SOUTH DAKOTA DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-15	PAGE NUMBER 1 OF 6
		DISTRIBUTION:	Public
		SUBJECT:	Pharmacy Services
RELATED STANDARDS:	**ACA 5-ACI-6A-43 (M)**	EFFECTIVE DATE:	06/15/2024
		SUPERSESSION:	New Policy
DESCRIPTION: Clinical Services	REVIEW MONTH: May	**KELLIE WASKO** **SECRETARY OF CORRECTIONS**	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to ensure that pharmaceutical operations conform to legal requirements while meeting the needs of the facility and ensuring offender access to necessary pharmacy services.

II. PURPOSE

The purpose of this policy is to define the operation of pharmacy services for the DOC and to ensure safe practices are established.

III. DEFINITIONS

Administer:

Deliver a drug or substance to the ultimate user by injection, inhalation, or ingestion, or by other means.

Controlled Substances:

Drugs which are regulated by state and federal laws that aim to control the danger of addiction, abuse, physical and mental harm, accidental death, trafficking by illegal means, and the dangers from actions of those who have used the substances. Such drugs may be declared illegal for sale or use but may be dispensed under a physician's prescription.

Dispense:

The process of preparing and delivering packaged medication to a named person on the basis of a prescription.

Non-Prescription Drugs:

Drugs that are labeled for use by the general public in accordance with Section 502 of the Federal Food, Drug, and Cosmetic Act as amended through January 1, 1997, and may be sold without a prescription drug order in accordance with Section 503 of the Federal Food, Drug and Cosmetic Act as amended through January 1, 1997. The term does not include drugs that are required by federal law to bear the statement, "Caution: federal law prohibits dispensing without prescription," drugs intended for human use by hypodermic injection, or animal remedies regulated by chapter 39-18.

IV. PROCEDURES

1. Pharmacy Compliance:

A. Clinical Services complies with state and federal law to ensure the ***proper management of all pharmaceuticals, which includes the following provisions:***

1. ***A formulary is available.***
2. ***A formalized process for obtaining non-formulary medications.***
3. ***Prescription practices, including requirements that:***
   a. ***Medications are prescribed only when clinically indicated as one facet of a program of therapy.***
   b. ***The prescribing provider reevaluates a prescription prior to its renewal.***
4. ***Procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal.***
5. ***Secure storage and perpetual inventory of all controlled substances, syringes, and needles.***
6. ***The proper management of pharmaceuticals is administered in accordance with state and federal law.***
7. ***Administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee.***
8. ***Accountability for administering or distributing medications in a timely manner and according to physician orders*** **[ACA 5-ACI-6A-43 (M)].**

2. Pharmacy Management:

A. The DOC ensures proper management of pharmaceuticals by maintaining a formulary.

B. The pharmacy manager maintains and renews all state pharmacy licenses.

C. The pharmacy manager or designee maintains and renews the SD Department of Corrections Pharmacy's DEA registration number.

D. All active pharmacy licenses are posted at the appropriate registered pharmacy site.

E. DOC pharmacy and facility medical sites maintain records according to state and federal laws.

F. All pharmacists, registered pharmacy technicians, and/or pharmacy technicians-in-training are registered with the SD Board of Pharmacy and maintain an active license. All staff licenses are displayed in the pharmacy per state law.

G. The pharmacy manager or designee will complete inspections and audits on a regular basis, not less than quarterly for all prison facility medication rooms.

H. Contracted pharmacies may be utilized to provide correctional facilities with emergent medication orders if unable to obtain them from the DOC pharmacy.

