged to probation and parole custody and those discharged from ODOC not covered by insurance programs, such as Medicaid, Medicare, private pay or other drug assistance programs (<https://www.pparx.org/Intro.php>). Discharge medications will be ordered via the medication tool in the EHR.

XI. Recordkeeping Practices

- A. All records pertaining to medication use, including but not limited to those regarding prescribing, ordering, receipt, administration, dispensing, and disposal of medications, will be maintained in accordance with all federal and state laws and regulations, national standards and ODOC policy.
- B. Controlled drug records will be maintained as specified in MSRM [140130-03](#) entitled "Controlled Drug Procedures."
- C. Stock drug records will be maintained as specified in MSRM [140130-02](#) entitled "Stock Protocol."
- D. Patient records will be maintained as specified in [OP-140143](#) entitled "Nursing Staff."

XII. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140113 entitled "Health Assessment for Inmate Transfers"

OP-140117 entitled "Access to Health Care"

OP-140118 entitled "Medical Emergency Response"

OP-140137 entitled "Chronic Illness Management"

OP-140143 entitled "Nursing Staff"

MSRM 140130-01 entitled "Contracted Pharmacy Services Policies and Procedures"

MSRM 140130-02 entitled "Stock Protocol"

MSRM 140130-03 entitled "Controlled Drug Procedures"

MSRM 140143-02 entitled "Correctional Officer Observation of Inmate Self-Administered Medication and Issuance Procedure"

The National Coordinating Council for Medication Error Reporting and Prevention
Institute for Safe Medication Practices

59 O.S § 353-366 "The Oklahoma Pharmacy Act"

XIII. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140130 entitled "Pharmacy Operations" dated January 17, 2018

Distribution: Policy and Operations Manuals
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140117D	“Waiver of Treatment”	OP-140117
DOC 140130A	“Stock Order Form”	Attached
DOC 140130B	“DOC Practitioner Cards Form”	Attached
DOC 140130C	“Monthly Stock Inventory Form”	Attached
DOC 140130D	“Non-Formulary Medication Request Form”	Attached
DOC 140130E	“Pharmaceutical Return Sheet”	Attached
DOC 140130F	“Controlled Drug Prescription Form”	Attached
DOC 140130G	“Controlled Drug Stock Order Form-Schedule III-V Only”	Attached
DOC 140130H	“Medication Error Reporting Form”	Attached
DOC 140130J	“Community Corrections Supervised Medication/ Syringe Count Log”	Attached
DOC 140130K	“Suspected Adverse Drug Reaction (ADR) Reporting Form”	Attached
DOC 140130L	“Barcode Medication Refill Form”	Attached
DOC 140130M	“Medication Refill Slip (split form)”	Attached
DOC 140130N	“Medication Refill Slip (single form)”	Attached
MSRM Form	“Non-Formulary Medication Request Form”	EHR
DEA Form 106	“Report of Theft or Loss of Controlled Substances”	www.usdoj.gov
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	“Approved Canteen OTC Medications”	Attached
Attachment C	“KOP vs. Pill Line by Security Level”	Attached