Massachusetts Department Of Correction **POLICY**	Effective Date 9/15/2022 Annual Review Date 11/4/2025	Responsible Division Deputy Commissioner, Clinical Service and Reentry
Policy Name 103 DOC 661 PHARMACY AND MEDICATIONS	M.G.L. Reference: M.G.L. C 124 S 1 (c), (q). NCCHC Standard: P-27, P-43 105 CMR 700.003; 243 CMR 2.08; 244 CMR 4.00; 263 CMR 3.07 DOC Policy Reference: 103 DOC 511 ACA/PREA Standards: 2-CO-4E-01; 4-ACRS-4C-12; 4-ACRS-4C-13; 5-ACI-4B-14; 5-ACI-6A-43; 5-ACI-6A-44	
Attachments Yes ☒ No ☐ / Inmate Library Yes ☒ No ☐	Applicability: Staff/Inmates	
Public Access Yes ☒ No ☐	Location: DOC Central Policy File Institution Policy File Health Services Division Policy File	

PURPOSE:
The purpose of this policy is to establish guidelines for the management, prescription and distribution of controlled substances, prescribed medications, and over-the-counter medications in all department institutions.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Assistant Deputy Commissioner of Clinical Services
Superintendents

CANCELLATION:
This policy cancels all previous department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding the management of controlled substances, prescribed medications, and over-the-counter medications which are inconsistent with this policy.

SEVERABILITY CLAUSE:
If any part of this policy is for any reason held to be in excess of the authority of the Commissioner, such decision will not affect any other part of this policy.

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ATTACHMENTS

661.01 GENERAL POLICY

The State Office of Pharmacy Services (SOPS) in conjunction with the contractual medical provider shall have written policies and procedures for the possession and use of federal and/or state controlled substances, medications and over-the-counter (OTC) drugs in accordance with this policy. These policies and procedures shall provide for the provision of all necessary medications prescribed by providers for inmate patients regardless of whether the inmate is in the general population, in the health services unit (HSU), in restrictive housing or temporarily off the grounds of the institution.

1. In the event that an institution maintains a pharmacy, a registered pharmacist will be responsible for the management and operation of the pharmacy. All pharmacy procedures shall adhere to applicable state law, the State and Federal Controlled Substances Act, and the regulations of the Drug Enforcement Administration. All institution pharmacies will be registered in accordance with state and federal law. The Superintendent of the Bridgewater State Hospital shall, in collaboration with the State Office of Pharmacy Services and the contractual medical provider, develop site specific pharmacy management policies and procedures for the operation of a seven (7) day unit dose medication distribution system. Such policies and procedures shall be approved by the Assistant Deputy Commissioner of Clinical Services.

2. All pharmaceuticals will be dispensed in accordance with the SOPS formulary, which shall govern the approved medications for use in the department. When prescriptions are generated by providers who are not employed by the department, the SOPS or the contractual medical provider, substitutions may be made in accordance with the SOPS drug formulary. Medications in the SOPS formulary shall be approved by the department, SOPS, contractual medical provider and the pharmacy and therapeutics committee. All non-formulary prescriptions are reviewed and approved by the Program Psychiatric Director or the Program Medical Director.

3. The primary operational guidelines for pharmacy services and prescription procedures contained in the SOPS/contractual medical provider's pharmacy procedure manual is available at each health services unit and in the office of the Assistant Deputy Commissioner of Clinical Services.

4. The Assistant Deputy Commissioner of Clinical Services must review and approve any changes in the delivery of and packaging of medications prior to its implementation.

661.02 PRESCRIPTION PRACTICES

Medications shall be prescribed by a contractual provider. A contractual Physician's Assistant, Nurse Practitioners with less than 2 years of supervised practice and Clinical Nurse Specialists with less than 2 years of supervised practice may prescribe medications with the contractual Program Medical Director's consent and under the supervision of the institution Medical Director (supervising physician), where the Physician's Assistant is assigned. Per ALM GL ch. 112, Section 80E, A Nurse Practitioner or Psychiatric Nurse Mental Health Clinical Specialist (Clinical Nurse Specialist) shall have independent practice authority to issue written prescriptions and medication orders and order tests and therapeutics without supervision if the Nurse Practitioner or Psychiatric Nurse Mental Health Clinical Specialist has completed not less than 2 years of supervised practice following certification from a board recognized certifying body; provided however, that supervision of clinical practice shall be conducted by a health care professional who meets minimum qualification criteria promulgated by the board, which shall include a minimum number of years of independent practice authority. Medications shall be prescribed only for clinical reasons in accordance with the accepted standards of medicine. Medications shall not, under any circumstances, be prescribed for disciplinary purposes. When used, psychotropic medications are one facet of a multi-faceted treatment program. Psychotropic medications shall be prescribed as clinically appropriate by the health provider. The prescribing provider will complete a semi-annual AIMS scale or similar instrument on all inmates who are on anti-psychotic medication.

1. The long-term use of psychotropic medications and analgesics may be subject to abuse and only prescribed when clinically indicated.

2. Inmates shall be assessed and educated regarding contraindications and side effects of medications when they are ordered and renewed as clinically indicated. All patient encounters are documented in the patient's medical record.

