



POLICY DIRECTIVE

Policy:	DOC 4.5.25 PHARMACEUTICAL OPERATIONS
Effective Date:	07/01/1998 Page 1 of 2
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. Pharmaceutical Distribution

1. QHCPs 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 processes 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. processes 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 Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications, except in a designated area for disposal.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 (for example, refrigeration) for stability are stored in special locations.
6. An adequate and proper supply of antidotes and other emergency medications (for example, 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.
8. For locations with no staff pharmacists, consulting pharmacists are asked to provide consultation and documented inspections on a regular basis, but no less than quarterly.
 - a. Off-site satellite locations are included in inspection schedules.

C. Formulary Management

1. The Department Health Services Bureau Chief and Medical Director will:
 - a. develop the drug formulary with the assistance of the consulting pharmacist and the clinical team; and
 - b. define the approval process for using non-formulary medication.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

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, 2022*
- 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, MCA; 41.5.1802 MCA*
- F. *ARM 20.9.623; ARM 24.159.1604; ARM 24.174.1111*