



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE

Policy No. DOC 4.5.25	Subject: PHARMACEUTICAL OPERATIONS
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 2
Section 5: Clinical Services	Effective Date: July 1, 1998
Department Director Signature: /s/ Brian Gootkin	Revised: 4/19/2021
Medical Director Signature: /s/ Dr. Paul Rees	
Clinical Services Division Administrator Signature: Connie Winner	

I. POLICY

The Department of Corrections facility health care staff will ensure that all medications are prescribed, distributed, and administered, procured, and disposed of in accordance with state and federal laws and regulations.

II. APPLICABILITY

All secure care facilities Department owned and contracted, as specified in contract.

III. DEFINITIONS

Accounting – The act of recording, summarizing, analyzing, verifying, and reporting medication usage.

Administer – The act in which a single dose of an identified drug is given to an offender.

Clinical Policy Team – A team which may consist of the Department Clinical Services Division administrator, medical director, dental director, managed care RN, facility or program designated health authority, mental health or psychiatric representative, and facility or program administrator.

DEA Controlled Substances – Medications that are under the jurisdiction of the federal Controlled Substances Act (1971).

Dispense – The placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the offender, the contents of the container, and all other vital information.

Dispose – The destruction of medication on its expiration date or when retention is no longer necessary or suitable (e.g., upon discharge of the offender from the facility) or the provision of medication to the offender upon discharge (in accordance with the continuity of care principle).

Distribution – The system for delivering, storing, and accounting for medications from the source of supply to the nursing station or point where they are administered to the offender.

Drug Formulary – A list available to authorized prescribers of medications available without pre-approval in health care programs. Medications not listed on the formulary are considered non-formulary and require pre-approval from the Clinical Services Division before use in health care programs.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

Pharmaceutical – Any drug, chemical, vaccine, hormone or medication that may only be dispensed by a licensed or certified provider to render treatment, evaluation, or health care.

Procure – The act of ordering medications for the facility.

IV. DEPARTMENT DIRECTIVES

A. Pharmaceutical Distribution

1. Health care providers will procure, dispense, and administer pharmaceuticals in accordance with all state and federal regulations.
2. An unlicensed person may observe an offender self-administer medications, give verbal prompts or reminders, or hand a prefilled labeled medication holder to the offender.

B. Pharmaceutical Procedures

1. Each facility will develop procedures that comply with all state and federal regulations and that address:
 - a. prescribing;
 - b. procurement and distribution;
 - c. dispensing and administration in a timely and safe manner;
 - d. storage and disposal;
 - e. accountability and maximum security of Drug Enforcement Agency (DEA) controlled substances;
 - f. procedures for offender self-administration; and
 - g. adequate supplies of antidotes and emergency medications.
2. The facility maintains records as necessary to ensure adequate control and accountability for all medications, except those that may be purchased over the counter.
3. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications, except in a designated area for disposal.
4. All medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.
5. Antiseptics, other medications for external use, and disinfectants are stored separately from internal and injectable medications. Medications requiring special storage (e.g., refrigeration) for stability are so stored.
6. An adequate and proper supply of antidotes and other emergency medications (e.g., Naloxone, Epinephrine) and related information are readily available to staff.
7. The poison control telephone number is posted in areas where overdoses or toxicologic emergencies are likely.

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8. Consulting pharmacists will be utilized for locations with no staff pharmacists to provide consultation and documented inspections on a regular basis, but no less than quarterly. Off-site Satellite locations are included in inspection schedules.

C. Formulary Management

1. The Department Clinical Services Division administrator and medical director will:
 - a. develop the drug formulary with the assistance of the consulting pharmacist and the clinical policy team; and
 - b. define the approval process for using non-formulary medication.

V. CLOSING

Questions concerning this policy should be directed to the Clinical Services Division administrator.

VI. REFERENCES

- A. *P-D-01, P-D-02; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- B. *Y-D-01; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- C. *MH-D-01; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- D. *Statutes and Rules Relating to Physicians, Nursing, Nurse Practitioners and Physician Assistants as issued by the Montana Department of Professional Licensure*
- E. *37.8.202, 41.5.1802 MCA*
- F. *20.9.623, 24.159.1604, 24.174.1111 Administrative Rules of Montana*

VII. ATTACHMENTS

None