3. Physician Assistants, Nurse Practitioners with less than 2 years of supervised practice and Clinical Nurse Specialists with less than 2 years of supervised practice (referred to hereafter as Advanced Practitioners) may order medications only upon the authorization of a supervising Physician under terms and conditions referred to as Collaborative Agreement and Prescriptive Practice Guidelines for the Advanced Practitioner. Nurse Practitioners and Psychiatric Nurse Mental Health Clinical Specialists that have completed 2 or more years of supervised practice shall have independent practice authority to issue written prescriptions and medication orders and are not required to work under terms and

conditions referred to as Collaborative Agreement and Prescriptive Practice Guidelines for the Advanced Practitioner. Each supervising Physician and applicable Advanced Practitioner, with the approval of the contractor Program Medical Director shall sign such agreement which shall contain, at a minimum, purpose, name of supervising Physician and Advance Practitioner, scope of practice, requirements for physician consultation, and monitoring of prescriptive practices, including quarterly review of randomly selected charts (25 charts) by the supervising Physician. The medical contractor, through the Program Medical Director, shall develop policies and procedures for the use of such agreements at designated institutions and shall submit the results of periodic record reviews to the Assistant Deputy Commissioner of Clinical Services. Copies of such agreements and evidence of quarterly reviews shall be maintained at the institutions using such agreements; at the medical contractor Massachusetts's regional office and at the office of the Assistant Deputy Commissioner of Clinical Services. All Advanced Practitioners must order medication in accordance with the regulations of the United States Drug Enforcement Administration, Massachusetts Board of Registration in Medicine (243 CMR 2.08), Massachusetts Department of Public Health (DPH), Division of Food and Drugs, 105 CMR 700.003), the Massachusetts Board of Registration in Nursing (244 CMR 4.00 et seg.) and the Massachusetts Board of Registration of Physician Assistants, (263 CMR 3.07), respectively.

4. Automatic Stop Orders: There shall be automatic termination of all prescription drugs in accordance with the SOPS/contractual medical provider pharmacy procedure manual.

5. Prescriptions which expire between Friday evening and Monday morning (or the next normal business day) can be continued by a provider until the next normal business day. On the next normal business day following such expiration, the provider shall either renew or discontinue such prescribed medication.

6. Only those providers licensed to prescribe medication in the Commonwealth of Massachusetts will make decisions regarding the discontinuation of any medication at DOC institutions.

   Pharmacy Services shall provide on-site unit dose capability for emergency stock of drugs in unit of use packages and in a sealed kit, to be used in emergency situations or until regular delivery of medications.

7. Expired medications are disposed of in accordance with the SOPS/contractual medical provider pharmacy procedure manual.

661.03 MEDICATION DISTRIBUTION

1. The SOPS in conjunction with the contractual medical provider shall establish written policies and procedures for the dispensing, administering**,** and/or distribution of medications as appropriate to its staffing pattern. All procedures shall adhere to the following guidelines:

    a. HSU's shall adhere to pharmacy procedures regarding the dispensing and administering of medications as found in the SOPS/contractual medical provider's pharmacy procedure manual located at each site's health service unit.

    b. The inmate must present identification or, in the case of restrictive housing units, be identified by correctional staff before being administered medication.

    c. The administration of all prescribed medication shall be recorded on either the POCC, medication administration record (MAR) or on a medication log as approved by the contractual medical provider and the Assistant Deputy Commissioner of Clinical Services. The administration of each dose shall be documented with respect to the date and time of administration and shall be signed or initialed by the individual administering the medications. In addition, random and scheduled audits of medication administration records/logs shall be performed by a Health Services Division Regional Administrator.

    d. Correctional staff will observe the inmate take medication(s) unless the inmate is keep-on-person designated. If there is a known history or suspicion of hoarding behavior, the medication should be crushed and mixed in a small amount of water unless the integrity of the medication would be compromised.

    e. All controlled substances shall be administered/distributed dose by dose. Inmates receiving controlled substances in a time-released formula, e.g., dermal patch may not be housed in general population and will require special housing assignments**,** unless waived by the Assistant Deputy Commissioner of Clinical Services.

    f. Some over the counter (OTC) medications are available and sold in canteens and do not require a provider's order. The canteen OTC medications are reviewed and approved by the Program Medical

Director on an annual basis. If OTC medications are ordered by the provider, the medication shall be supplied by the contractor.

g. Controlled substances listed in Schedule II through V, in the Federal Controlled Substances Act and drugs requiring parenteral administration shall be administered only by the responsible physician or qualified health personnel under the direction of the health services administrator (HSA) who is the designated local health authority. Insulin (requires parenteral administration) may be self-administered by the inmate as part of the self-administration program (see 661.08).

h. Medications which are to be administered to inmates in restrictive housing units will be crushed whenever possible. In those instances where the prescribed medication cannot be crushed, the use of liquid medication will be explored and utilized as clinically appropriate.

Each Superintendent, in conjunction with the health services administrator, shall develop written procedures that will ensure that medications are swallowed and will prevent hoarding of medication. Procedures will include:

i. Direction for when medication cannot be safely administered in either a crushed or liquid state, including safely removing the inmate from their cell;

ii. administering the medication to the inmate while they are outside the cell and;

iii. performing a complete visual inspection of the inmate's mouth by correctional staff prior to returning the inmate to their cell.

i. Health care staff will document any inmate's self-report or signs and symptoms of medication side effects or contraindications. Health care staff will notify the attending physician, psychiatrist or advanced practitioner in a timely manner.

2. Monitoring Inmate Compliance with Medication Orders

The contractual medical provider shall establish written policies and procedures for the purpose of monitoring inmates' degree of compliance

with their medication orders. All procedures shall adhere to the following guidelines:

a. In the event that an inmate does not present themselves at the time they are normally scheduled to receive prescribed medication, this fact shall be noted in the blank box on the medication administration record (MAR) or medication log.

b. All medication administration record (MAR) logs will be reviewed on a daily basis to identify those inmates who are non-compliant. The contractual medical provider will establish written guidelines for the degree of compliance required for specific drugs and dosages. The HSA will provide this list of non-compliant inmates to the attending physician, psychiatrist or advanced practitioner on a bi-weekly basis, unless the situation requires immediate attention.

c. If an inmate repeatedly refuses the administration of a prescribed medication or has developed an intermittent pattern of non-compliance, the inmate shall be scheduled for sick call, or in the case of psychotropic medications to the Mental Health Director at the site for counseling and physician, psychiatrist or advanced practitioner for follow up as needed. The inmate shall be counseled regarding the possible medical consequences of refusing the prescribed medication. This counseling will be documented in the inmate's medical record.

