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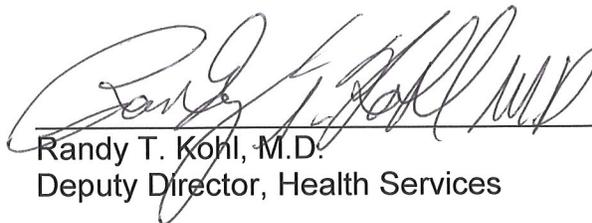
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EFFECTIVE: May 6, 1991
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 REVIEWED: November 24, 2014
 REVISED: September 30, 2015
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SUMMARY of REVISION/REVIEW

Annual review with the addition of monthly spot checks to Section III. J. Physical Inventory
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APPROVED:



 Randy T. Kohl, M.D.
 Deputy Director, Health Services



 Scott R. Frakes, Director
 Nebraska Department of Correctional Services

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PURPOSE

To ensure pharmacy services are available to inmates.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) that pharmacy services are available to inmates within the Department, and that services are conducted in accordance with applicable State and Federal statutes, as well as appropriate security guidelines. This policy applies to youth and adult institutions and community corrections centers as specified.

PROCEDURES

I. PHARMACY ORGANIZATION

- A. The Pharmacy & Therapeutics Committee (P&T) serves as liaison between medical staff authorized to prescribe medications and the NDCS Health Authority. The Pharmacy & Therapeutics Committee is composed of the Deputy Director Health Services, COO of Health Services, Chief Pharmacist, NDCS Director of Nursing, NDCS Psychiatrist, Institutional Health Care Coordinators (Nebraska State Penitentiary (NSP), Lincoln Correctional Center (LCC), Omaha Correctional Center (OCC), Diagnostic and Evaluation Center (DEC), Nebraska Correctional Center for Women (NCCW) and Tecumseh State Correctional Institution (TSCI)) and two Associate Directors of Nursing (membership as determined by the Director of Nursing). The Pharmacy & Therapeutics Committee annually reviews pharmacy rules and regulations and related matters pertaining to pharmaceutical services and submits recommended changes in policies and the formulary to the NDCS Health Authority. The Pharmacy & Therapeutics Committee meets at least quarterly and at other times as necessary.
- B. The NDCS Pharmacy shall be under the direction of a Chief Pharmacist who will report directly to the Chief Operating Officer. All Pharmacists will be properly licensed by the State of Nebraska. Pharmacy Technicians will be supervised by Staff Pharmacists and the Pharmacy Manager. All policies and procedures governing the Pharmacy operation will be in conformance with Federal and State laws. Pharmacy hours will be determined by the Chief Operating Officer and adjusted according to changes in staffing patterns.

II. PHARMACY MANAGEMENT

Each institution provides for the proper management of pharmaceuticals and addresses the following subjects:

- A. A formulary specifically developed for NDCS with a formalized process for obtaining non-formulary medications.
- B. Prescription practices, including requirements that:
 - 1. Medications are prescribed only when clinically indicated as one facet of a program of therapy.

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2. "Stop Order" time periods are required for all medications. Maintenance medication orders for Legend drugs are valid for a period of no longer than one year at the discretion of the prescribing provider and / or the Medical Director. Medication orders for controlled substances are valid for a period of no longer than six months, per Federal DEA regulations.

3. The prescribing provider reevaluates a prescription prior to its renewal.

C. Procedures for medication receipt, storage, dispensing, administration or distribution, and disposal.

D. Maximum-security storage and perpetual inventory of all controlled substances, syringes, and needles.

E. The proper management of pharmaceuticals is administered in accordance with state and federal law.

F. Administration/distribution of medication by persons properly trained and under the direction of the health authority or designee and facility administrator or designee.

G. Accountability for administering or distribution of medications in a timely manner, according to physician orders.

III. MEDICATION

A. Ordering

1. Drugs are ordered by the Pharmacist through NDCS Central Purchasing or, in case of emergencies, directly from a local vendor or hospital which has a 24-hour a day Pharmacy. Contract drugs are purchased in accordance with contract terms and receive NDCS Purchasing approval. On evenings, weekends and holidays, emergency orders may be called in to the designated vendor and medications shall be delivered to a facility by the contracted courier service. The local vendor and courier shall submit statements for emergency procurement when its pharmacy services are utilized and a monthly Service Completion Report shall be submitted by the Pharmacy.

2. The list of drugs to be ordered will be attached to a Material Request for Purchase form. This list of drugs will not have to be retyped on the DCS-A-pur-263 form. The 263 itself should include the following:

a. Vendor name and address

b. Description (reference the attached listing)

c. Originator signature (Pharmacist)

NOTE: The requesting individual on the list should be the same person originating the DCS-A-pur-263.

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3. The order is placed with the drug vendor by a pharmacy employee. The DCS-A-pur-263 number will be referenced when ordering, and the form will be sent for approval by the Health Services Business Manager or Chief Operating Officer or Medical Director.