I. A current drug handbook shall be available to pharmacy and health services staff.

J. The Poison Control number is posted in all medication rooms.

K. Each clinic in the DOC will maintain a secure storage and perpetual inventory of all controlled substances, syringes, and needles. Items will be stored in an approved secure area at all times

L. There must be maximum security and accountability for the use of controlled substances.

3. Medication Storage:

A. All medications will be stored in accordance with the manufacturers' storage recommendations and U.S. Pharmacopeia (USP) <800> standards.
   1. Storage of pharmaceuticals in facility medications rooms will be monitored by the Health Services Administrator (HSA) or designee.
   2. The medication room, refrigerator, and Talyst temperatures (at applicable facilities) are monitored via a thermometer and recorded in a temperature log.
   3. Temperature excursions are immediately reported to the HSA and pharmacy manager, or designee and a quality occurrence report will be generated.

B. Medications shall be stored in secure locations and behind double locks.

C. Medication carts and rooms will remain locked when not in use.

D. Medication areas are devoid of outdated, discontinued, or recalled medications except in designated areas for disposal.

E. Topical, oral, and injectable medications are stored separately in appropriate areas, including medications requiring refrigeration.

F. Controlled medications are to be stored in a secure area under a double lock when not in use.

G. An emergency stock medication list is maintained by the pharmacy manager.

4. Medication Procurement:

A. The DOC pharmacy orders and receives medication through an established wholesaler.

5. Medication Dispensing:

A. Pharmacists dispense medications according to state and federal laws through a valid prescription order.

B. Pharmacists will use the electronic order as the authority to dispense the non-controlled medications. Controlled substance prescriptions must comply with DEA and state prescribing standards.

C. Pharmacy will maintain each patient's profile through the pharmacy software system.

D. Prescriptions are labeled according to state and federal laws. Prescribed medications that are unable to be dispensed from the Talyst machine are to be packaged in a unit-dose "blister-pack", manufacturer container, or Auto pack packets.

E. Therapeutically equivalent drugs will be dispensed and administered interchangeably as a generic substitution unless the healthcare practitioner specifies 'substitution not allowed'.

6. Medication Delivery:

A. All medications will be delivered to facility clinics within the time frames established by the pharmacy manager.

B. All prescriptions will be placed in a sealed tote with the appropriate facility name and location to be delivered by the contracted courier.

C. Manifests are placed in sealed totes with the appropriate seal tag numbers to ensure safe delivery.

D. All medications will be checked in upon arrival by the facility's clinical services employees and/or contract workers.

E. Items received will be verified against the appropriate manifest.
   1. Manifests will be separated into four separate forms: Auto pack manifest, non-controlled manifest, CII manifest, and CIII-CIV manifest.
   2. All discrepancies will be reported to the pharmacy manager upon discovery and corrective measures taken as necessary.

7. Medication Administration:

A. ***Administration of medication is performed by persons properly trained and under the supervision of the facility health authority and facility or program administrator or designee*** **[ACA 5-ACI-6A-43 (M)].**

B. ***Accountability for administering or distributing medications is performed in a timely manner, according to the prescribing provider's orders*** **[ACA 5-ACI-6A-43 (M)]**

C. All medication using a sharps device will be administered by a qualified healthcare professional. Offender self-administration of a medication using a sharps or sharps device is not permitted.

8. Medication Disposal:

A. Medications that are unopened and have not been in the offender's possession will be returned to the pharmacy for re-stock. Any opened medications or medication that were issued to the offender will be destroyed at the facility, pursuant to South Dakota State Board of Pharmacy regulations.

9. Prescription Practices:

A. The facility maintains records necessary to ensure adequate control of and accountability for all medications.

B. All prescription medication orders will be entered into the electronic health record (EHR).
   1. A Medication Administration Record (MAR) shall be maintained on each offender who receives medication.
   2. The personnel administering the medication are responsible for maintaining the quality of documentation of the MAR.
   3. All medication orders will include a duration with start and stop dates and times.
   4. "Stat" medication orders will be started as soon as they are ordered. If the medication is not available in the ER box or Talyst machine, the local pharmacy may be used.
   5. The following times will be used as a standard for scheduling medications unless prior authorization is obtained through the non-formulary process.