   If the inmate continues to refuse administration of the medication, the inmate shall be requested to sign a refusal of treatment form. If the inmate refuses to sign the refusal of treatment form a member of the medical staff, with another staff person as a witness, will make a notation on the form documenting the inmate's refusal to sign. Both staff members will sign the refusal form as witnesses. Documentation of all such encounters should be made in the inmate's medical record.

d. The physician may initiate court-ordered proceedings in life threatening or potentially life-threatening situations of non-compliance after clearing the request for a court order with the Program Medical Director. The program director will notify the Assistant Deputy Commissioner of Clinical Services and the Superintendent. The Assistant Deputy Commissioner of Clinical Services will consult the DOC General Counsel or designee to assess the need to obtain an emergency court order.

661.04 PHARMACOTHERAPY

1. Psychotropic medication is to be prescribed by a psychiatrist, a physician or applicable clinical nurse specialist trained and experienced in the use of psychotropic medication, or a clinical nurse specialist practicing under an approved collaborative agreement as defined in 661.02, *Prescription Practices*, paragraph #3, who has seen the inmate and is familiar with the case history, or in an emergency, is at least familiar with the case history. All discontinuation of psychotropic medications will be done by a psychiatrist or clinical nurse specialist

2. Physicians may initially order psychotropic medications for emergency purposes or when the medication addresses problems related to a physical care treatment. Subsequent orders must indicate a consultation with the psychiatrist or clinical nurse specialist.

3. All orders for other medications which are for a psychiatric purpose must be ordered by a psychiatrist, a physician or a clinical nurse specialist with independent practice authority or practicing under a collaborative agreement as noted in 661.02, *Prescription Practices*, paragraph #3.

4. Each Inmate receiving psychotropic medication must be seen at least every ninety (90) days, and more frequently as clinically required, by the prescribing provider. The following must be noted in the record:

    - reason medication is being given, i.e., target symptom.
    - the appropriateness of the current medication and dosage
    - any implications for care relating to the current mixture of medications
    - any signs of tardive dyskinesia or other serious side effects
    - consideration of the choice of liquid, IM, or crushed preparations for inmates who do not reliably ingest other forms or for whom the hoarding of potentially harmful doses is likely

5. Each inmate receiving psychotropic medication will receive an annual physical examination. The result of the physical examination is to be reviewed by the provider prescribing psychotropic medication who will note the pertinent clinical findings in the record.

6. Inmates receiving psychotropic medication will be evaluated as to their need for psychotherapy, with appropriate services offered per this assessment.

7. Inmates with a history of psychotropic medications who enter a institution or are transferred to a institution will have those medications continued by a psychiatrist or clinical nurse specialist, unless a progress note, written by the provider or by a nurse citing a telephone order, indicating the rationale for discontinuance.

8. The progress note shall indicate the informed consent of the inmate to receive psychotropic medication.

9. The contractor will provide explicit guidelines for timely and appropriate psychiatric consultation for the rest of the mental health team, as well as providing guidelines for timely and appropriate peer supervision and second opinion.

10. In Inmate Management System (IMS), "yes" or "no" shall be entered for all inmates in the Psych. Medication field on the Medical Orders screen. For those inmates prescribed psychotropic medication, the "start date" and "end date" fields shall be updated whenever there is a change.

661.05 TRANSFER PROCEDURES

Each Superintendent in conjunction with the HSA shall establish written policies and procedures which ensure the uninterrupted provision of prescribed medications when inmates are transferred between department institutions provided proper notification is received. Contractual medical provider staff shall adhere to the pharmacy procedures found in the SOPS/Contractual medical provider's pharmacy procedure manual. The institution classification staff shall be responsible for notifying the institution health services staff regarding the date and approximate time of the inmate's transfer. Medical staff shall identify inmate transfers via the Institution Scheduled Query screen. At the time of transfer the medication administration record (MAR) or medication log will be filed into the inmate's medical record and the medication(s) placed in a sealed envelope along with a sealed health record for transfer.

661.06 STORAGE OF MEDICATION

1. All medications and syringes shall be stored in locked rooms or cabinets, with the exception of prescriptions which may be carried on the person as recommended by the responsible physician and in compliance with the institution keep on person (KOP) program as authorized by the Superintendent and the Assistant Deputy Commissioner of Clinical Services.

2. All federal and state controlled substances, syringes and needles shall be stored under maximum security conditions as described in 103 DOC 511, *Tool Control*, Section 04.2 on Class "A" tools, including, but not limited to being secured by at least two separate solid locked doors in a location where inmates have no access and in accordance with 103 DOC 511, *Tool Control*, Section 511.17, *Control of Dangerous Drugs and Hypodermic Apparatus*.

661.07 KEEP ON PERSON MEDICATION PROGRAM (KOP)

KOP is a program providing for approved inmates to have medication self-administered in their rooms/cells within guidelines of this policy. Medications for KOP administration are approved by the contractual medical provider and the Assistant Deputy Commissioner of Clinical Services unless excluded or otherwise exempted (see Attachment A). Superintendents may authorize all or some KOP approved medications for retention by eligible inmate population. Superintendents may not authorize the retention of medication which is excluded or otherwise exempted from KOP administration by the Assistant Deputy Commissioner of Clinical Services and contractual program director. General procedures for the administration of the KOP program can be found in the SOPS/contractual medical provider policy/procedure manual.

