ADMINISTRATIVE POLICY	Medication Approval

Medication administration is integral to the service provided by the medical department to the offenders incarcerated in the correctional facility. Procedures for administration of medications must follow nursing practice standards and be consistent with ARCH / correction facility policy and DOC standards. Administration of medications requires familiarity with facility medication policy. All inmate medications must be approved by the facility health care provider and / or by following this protocol.

Any medication deemed medically necessary will be provided to an inmate without unnecessary delay. All medications must be verified, reviewed and / or approved by the facility health care provider prior to administration. Approval of medication is contingent upon a current prescription, treatment compliance, necessity and consistency of the medication with an established diagnosis. Medications are approved when the facility health care provider determines that it is medically necessary.

Medication Verification

Inmates who remain in the jail and state they are on medication during the intake process (or otherwise report that they require medication) must have their prescriptions verified. Health care staff will obtain appropriate information:

A. Name of medication
B. Dispensing pharmacy
C. Date and amount dispensed
D. Prescribing health care provider
E. Phone number for pharmacy and / or health care provider

Health care staff will confirm that:

1. The dosage is safe
2. Medication is necessary
3. Prescription is appropriate and current

Verification procedure

1. If the inmate brings in their own medication:
   a.) Check prescription label to verify that all information is current and accurate.
      1.) Confirm that the pills in the bottle are the medication listed on the label.
      2.) If the medication is a scheduled drug;
      A. Count the number of pills present
      B. Verify count with a corrections officer or another nurse
      C. Initiate a controlled medication sheet if medications are approved
   b.) Call the dispensing pharmacy to confirm that this is a valid and current prescription.
      1.) If more than one pharmacy indicate source of medication by noting on each medication (Rite Aid = RA, Wal-Mart = W, Walgreen = Wg, etc.)
      2.) If more than one provider use similar process to identify each medication
   c.) If further information is needed call the prescribing physician's office:
      1) Verify the need for continuation
      2) Adjust medication administration times (i.e. to BID, TID etc.)
      3) Report any misuse
   d.) Call the jail health care provider for review of medication if unable to reach the pharmacy or doctor's office or if the medications are controlled medications or abuse prone.

2. If the inmate does not bring in his own medication:

   a.) The inmate should attempt to call a contact in the community to bring in their medication. If the inmate is successful then proceed as in 1. above.
   b.) If the inmate is unable to do so or the medication is not available – if unable to have the medication brought to the jail after 24 hours approved medications are to be obtained from the facility pharmacy
      1) Obtain the name of the pharmacy and call for medication confirmation
      2) Call prescribing physician's office to verify a continued need for medication
      3) If confirmed , order per protocol

3. If the inmate states a need for medication but is unable to provide a verifiable prescription, advise the inmate fill out a medical request form and be evaluated.

Any questions about medications are to be referred to the jail health care provider for clarification prior to administration

Approval

1. Medications that are verified; current and compliant will routinely be approved unless there is some issue / concern that cannot be clarified.
2. Any 'life sustaining' medication will be administered.
3. Facility provider will be contacted for approval of any controlled / mood altering medication.
4. Dosing schedules (frequency, strength) may be modified to adapt to the facility schedule.
5. Certain medication (non-acute, non-critical) may be deferred for 24 – 72 hours if the length of incarceration is uncertain (pending court, probation hold, etc.).
6. Controlled medications may be deferred for clinical reasons (listed elsewhere herein); also when some concern is raised regarding use (all prescriptions except the controlled medication are brought to the facility)
7. Certain controlled medications may be approved through clinical consultation with the community provider.
8. Generic medication / Therapeutic substitution will be used when available – may be implemented when medications brought to the jail are expended..
9. Preferred medication of a therapeutic class may be used.
10. Extended release versions of medication will be approved if the basic medication is not objectively determined to be effective.

Medication approval will be accomplished only for prescribed medications that are deemed medically necessary based upon a review including the following considerations:

1. Indications for use – the identified, documented clinical rationale for administering a medication that is based upon an assessment / understanding of the offender's condition and therapeutic goals; that is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based reviews.
2. Clinically significant – effects, results, or consequences that materially affect an offender's mental, physical, or psychosocial well-being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.
3. Excessive dose – the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer's label,

package insert, current standards of practice for an offender's age and condition; or as noted in clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals and that lacks evidence of:

- A review for the continued necessity of the dose;
- Attempts at, or consideration of the possibility of, tapering a medication; and
- A documented clinical rationale for the benefit of / necessity for, the dose or for the use of multiple medications from the same pharmacological class.

