



COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU FACILITY OPERATIONAL REQUIREMENT

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| Requirement: | FPB 6.2.484 PHARMACEUTICALS |
| Effective Date: | 12/06/2023 Page 1 of 2 |
| Revision Date(s): | 04/24/2026 |
| Signature/Title: | /s/ Scott Eychner, Rehabilitative and Enterprise Division Chief |

This facility operating requirement is referenced as *PPD 4.5.2500 Pharmaceuticals* in Section 3.J. Offender Management; Healthcare, in the following contracts: Alpha House, Butte Prerelease, Elkhorn, Gallatin County Reentry Program, Helena Prerelease, Nexus, Passages, and START. This facility operating requirement is also referenced in Sections 2.2.9. Services; Healthcare, in the following contracts: Connections Corrections Program (CCP) East, Connections Corrections Program (CCP) West, and WATCH West.

I. PURPOSE

Community Corrections Facilities and Programs Bureau (FPB) contract facilities will follow this facility operational requirement to ensure all medications are prescribed, distributed, and administered in accordance with Department policy and state and federal laws and regulations.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. General Requirements

1. Appropriate facility staff must be informed of an offender's pertinent medical conditions on a directly applicable basis to ensure the continuation of the offender's care and treatment.
2. All facilities will:
 - a. as part of the per diem, provide over-the-counter (OTC) medications and day-to-day-medical supplies;
 - b. make medications available when prescribed;
 - c. account for all medications as specified in applicable state and federal laws, including the Montana Nurse Practice Act and Board of Pharmacy regulations;
 - d. develop an offender self-administration process for prescribed pharmaceuticals that are not allowed Keep on Person (KOP).
 - 1) An unlicensed person may observe an offender self-administer medications, give verbal prompts or reminders, or hand a prefilled labeled medication container to the offender.
3. For treatment facilities and assessment centers, all offenders' offsite health care and prescribed medications will be the financial responsibility of the Department.
 - a. When possible, prescribed medications will be obtained through the Department's pharmacy contractor, who will directly bill the Department.
 - b. When a pharmacy other than the pharmacy contractor is used, and the offender or facility needs reimbursement for the cost, the facility will submit a receipt for the medication to [corbilling\(at\)mt.gov](mailto:corbilling(at)mt.gov).
4. For PRCs, only inmate workers' offsite health care and prescribed medications will be the financial responsibility of the Department.

B. Drug Formulary

1. Any offender whose medical expenses are the financial responsibility of the Department must follow the Health Services Bureau (HSB) pre-authorization process for obtaining approval prior to prescribing a non-formulary medication.
2. Requests for non-formulary medications should be submitted to [cormedical\(at\)mt.gov](mailto:cormedical@mt.gov).
3. A Qualified Health Care Professional (QHCP) request for approval must document the clinical justification for the non-formulary medication, including the offender's current health status, medications currently prescribed, and medications previously tried.

C. Facility Policies and/or Procedures

1. Each facility will develop and maintain policies and/or procedures regarding the facility's use of medication-assisted treatment (MAT) and possession and use of controlled substances, prescribed medications, and OTC medications that address:
 - a. procurement and distribution;
 - b. dispensing and administration, stipulating that prescribed medications are administered according to the directions of the prescribing professionals;
 - c. storage and disposal;
 - d. accountability for and security of controlled substances;
 - e. offender self-administration; and
 - f. staff and offender access to emergency medications (for example, Naloxone, Epinephrine) and related information and training.
2. Facility policies and/or procedures may not restrict medication based on drug type, cost, or administration requirements.

IV. CLOSING

Questions about this facility operational requirement should be directed to the HSB Chief or the FPB Chief or designees.

V. REFERENCES

- A. 53-1-203, MCA
- B. DOC 4.5.25 Pharmaceuticals

VI. FORMS (available to facility staff on request from HSB or FPB staff)

Medical Preauthorization Request
MT DOC Dental Services Request
Non-Formulary Medical Request