Each Superintendent, in conjunction with the HSA, must develop written site-specific procedures for a keep on person program, if applicable to their institution. All procedures shall adhere to the following guidelines:

1. Medications may be administered via the KOP program as authorized by the contractual medical provider and the Assistant Deputy Commissioner of Clinical Services, unless excluded or otherwise exempted. (See pages 1, 2 and 3 of Attachment A for exclusions.)

    a. Nitroglycerin, inhalers and oral glucose tablets may be retained by inmates whether or not they are on the KOP program. Inmates on KOP who have their KOP privileges suspended or terminated, or who have medications confiscated for any reason may continue to retain nitroglycerin, inhalers and oral glucose tablets as these may prove to be life-sustaining medications.

        Epi-pens ordered shall be managed on a case-by-case basis according to site-specific policy to assure immediate 24-hour day availability to the patient in the event of an emergency. This includes any off-site work detail.

b. Pre-release institutions where medications may be administered to inmates KOP to take with them on education, program or work release, must include how this is practiced in their site-specific procedure.

c. No medication excluded from the KOP program may be prescribed for KOP administration to an inmate on release status without specific written authorization by the program medical director and the Assistant Deputy Commissioner of Clinical Services.

If medication that is excluded from the KOP program is necessary for an inmate to take with them on work-release, i.e., it must be taken while the inmate is away from the institution. Individual authorization must be obtained from both the contractual program medical director and the Assistant Deputy Commissioner of Clinical Services.

2. Inmates will be excluded from the KOP program for the following reasons:

a. Failure to comply with the rules and regulations of the program.

b. Determined to be at risk for abuse of the program or inability to comprehend the rules and regulations as determined by medical or mental health staff members. Criteria includes known health status, behavior or clinical concerns and institution drug history.

c. Temporary or permanent housing arrangements do not have an individual, lockable storage location within the inmate's living area to secure their medication.

If an inmate is excluded from participating in the KOP program for reasons as stated in sections a. and/or b., it will be documented as “KOP Suspended” or “KOP Approved” functionally as noted in ERMA. This is documented in the Special Needs section of ERMA as “KOP Suspended”. This populates the Patient Flags section at the top of the patient’s chart as “KOP Not Allowed”.

3. The KOP program will be explained to the inmate by medical staff. The keep on person medication distribution program form (see page 4 or 5 of Attachment A) will be completed, signed and witnessed when the inmate actually enters the KOP program and will be filed in the inmate's medical record. Upon transfer to another DOC institution, inmates will be required to review the existing agreement with the nurse when they pick up the

KOP medications that were transferred to the new site. The nurse will date and initial the document and the inmate will sign and date the document to note that the review has taken place.

4. Medical staff will instruct the inmate how to take their medication(s), how to obtain refills if applicable, and have the inmate sign a receipt for medication received which also acknowledges understanding and willingness to adhere to the KOP program. Each institution will establish and publish special times/days for KOP medication to be reordered and/or picked up by the inmate.

5. Medical staff shall complete the KOP section of the Medical Orders screen for inmates with approved keep on persons medications.

6. The HSA will ensure that a monthly updated list of all inmates on KOP, along with the number of blister packs each inmate is allowed to possess, is submitted to the Superintendent or designee each month. The KOP inmates report shall instead be generated via the Medical orders screen directly by the Superintendent or designee.

7. When the prescription requires more than one blister pack to fill a thirty (30) day supply, only one pack will be given to the inmate at a time. Subsequent packs will be issued when the inmate turns in their previous empty pack.

8. An inmate is allowed to possess only one (1) prescription container of each ordered medication at any given time, e.g., one (1) blister pack, one (1) tube or container of a topical preparation, one (1) container (not glass) of ophthalmic or otic drops, one (1) asthma inhaler for each inhaler medication prescribed.

9. All blister packs issued to inmates will be clearly labeled with the inmate's name, date, medication, method of administration, start date and stop date.

10. Participants in the KOP program must have an available lockable location in their cell for the retention of the medication. This location is to be determined by the Superintendent on a site by site basis. Inmates will be required to secure all KOP medication whenever they leave their cells.

11. Failure to secure KOP medication may result in the termination of KOP privileges and disciplinary action.

12. An inmate who is found with more than one (1) prescription container of any ordered medication in their possession or who is found with non-

current prescription medication in their possession that is not labeled according to standard with their name on the prescription label may be subject to disciplinary action for possession of contraband. Outdated medications are to be considered contraband.

13. When security staff conducts an inspection/search of an inmate's room, they shall ensure the following:

    a. All KOP medication is properly secured;

    b. All KOP medication is properly labeled, current (not outdated) and belongs to that particular inmate;

    c. When unsecured medications are discovered, the medication, with the exception of nitroglycerin, inhalers, and oral glucose tablets will be confiscated and turned over to the medical staff for further action. An incident report must be filed. The inmate shall be instructed to report to the medication line to receive their medication.

    d. When medication belonging to another inmate is found during a search/inspection, the medication will be confiscated and a disciplinary report issued.

    e. Each infraction shall be reported to the HSA and DON by verbal and written documentation upon discovery. This information is to be documented in the medical record.

    f. When medication is confiscated from inmates on a KOP program, provision must be made to insure continued receipt of medication as prescribed. Institutions without 24-hour coverage by medical staff must arrange to have such medication dispensed and logged until medical staff is on site and notified of the situation. The site HSA and DON shall be notified as soon as possible in order to review the situation.

    g. Security staff shall utilize the KOP Inmates report and Medical Information View screen to monitor inmates on approved KOP medication.