4. Duplicate therapy – Multiple medications of the same pharmacological class/category or any medication therapy that substantially duplicates a particular effect of another medication that the offender is taking.
5. Medication Interaction – The tangible impact of another substance (such as another medication, nutritional supplement including herbal products, food, or substances used in diagnostic studies) upon a medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences.

A Medication Regimen Review (MRR) – a thorough evaluation of the medication regimen by a pharmacist, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication – may be included when deemed necessary by the facility health care provider. The review includes preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities in collaboration with other members of the interdisciplinary team.[51]

Disapproval of Inmate Medication

The medication administered in the correction facility is the responsibility of the facility health care staff. Only those medications that are authorized by the facility health care provider will be administered. The facility health care provider will employ the information available from medication verification to inform the prescribing activities in the facility. The health care staff / provider are obliged to determine that the medication is required; for a specific diagnosis / condition; at an appropriate dose; safe for the individual (which includes an assessment of whether the individual can be trusted with the medication) and that no one has tampered with the medication. Also, the health care staff is obliged to defer use of medication that is not medically necessary.

Inmate admitted to the jail that is under the influence of intoxicants / withdrawing from intoxicants.

- Inmates who are apparently under the influence of some substance.
- Inmates who are demonstrating signs of withdrawal from some substance.
- Inmates who are placed on detoxification medications.

Note: verified / approved necessary medications will be initiated as soon as it is safe to do so.

Inmates who are admitted to the jail who are apparently misusing (over / under use, sale or other diversion) medication:

- Using the medication in excess of the prescribed amount may have the medication decreased.
- Using the medication less than an effective amount may have the medication discontinued.
- Taking an overdose of medication may have their medication held / discontinued.
- Use / abuse of substances and / or non-prescribed medication may have their medication modified, held, discontinued.
- Discovered to be diverting medication may have their medication modified, held, discontinued.

Gradual Dose Reduction (GDR) is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. The GDR process will be used (when possible) to taper disapproved medications that will produce a withdrawal syndrome. Additional medications to address clinically significant withdrawal symptoms may be implemented after assessment and approval of the facility health care provider.

Inmates who are receiving medications for sobriety maintenance

- The medication will be administered – as provided by the inmates program if sentenced to two weeks or less.
- The medication will / will not be administered – as provided by the inmates program based upon a clinical determination of appropriateness if the inmate stay falls between two and four weeks.
- The medication will be tapered – as provided by the inmates program if sentenced to more than four weeks.

Inmates who are admitted to the jail with an apparent diagnostic mismatch:

- Medication is inconsistent with purported diagnosis will have the medication reviewed and may have the medication modified.
- A change is noted in the inmate condition will have the medication reviewed and may have the medication modified.
- Medication has been continued beyond apparent clinical requirement will have the medication reviewed and may have the medication modified.
- The diagnosis requires additional clarification prior to administration (assessment, lab, etc.)

Inmates who are not compliant with or have duplicative medications:

- Medication prescribed several months ago and not refilled
- Medication not used in the manner intended – 50% or more of a 30 day prescription remains 2 – 3 months later.
- Medications that have the same therapeutic effect

Inmates who are admitted to the jail whose medication cannot be verified:

- If the medication cannot be verified the medication will not be authorized.
- If the compliance reviewed and if non-compliant (90 days or more) the medication will not be authorized.
- There is no medically necessary rationale for the medication

Inmates who indicate medications that is not appropriate to the correctional setting unless significant symptoms / definitive diagnosis is objectively established.

- If the medication is for sleep and / or sleep disorder
- If the medication is for hyperactivity / attention deficit
- If the medication exceeds clinical guidelines for use
- If the medication is prohibited by law
- If the medication route of administration is inappropriate for use in the correction facility.

Inmates who decline medications while in the jail or who do not report / admit medication use.

Documenting Provider Verification / Approval

When the facility health care staff contacts the health care provider to review a medication verification form; the medication verification form will noted in the far right column with the providers comments.

These comments will usually be noted as: Modify, Hold, Expended, or Disapproved. A modifier may be used – non-compliance, misuse, etc.

Medication Misuse

The health care staff will not condone medications misuse through hoarding / unauthorized possession.

Any inmate discovered to be cheeking (diverting), palming or otherwise attempting to obtain prescribed medication without ingesting it (hoarding) and / or to have unauthorized medications in their cell / possession will:

a. Be reported to correction staff for discipline and will have their prescription reviewed.
b. Be reported to facility health care provider will be notified of the event

The facility health care provider will make the final determination regarding any modification of prescribed medications in response to medication misuse. If discontinued, the medication will not be re-instituted without a face-to-face medication review by the facility health care provider.

a. The first incident will usually result in:
    1. A counseling session.
    2. An assessment of the medications necessity.
    3. A crush order for any medication continued.
b. Medication that is not deemed to be "life sustaining" may be discontinued.
c. Medication that creates a physiologic dependence may be tapered.
d. Medications may be crushed (when possible) if they are deemed to be critical.