Daily	Breakfast/AM	OR	Supper/PM
Twice Daily	Breakfast/AM	AND	Supper/PM

C. Medications may only be ordered by an authorized healthcare practitioner.
   1. When verbal orders are received by a nurse, the orders must be countersigned by the ordering healthcare practitioner at the next scheduled clinic date.

D. All signed eCare orders are faxed to the facility and scanned into the electronic health record (EHR).

E. No prescription medications will be changed, increased, reduced, or discontinued except under the direction of a healthcare practitioner authorized by law to prescribe medication or by approval of the Pharmacy and Therapeutics (P&T) committee for pharmacy to substitute.

F. Psychotropic medications should be ordered only when clinically indicated and NOT for disciplinary reasons. No medication may be prescribed without documentation of the clinical need in the patient's chart.

G. Healthcare practitioner's orders for prescription drugs, psychotropic drugs, or other non-controlled medications may be written for a maximum of 365 days or one (1) year. When clinically indicated, the healthcare practitioner may use his/her discretion as to the length of the prescription not to exceed one (1) year.
   1. Charts are reviewed by the nursing staff and referred to a healthcare practitioner prior to their medication stop date to facilitate reordering and dispensing.
   2. Offenders being monitored for DOC-established chronic care conditions or are receiving related long-term maintenance medication, will be evaluated in the clinic through a "hands-on" assessment and physical. This will be completed by a healthcare practitioner as indicated per chronic care protocol but may be evaluated more frequently at the discretion of the healthcare practitioner.
   3. The Medication Compliance Agreement and Notice form shall be completed for medications deemed necessary by a provider.

H. Healthcare practitioner's orders for controlled medications must follow state and federal regulations.
   1. Guidelines for durations of therapy for controlled medications are as follows:

Drug Class	Maximum Physician Specified Duration
Schedule III and IV Medications	180 days
Schedule II Medications	30 days

10. Self-Medication Program:

A. Certain prescriptions and/or non-prescription medications may be made available to offenders for self-medication. All other prescription medications will be administered through a medication administration line.

B. Patients do not prepare, dispense, or administer medication except within self-medication programs.

C. Outside of the self-medication program, patients may be permitted to carry medications necessary for emergency management of a condition when ordered by a healthcare practitioner.

11. Commissary Medications:

A. An over-the-counter medical formulary is available to offenders through Commissary.

B. Clinical Services does not routinely provide over-the-counter products that are intended for personal comfort and available for purchase from commissary.

C. When a healthcare professional makes a medical recommendation to an offender for an over-the-counter product that is available through the Commissary, the healthcare professional will instruct the offender to purchase that item from the Commissary and document the education provided.

12. Pharmacy and Therapeutics (P & T) Committee:

A. The P & T Committee is responsible to:
   1. Improve offender outcomes by interacting and educating Clinical Services DOC employees, contract workers, and offenders in the appropriate use of medications.
   2. Maintain the DOC formulary.
   3. Review medication error trends and recommend a means of quality improvement in collaboration with the clinical compliance and education manager.
   4. Evaluate medication utilization.
   5. Determine which medications are appropriate for the offender's keep-on-person (KOP) program.

13. Medication Formulary/Nonformulary Process:

A. Medications available for the treatment of offenders are listed on the DOC pharmacy formulary.

B. Non-formulary medications must be approved by the Chief Medical Officer (CMO) via the electronic health record (EHR) prior to entering the prescription order into the patient's chart.

14. Release Medications:

A. Offenders will be released with a thirty (30) day supply of prescription medication(s) upon discharge from a DOC facility, in accordance with state, federal, and accreditation regulations/standards.

V. RESPONSIBILITY

The director of Clinical and Correctional Services, the chief medical officer, and the pharmacy manager are responsible for reviewing this policy annually and updating it as necessary.

VI. AUTHORITY

Federal Food, Drug, and Cosmetic Act

VII. HISTORY

June 2024 - New Policy

ATTACHMENTS *(*Indicates document opens externally)*

1. DOC Policy Implementation / Adjustments