14. When KOP privileges are revoked for a rules or regulations infraction the minimum duration of a suspension/removal from KOP privileges will be three (3) months.

15. Medical staff must ensure that inmates return for refills on a timely basis, as identified in routine medication administration record checks. If the inmate is not adhering to the schedule, they will be counseled once by medical staff. This contact will be documented in the inmate's medical record. If they remain noncompliant, they will be removed from the KOP program. Medical staff must inform inmates to return to the Health Services Unit to change medication stop dates as needed and as outlined in the SOPS/contractual pharmacy manual. Medical staff shall enter all changes to KOP start and end dates in the Medical Orders screen.

16. Medical staff will conduct a monthly compliance check of at least 10 percent of the inmate population involved in the KOP program as follows:

    a. Nursing staff will randomly select the required number of inmates, visit the housing units escorted by security staff and check for compliance.

    b. Medical staff will submit a completed report to the HSA with a copy to the Superintendent or designee, including the following information:

        i. name of medical staff;
        ii. name of security staff;
        iii. name of inmate(s) checked;
        iv. time and date of compliance check;
        v. results of compliance check;
        vi. action taken for non-compliance, if needed.

    c. Inmates found to be non-compliant with the KOP program will be counseled. Any further incidents of non-compliance will result in their suspension/removal from the KOP program.

17. Termination from the KOP program is under the authority of the Superintendent for rules and regulation infractions, and under the authority of the health service administrator for non-compliance with the KOP program or other health care related issues. Medical staff shall update the “end date” in the Medical Orders screen when an inmate is terminated from the KOP program.

18. When an inmate is transferred, i.e., routine transfers, their medication blister packs must be returned to the health service unit for transfer to the new institution. The blister packs will be placed inside the medical record with the medication administration record (MAR), health status report and documentation log for transfer, except inhalers, oral glucose tablets and

nitroglycerin as noted in the next paragraph. All of this material will be placed in a sealed "confidential medical record" envelope labeled appropriately for transfer to the receiving institution.

Inmates will be allowed to carry inhalers**,** oral glucose tablets and nitroglycerin in their "ditty bags". The envelope will be transported at the same time as the inmate and will be delivered to the receiving institution where it will be immediately forwarded to the health service unit.

19. If an inmate is temporarily removed from general population to a restricted area, i.e., restrictive housing or health service unit, security will return KOP medications to the health service unit for direct observation administration. Exceptions to this are nitroglycerin, oral glucose tablets and inhalers. Correction staff should confirm with health service staff that these medications have been prescribed as KOP medications on a case by case basis.

    The nurse will institute a medication administration record (MAR) and indicate the amount of medication received on the MAR. The inmate may return to KOP when returned to general population if not contraindicated.

20. When an inmate's KOP medication order has expired and they do not require a refill, the medication blister pack or container shall be turned in to medical staff at the health services unit. Once a prescription expires, the blister card or container would be considered contraband.

661.08 SELF-ADMINISTRATION

The self-administration of medication shall be permissible under certain guidelines and procedures that have been developed by the contractual medical provider and approved by the Assistant Deputy Commissioner of Clinical Services.

DOC staff involved in witnessing self-administration by an inmate, must successfully complete training through a DOC health services division approved training program. (See Attachment B, Protocol for Witnessing Self Administration of Medication).

Any exceptions to the self-administration program must be approved by the Superintendent.

Each Superintendent must establish written procedures for inmate self-administration of medication if applicable to their institution.

661.09 OVER THE COUNTER MEDICATIONS IN INSTITUTION CANTEENS

Over the counter (OTC) medications may be purchased in the institution canteen. All OTC items offered in the canteen must be approved by the Superintendent and Assistant Deputy Commissioner of Clinical Services. All policies and procedures governing the purchase and use of OTC items made available in the canteen will be approved by the Superintendent and the Assistant Deputy Commissioner of Clinical Services. In addition, OTC medications will continue to be made available through the health service units when prescribed by medical professionals.

KEEP-ON-PERSON

Drugs on this formulary are **NOT** included in the Keep-on-person program:

All schedule II- schedule V drugs

NARCOTIC ANALGESICS / ANTIPYRETICS

Examples:
Oxycodone-Apap (Percocet, Roxicet) 5-325 mg
Tablet Hydrocodone/Apap (Norco) 5/325mg Tablet
Methadone 5, 10mg Tablet, 5mg/ml Solution
Acetaminophen/Codeine (Tylenol w/Codeine) #2, #3, #4 Tablet
Propoxyphene (Darvon, Darvocet-N) Tablet

SKELETAL MUSCLE RELAXANTS

Exampes:
Cyclobenzaprine (Flexeril) 5, 10mg
Tablet Baclofen (Lioresal) 10, 20mg
Tablet Methocarbamol (Robaxin) 500,
750 mg Tablet

ANTICOAGULANTS

Examples:
Enoxaparin (Lovenox) 30/0.3m1, 40/0.4m1, 60/0.6m1, 80/0.8m1, 100mg/ml,
120/0.8m1, 150mg/m1 Injection
Heparin Flush 10u/ml-10ml (Hep-
Flush-10) Heparin Flush 100u/ml-100
ml
Heparin Injection 5000 units/ml SDV, MDV
Warfarin (Coumadin, Jantoven) 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg Tablet

ANTIGOUT- Prophylaxis- Non Acute

Examples:
Allopurinol (Zyloprim) 100,300mg Tablet
Probenecid (Benemid) 500mg Tablet
Colchicine 0.6mg Tablet
Colchicine-Probenecid (Cobenemid) 500-0.5mg Tablet