Prohibited Medications

Purpose: Define medications which will be disallowed or curtailed in correctional settings

Introduction: Certain medications pose extraordinary risks when prescribed to offenders. These are addictive or potentially abusable medications. Some medications may be inappropriately used by offenders to continue or maintain their substance addiction while incarcerated. Individuals taking these medications may also be at risk from other inmates, who may coerce patients to divert and share these medications. These risks must always be considered when prescribing medications that are potentially addictive or abusable.

1. Prohibited medications are divided into four categories according to therapeutic value and potential for abuse.

    a. Category One – high abuse potential and/or little or no legitimate therapeutic value in a correctional setting.
    b. Category Two – may have some legitimate use in a correctional setting, but indications for this use are uncommon.
    c. Category Three – Not listed by the DEA as scheduled medications; yet have been shown to have abuse potential in correctional settings.
    d. Category Four – Are not listed by the DEA as scheduled medications; have not been shown to have abuse potential in correctional settings; but have limited or no legitimate therapeutic value.

2. *Category One* medications are those with high abuse potential and/or little or no legitimate therapeutic value in a correctional setting. The potential risk of medications in this category almost always

exceeds their potential benefit.

a. Category one medications will not be allowed in the jail, except in extraordinary circumstances.
   1.) When there is clear clinical evidence that no other medication will be effective
   2.) When approved in writing by the medical director of the facility

b. Category one medications include:

   1.) Amphetamines / Stimulants
   2.) Dronabinol (Marinol) – any THC containing medication
   3.) Tincture of morphine (Paragoric)
   4.) Medications containing Ephedrine or Pseudoephedrine
   5.) Medications for erectile dysfunction – sildenafil (Viagra), tadalafil (Cialis), etc.
   6.) Medications containing Dextromethorphan
   7.) Medications used for nicotine cessation and most sobriety maintenance medication
   8.) All DEA schedule I drugs and most schedule II

3. *Category Two* medications may have some legitimate use in a correctional setting, but indications for this use are uncommon. The potential risks of medications in this category usually exceed their potential benefits in a correctional setting, so their use is tightly regulated.

a. Category two medications may only be prescribed under specific written pre-established protocols that define the circumstances of their use. Examples include:
   1.) Benzodiazepine use in acute alcohol withdrawal, acute stimulant toxicity and chemical sedation.
   2.) Benzodiazepine use for psychiatric reasons approved and supervised by the facility psychiatrist or medical director.
   3.) Narcotic use after painful procedures.
   4.) Narcotic use for chronic pain syndromes (quite uncommon) approved and supervised by the facility medical director or consulting pain clinic.

b. Use outside of such protocols is rarely appropriate and:
   1.) Must be requested in writing identifying specific symptoms, target treatment goals and anticipated duration
   2.) Must be approved in writing by the medical director of the facility.

c. Examples of category two medications include DEA schedule II, III, IV, and V medications.

4. *Category Three* medications are not listed by the DEA as scheduled drugs but have been shown to have abuse potential in correctional settings.

a. Category three medications may be prescribed under specific written protocols that define the circumstances of their use. Examples include:
   1.) Antihistamine use for acute allergic reactions.
   2.) Trazodone use approved and supervised by the facility psychiatrist or medical director.

b. Category three medication include:
   1.) Trazodone (Desyrel)
   2.) Sleeping aids – such as zolpidem (Ambien); or other medication used off label for sleep
   3.) Antihistamines – such as diphenhydramine (Benadryl)
   4.) Any other drug which, in the opinion of the facility medical director, is being abused at a particular facility.

c. Examples of medications that are abused at some jails but not abused at others include:
    1.) Topiramate (Topamax)
    2.) Bupropion (Wellbutrin)
    3.) Amitriptyline (Elavil)
    4.) Quetiapine (Seroquel)

d. Category three medications may be prescribed for use outside of written guidelines only after consultation with the medical director.

5. *Category Four* medications are not listed by the DEA as scheduled medications, have not been shown to have abuse potential in correctional settings, but have little or no legitimate therapeutic value.

    a. Category Four medications include:
        1.) Over-the-counter dietary supplements
        2.) Over-the-counter herbal medications
        3.) Over-the counter vitamins (exception documented vitamin deficiency)

    b. Category four medications may be prescribed for use only after consultation with the medical director.
    c. Medications available in the facility commissary fall into category four.