	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.D.01
		SUPERSEDES (Policy No. & Date): COR.10.1D.01 of July 21, 2006	
	SUBJECT: PHARMACEUTICAL OPERATIONS		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to establish uniform guidelines for the management, prescription, storage, distribution, and disposal of controlled substances and other medications.

2.0 SCOPE

This policy shall apply to all correctional facilities and their assigned personnel within the Department of Corrections and Rehabilitation (DCR).

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Prisons and Jails (2003).

.2 Definitions

- a. Procurement: The act of ordering supplies and medications for the facility.
- b. Formulary: A list of prescriptive and non-prescriptive medications approved by the medical director for patient use and available to authorized subscribers that do not require a special process to procure. Typically, a formulary will list medication brand or generic names, dosage strengths, therapeutic category, and other relevant information.
- c. Distribute: The system for delivering, storing and accounting for medication from the source of supply to the nurse station or point where the medications are administered.
- d. Disposal: Destruction of medication on its expiration date or when retention is no longer necessary or suitable.
- e. Controlled Substance: Medications that come under the jurisdiction of the Federal Controlled Substances Act and the Drug Enforcement Agency (DEA).

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4.0 POLICY

- .1 Correctional health care staff shall comply with applicable state and federal regulations pertaining to pharmaceutical practices and medication control.
- .2 The Pharmacy and Therapeutic Committee and the Medical Director shall maintain a drug formulary for providers that includes a medication review and revision procedure.
- .3 The facility Health Care Sections (HCS) shall maintain records and procedures for the timely procurement, dispensing, distribution, accounting and disposal of pharmaceuticals.
- .4 Each facility uses an inventory accountability system and double lock and key secured storage for Drug Enforcement Agency controlled substances.
- .5 The Clinical Section Administrators shall develop a standard facility specific practice to notify the responsible provider of an impending expiration of a medication to obtain an order for a renewal, alteration or discontinuance.
- .6 Medications are kept under the control of appropriate staff.
- .7 All medications are stored under the proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security
- .8 Quarterly documented inspections and consultations are performed by licensed pharmacist.
- .9 Medication storage and medication areas are devoid of outdated, discontinued or recalled medication.
- .10 Poison Control information shall be centrally posted and common treatments such as activated charcoal are available.
- .11 Inmates shall not prepare, dispense or administer medication except for self-medication programs approved by the medical director and facility administrators (e.g. keep-on-person or KOP programs).
- .12 Inmates shall be permitted to carry on their person medications ordered by a provider and deemed necessary by the provider for the management of a medical condition or an allergic reaction.

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5.0 PROCEDURES

- .1 The Health Care Division shall establish a Pharmacy and Therapeutics (P&T) Committee that consist of correctional providers. The P&T Committee shall be responsible, in conjunction with the Medical Director and the contracted pharmacist, for the development and ongoing review and revision of the formulary.
- .2 The P&T Committee shall develop a procedure that describes a formulary exception clause that allows consideration of the use of non-formulary medications at the request of the treating provider when therapeutically prudent or medically necessary. The process shall include a review and approval by the Medical Director or a designee.
- .3 The provider shall complete Form DOC 0464 "Restricted/Non-formulary Drug Request" (Attachment A) and submit the request to the Medical Director for review. The provider shall include on the formulary exception request the rational for using the alternative medication. The P&T Committee shall consider recommendations to add frequently used non-formulary medications to the formulary during the review process
- .4 A copy of the formulary shall be available to health care providers in each of the facility medical clinics.
- .5 The Health Care Division's contracted pharmacy shall assign a consultant pharmacist to the Division. The pharmacist shall attend and participate in the P&T Committee meetings and the review and revision of the formulary.
- .6 The Clinical Branch Administrator in conjunction with the Medical Director and consulting pharmacist shall develop operational procedures for the procurement, dispensing, distribution, accounting and disposal of pharmaceuticals (including approved non-formulary medications.)
- .7 The pharmacist shall conduct documented quarterly inspections of all clinics that review the adequacy of medication documentation, storage, stock levels and the removal of outdated medications.
- .8 The Clinical Services Branch Administrator shall develop a procedure for the reporting, tracking, tending and resolution of medication errors.

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APPROVAL RECOMMENDED:

 JAN 01 2024
Deputy Director for Corrections Date

APPROVED:

 JAN 01 2024
DIRECTOR Date

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