ANTI-TUBERCULARS

Examples:

Ethambutol (Myambutol) 100,400mg
Tablet Isoniazid (INH) 300mg Tablet
(Not 100mg) Pyrazinamide (PZA)
500mg Tablet Rifabutin (Mycobutin)
150mg Capsule

Rifampin (Rimactane) 150, 300mg Capsule

All INJECTABLE MEDICATIONS

Examples:

IV ANTIBIOTICS

Ampicllin-Sulbactam (Unasyn) 3.1 GM Vial Cefazolin
(Kefzol, Ancef) 500mg, 1GM Cefotaxime (Claforan)
500mg, 1GM, 2GM Vials
Ceftriaxone (Rocephin) 250mg, 500mg, 1gm, 2gm Vials Clindamycin
(Cleocin) 300, 600, 900mg
Metronidazole (Flagyl) 500mg Prefill Bag
Vancomycin (Vancocin) 500mg 1GM

ALL INSULIN

EPINEPHRINE

Epi-pen

VACCINES

Hepatitis A (Havrix) 1440unit/m1 Injection Hepatitis B
(Engerix) 20mcg/m1 Injection
Hepatitis A/ Hepatitis B (Twinrix) 720 Elisa unit-20 mcg/mL injection
Influenza Vaccine
Measles, Mumphs, Rubella (MMR) Vaccine Pneumococcal
23 Vaccine 25mc/0.5ml injection Tenivac (tetanus and
diphtheria toxoids adsorbed)

ANTI-NEOPLASTICS (ONCOLOGY MEDICATIONS)

Examples:

All anti-neoplastics (oncology medications)

ANTIVIRALS

Examples:

HEPATITIS B

Adefovir Dipivoxil (Hepsera) 10mg Tablet
Entecavir (Baraclude) 0.5, 1mg Tablet, 0.05mg/m1 Solution Lamivudine HBV (Epivir HBV) 100mg Tablet
Tenofovir Alafenamide (Vemlidy) 25mg Tablet Tenofovir Disoproxil (Viread) 300mg Tablet

HEPATITIS C

Daclatasvir (Daklinza) 30, 60, 90mg Tablet Elbasvir-Grazoprevir (Zepatier) 50-100mg Tablet
Glecaprevir-Pibrentasvir *(*Mavyret*)* 100-40mg Tablet
Ledipasvir-Sofosbuvir (Harvoni) 90-400mg Tablet
Ombitasvir-Paritaprevir-Ritonavir (Technivie) 12.5-75-50mg Tablet
Ombitasvir-Paritaprevir-Ritonavir and Dasabuvir (Viekira Pak) – Kit Includes 12.5-75-50mg Tablet and 250mg Tablet
Ribavirin (Ribasphere) 200mg Tablet Simeprevir *(*Olysio*)* 150mg Capsule Sofosbuvir (Sovaldi) 400mg Tablet
Sofosbuvir-Velpatasvir *(*Epclusa*)* 400-100mg Tablet
Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi) 400-100-100 mg Tablet

HIV AND RELATED ANTIVIRALS

ANTIRETROVIRAL BOOSTING AGENT

Cobicistat (Tybost) 150mg Tablet Ritonavir (Norvir) 100mg Tablet

ENTRY INHBITORS

Enfuvirtide (Fuzeon) 108mg Injection Maraviroc (Selzentry) 150, 300mg Tablet

INTEGRASE INHIBITOR

Dolutegravir (Tivicay) 50mg Tablet Raltegravir (Isentress) 400mg Tablet Raltegravir (Isentress HD) 600mg HD Tablet

INTEGRASE INHIBITOR/NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR COMBINATION

Abacavir/Dolutegravir/Lamivudine (Triumeq) 600/50/300mg Tablet

INTEGRASE INHIBITOR/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR COMBINATION
Dolutegravir/Rilpivirine (Juluca) 50mg/25mg Tablet

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
Dorazrine (Pifeltro) 100mg Tablet
Efavirenz (Sustiva) 200mg Capsule, 600mg Tablet
Etravirine (Intelence) 100, 200mg Tablet

ANTIADRENERGIC AGENTS - CENTRALLY ACTING

Examples:
Clonidine (Catapres) 0.1, 0.2, 0.3mg Tablet

CORTICOSTEROIDS — SYSTEMIC

Examples:
Dexamethasone (Decadron) 0.5, 0.75, 2, 4mg Tablet, 4mg/m1 Injection
Prednisone (Deltasone) 2.5, 5, 10, 20,50mg
Tablet Methylprednisolone (Medrol) 4mg
Dosepak

Prednisone (Sterapred DS) 10mg - 21 & 48 Dosepak

ANTIANXIETY AGENTS

Examples:
Clonazepam (Klonopin) 0.5, 1,2mg Tablet
Chlordiazepoxide Hcl (Librium) 5, 10,25mg
Capsule Buspirone (Buspar) 5, 10, 15mg Tablet
Diazepam (Valium) 2, 5,10mg Tablet
Lorazepam (Ativan) 0.5, 1, 2mg Tablet, 2mg/m1
Injection Hydroxyzine HCl (Atarax) 10, 25mg Tablet
Hydroxyzine Pamoate (Vistaril) 25, 50 Capsule