B. Medication Receiving

Upon receipt of drugs from a vendor, pharmacy staff will compare the quantity of drug received against the shipping invoice and the amount listed on the DCS-A-pur-263 against the shipping invoice. This person will confirm the order as received and sign the 263. Any discrepancies will be noted and proper action taken. (*NOTE: THE PERSON ORIGINATING THE 263 SHALL NOT BE THE PERSON CONFIRMING THE ORDER AS RECEIVED.*)

1. Quantity per invoice is entered into the computer inventory by Pharmacy staff.
2. Inventory is placed in shelf stock according to computer designation by Pharmacy staff.
 - a. Drugs on inventory are identified by one or more numerical designations and/or proprietary/generic name. The 11 digit National Drug Code (NDC) number for each drug is listed on the computer software along with proprietary names in alphabetical order. Inventory records are maintained on computer using the Kalos Inventory software. All drug products maintained in the pharmacy inventory are listed by name, strength, and quantity on hand.
 - b. The DCS-A-pur-263 and invoice from the vendor will be forwarded to Health Service Business Manager for approval and processing in accordance with AR 113.06. The invoice will have the DCS-A-pur-263 number noted and forwarded directly to Accounting. A copy of all documentation will be retained in the Pharmacy.

C. Storage

All medication will be stored in the pharmacy in accordance with state and federal regulations.

D. Security

1. Pharmacy security and strict accountability of controlled substances and abusable drugs are insured by means of an intrusion alarm system which is activated whenever staff is not physically present in the Pharmacy.
2. The Pharmacist in Charge serves as Key Control Officer for the Pharmacy. Emergency keys and alarm response procedures are maintained at Community Corrections Center - Lincoln (CCC-L).

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E. Medication Dispensing

1. Dispensing of medications at the Pharmacy is performed in conformance with appropriate Federal and State laws. Upon receiving an electronic or paper (DCS-A-med-018) prescription from a practitioner, the Pharmacist processes the prescription in the computer.
2. Prescriptions shall be filed and maintained in a secure manner, in accordance with appropriate Federal and State laws.
3. The prescription is filled by Pharmacy staff. These are checked for accuracy by a Pharmacist.
4. Medications are transported to the facility from the pharmacy in secured transport boxes by security staff or contracted courier service.

F. Medication Formats

1. **Staff Administered Medications:** Staff administered medications are those medications which, because of their ease of being abused or, because of patient non-compliance, are distributed in unit dose form by staff. Any drugs not taken at the prescribed time will be recorded on the Medication Distribution Log, returned to the Pharmacy, and returned to stock when appropriate.
2. **Self-Administered Medications:** "Self-Administered Medication" procedure allows inmates to keep and consume medications that cannot be abused in their living locations. When these medications are distributed, the appropriate form will be signed by the medication distribution staff and the inmate.

G. Medication Discontinuation

Medication can only be discontinued by a written practitioner order and may not be restarted without a new prescription.

H. Medication Monitoring

1. The pharmacist will monitor drug therapy for possible drug interactions; inappropriate dose levels and rationality.
2. The physician, psychiatrist, dentist, P.A. APRN, or optometrist, upon being notified of an adverse reaction due to medication, will complete the Adverse Drug Reaction Reporting Form (Attachment A) and make the proper documentation in the medical record. The form will be forwarded to the Pharmacy for processing.

I. Disposal of Outdated/Unusable Medications

1. The Skilled Nursing Facility/Clinic/Housing locations shall return any identified outdated drugs to the Pharmacy in the transport boxes.
2. Any expired drug in original manufacturer packaging should be returned to either the prime vendor or the manufacturer for credit, if possible. Only fully

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unopened packages can be returned through the prime vendor. Partial packages may be returned directly to the manufacturer in some instances depending on the manufacturer's returned goods policy.

3. Schedule III-V and legend drugs are picked up or sent to returned goods processor company for incineration. Disposal documents will remain on file in the Pharmacy.
4. Schedule II Drugs are picked up or sent to returned goods processor company for incineration. Disposal documents will remain on file in the Pharmacy.

J. Physical Inventory

1. During the month of June of each year, a total physical inventory will be taken of all Pharmacy stock items by a designated inventory vendor independent of the Pharmacy operation. Copies of the physical inventory completed by outside inventory vendor and the perpetual inventory listed in CIPS for the same day shall be provided to accounting for comparison. Any exceptions found between the two documents outside of the acceptable variance range of ten percent of total cost shall be reported in writing to NDCS Material Administrator and appropriate adjustments processed prior to June 30. The Chief Operating Officer and pharmacy shall receive a written report of inventory discrepancies exceeding acceptable variance range. Pharmacy shall conduct a recount of identified line items for reconciliation.
2. A perpetual inventory will be maintained on the computer by addition of receipts and subtraction of dispensing prescriptions (scripts), approved inventory adjustments, and/or disposals. The receiving and adjustment entries in the Kalos system will be completed by individual other than the employee completing the physical verification of the products received.
3. Monthly spot checks of items randomly selected from the inventory will be conducted. Appropriate adjustments will be made regarding these counts.
4. All Schedule II-V drugs are subject to annual inventory in accordance with Federal law. Written inventories of Schedule II-V drugs are maintained for a minimum of five years.
5. Syringes/needles located in the Pharmacy are inventoried in the same manner as all other pharmacy inventory.

REFERENCE

- I. ATTACHMENTS — Adverse Drug Reaction Reporting Form
- II. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS
 - A. Standards for Adult Correctional Institutions (ACI) (4th edition): 4-4378, 4-4379, 4-4401.
 - B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-12, 4-ACRS-4C-13.