ANTICONVULSANTS

Examples:
Clonazepam (Klonopin) 0.5, 1,2mg Tablet
Chlordiazepoxide Hcl (Librium) 5, 10,25mg
Capsule Buspirone (Buspar) 5, 10, 15mg Tablet
Diazepam (Valium) 2, 5,10mg Tablet
Levetiracetam (Keppra) 250mg, 500mg, 750mg, 1000mg tabs, 100mg/ml solution Lorazepam (Ativan) 0.5, 1, 2mg Tablet, 2mg/m1 Injection
Hydroxyzine HCl (Atarax) 10, 25mg
Tablet Hydroxyzine Pamoate (Vistaril) 25,
50 Capsule
Clorazepate (Tranxene) 3.75, 7.5, 15mg Tablet

ANTIDEPRESSANT AGENTS

Examples:

Amitriptyline (Elavil) 10, 25, 50, 75,100 mg Tablet
Citalopram (Celexa) 10, 20, 40mg Tablet
Desipramine (Norpramin) 10, 25, 50, 75,100mg Tablet
Doxepin (Sinequan) 10, 25, 50, 75,100mg Capsule, 10mg/m1 Concentrate
Duloxetine (Cymbalta) 20, 30, 40, 60mg Capsule
Escitalopram (Lexapro) 5, 10, 20mg Tablet
Fluoxetine (Prozac) 10, 20mg Capsules
Fluvoxamine (Luvox) 50, 100 mg Tablet
Imipramine (Tofranil) 10, 25,50mg Tablet
Mirtazapine (Remeron) 7.5, 15, 30, 45mg
Tablets
Nortriptyline (Pamelor) 10, 25, 50,75mg Capsule
Paroxetine (Paxil) 10, 20, 30, 40mg
Tablet Trazodone (Desyrel)
50,100,150mg Tablet Sertraline
(Zoloft) 25, 50, 100mg Tablet
Venlafaxine IR (Effexor IR) 25, 37.5, 50, 75, 100mg Tablet
Venlafaxine ER (Effexor ER) 37.5, 75, 150 mg Capsule

ANTIMANIC AGENT

Examples:

Divalproex Sodium EC (Depakote) 125, 250, 500mg Tablet Lithium
Carbonate (Eskalith, Lithobid) 150,300, 600 Capsule, 300, 450 Tablet, ER
Valproic Acid (Depakene) 250mg Capsule

ANTIPSYCHOTIC AGENTS

Examples:

Aripiprazole (Abilify) 2, 5, 10, 15, 20, 30mg Tablet
Chlorpromazine (Thorazine) 10, 25, 50,100,200mg Tablet 50mg/2m1
Injection Clozapine (Clozaril) 25, 50, 100 and 200mg Tablet
Fluphenazine 1, 2.5, 5, 10mg Tablet, 5mg/ml oral
concentrate Fluphenazine (Prolixin) 2.5mg/ml Inj
Fluphenazine (ProlixinD) *Decanoate 25mg/ml Inj - Multidose*
Vial Haloperidol (Haldol) 0.5, 1, 2, 5, 10, 20mg Tablet, 2mg/ml,
5mg/ml Inj Haloperidol (Haldol) Decanoate 50mg/ml, 100mg/ml
Inj
Loxapine (Loxitane) 10, 25mg Capsule
Perphenazine (Trilafon) 2, 4, 8,16mg Tablet
Prochlorperazine Edisylate 10mg/ 2ml
Solution Pimozone(Cylert) 2mg Tablet
Risperidone (Risperdal) .25, .5, 1, 2, 3, 4mg Tablet
Thiothixene (Navane) 1, 2, 5, 10 mg Capsule

MISCELLANEOUS ANTICHOLINERGICS

Examples:

Trihexyphenidyl (Artane) 2, 5mg Tablet
Benztropine Mesylate (Cogentin) 0.5, 1, 2mg Tablet, 1mg/ml Injection

SUBSTANCE ABUSE DISORDER AGENTS

Examples:

Naltrexone (ReVia) 50mg Tablet (Vivitrol) 380 mg intramuscular suspension, extended release

Attachment A

KEEP-ON-PERSON MEDICATION DISTRIBUTION PROGRAM Massachusetts Department of Correction Health Services			Status: ☐ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:

You have been selected to participate in the keep on person (KOP) self-medication program. You will receive up to one-month supply of some of your medication if approved.

In order to continue participating in the KOP program is it is expected that you will abide by the following KOP rules.

You must:

1. Secure the medication in an approved locked location except at times when you are taking it or transporting it to or from the HSU unless the doctor has written a prescription for Nitroglycerine, Asthma inhalers or glucose tablets. These three medications may be carried on your person at all time.
2. Take the medications exactly as directed on the label, or as you have been directed by medical staff.
3. Keep all medications in the card or container in which the medication was issued to you.
4. Keep in your possession only one card/container of each medication you have been issued unless you have special authorization for additional cards.
5. Return all empty medication containers to the HSU.
6. Bring the medication container to the HSU to arrange for authorization refills within the time frame directed by the doctor or nurse, but no later than 3 days prior to its running out.
7. Bring all medication to the HSU on the day of the stop date printed on the label, or, on the date indicated by the doctor or the nurse regardless of the amount of the medication remaining in the package.

If you fail to abide by the rules listed above, you will lose the privilege to continue on the program for 3 months or more. In some cases, you may lose the privilege permanently.

Any medications found outside the card/container without specific medical authorization, any witnessed selling, any reported stolen medication or any loss of a medication card/container will result in losing your KOP privilege.

I understand and will adhere to the procedures.

_____

Patient Signature

_____

Date

_____

Witness Signature

_____

Date

Attachment A

KEEP-ON-PERSON MEDICATION DISTRIBUTION PROGRAM (Spanish) Massachusetts Department of Correction Health Services			Status: ☐ Adult	☐ Juvenile
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:

Le han seleccionado participar en la subsistencia en programa de la uno mismo-medicaci6n de la persona (KOP). Usted recibirá hasta la fuente de un mes de él medicación si esta aprobado.

En orden continuar participando en el programa de KOP es él espera que usted seguirá lasreglas siguientes de KOP.

Usted debe:

1. Asegure la medicación en una localización bloqueada aprobada excepto ocasionalmente cuando usted la está tomando o transporte de ella a o desde el HSU a menos que el doctor haya escrito una prescripción para Nitroglicerina, Asma inhaladores o tabletas de la glucosa. Estas tres medicaciones se pueden continuar su persona en toda la hora.
2. Tome las medicaciones exactamente segun lo dirigido en la etiqueta, o como al personal médico le ha dirigido.
3. Mantenga todas las medicaciones la tarjeta o el envase en los cuales la medicación fue publicada a usted.
4. Mantener su posesión solamente un tarjeta/envase de cada medicaci6n le han publicado a menos que usted tiene autorización especial para las tarjetas adicionales.
5. Vuelva todos los envases vacios de la medicaci6n al HSU.
6. Traiga el envase de la medicación al HSU para arreglar para los repuesios de la autorización dentro del marco de tiempo dirigido por el doctor o la enfermera, pero no más adelante de 3 dias antes de su funcionamiento hacia fuera.
7. Traiga toda la medicación al HSU en el dia de la fecha de la parada impresa en la etiqueta, o, la fecha indicada por el doctor o la enfermera sin importar la cantidad de la medicación restante en elpaquete.

Si usted no puede seguir las reglas enumeradas arriba, usted perderá el privilegio de continuar en el programa por 3 meses o más. En algunos casos, usted puede perder el privilegio permanentemente

Cualquier medicación encontró fuera de la tarjeta/del envase sin la autorizaci6n medica especifica, venta atestiguada, cualquier medicación robada divulgada o cualquier pérdida de un coche/de un envase de la medicación dará lugar a perder su privilegio de KOP.

Entiendo y adheriré a los procedimientos.

Firma de los internos '

Fecha

Firma del testigo

Fecha

PROTOCOL FOR WITNESSINGSELF ADMINISTRATION OF MEDICATION

Purpose: To allow supervised self administration of medication by inmates within the guidelines and procedures developed by the contract medical provider and approved by the Assistant Deputy Commissioner of Clinical Services.

Medication Self-Administration: The process of removal of medication from a pharmacy prepared packaging system by an inmate/patient for the purpose of administration to one's self by mouth or injection with appropriate correctional or health service staff present as a witness.

Procedure:

1. Healthcare/nursing staff shall assure that medications are properly ordered, stored, and labeled.

2. Healthcare/nursing staff shall prepare the self-administration medication documentation form in advance with the required information. The required information includes the name of the inmate, the inmate's commitment number, the inmate's date of birth, the institution in which the inmate is housed, the medication, the dosage (including the route of administration), and all known allergies. Healthcare personnel shall cross reference the blister pack to the physician order and the Medication Self Administration Form). Abbreviations may not be utilized. A separate Medication Self Administration Form) will be completed for each medication for self-administration by the inmate.

3. Healthcare/Nursing staff shall provide written and verbal instructions to the inmate regarding his/her specific medication and route of administration, dosage and other key factors. A new Medication Self Administration Form will be initiated if self-administration instructions change and an appropriate label change sticker will be affixed to the medication label.

4. The inmate shall present proper identification to Department correctional staff member prior to the time scheduled for the inmate to self administer a medication.

5. The Department correctional staff member locates inmate's medication information on Medication Self Administration Form, located in the Medication Administration notebook.

6. The Department correctional staff member compares pertinent information of Medication Self Administration Form to information on inmate identification card, i.e., name, date of birth (DOB), commitment number.

7. The Department correctional staff member locates and removes appropriate medication blister pack/container from the locked medication storage area and confirms proper identification information on Medication Self Administration Form.

8. The Departmental correctional staff member witnesses the inmate removing the appropriate medication from the blister pack/container.

9. The inmate self administers the medication.

10. The Department correctional staff member enters the date and time on the Medication Self Administration Form.

11. The inmate and Department correctional staff member co-sign the form.

12. The only information placed on the Medication Self-Administration Form by the Department correctional staff member is the date and time that the inmate self-administered the medication and his/her signature.

13. If at any time the Department correctional staff member assisting with inmate identification for inmate self-administration of prescribed medication has a question or concern regarding any medication issue, he/she shall contact the assigned Health Services Administrator, Director of Nurses or designee for that institution.

Contractual Medical Provider - Massachusetts Department of Correction

PROTOCOL FOR HEALTH SERVICES STAFF REVIEW OF SELF ADMINISTRATION FORM

1. A nursing staff member assigned to the institution shall review all the Medication Self Administration Forms, a minimum of once per week.

2. At the time of review, the nursing staff member will:

    a. Audit inmate compliance/adherence to the medication regimen. Non-compliance shall be reported to specific site provider.

    b. Remove all completed Medication Self-Administration forms and scan this form into the appropriate, electronic, inmate medical record (this task may be completed by Medical Records Clerk).

    c. Sign and date under the "Nursing Audit" section of the “Medication Self-Administration” Form in the space provided at the bottom of the form.

Medication Self-Administration Form Massachusetts Department of Correction Health Services			Status: ☐ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:

Allergies:

MEDICATION :	DOSE:	QTY:	FREQUENCY:

DATE	TIME	PATIENT SIGNATURE *By signing this form, the patient hereby acknowledges that s/he has taken such medication as directed by the corresponding label and/or by medical staff.	OFFICER SIGNATURE

Signature	Date	Signature	Date
Signature	Date	Signature	Date