GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

James Greer
Name of Individual Certifying this Document/Proposed Document

Director, Bureau of Health Services
Title

James Greer
Signature

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)
POLICY
The Division of Adult Institutions shall provide medication primarily from Central Pharmacy Services and other pharmaceutical sources only as needed.

REFERENCES
Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-D-01 Pharmaceutical Operations and P-D-02 Medication Services
Wisconsin Statutes s. 450.11 – Pharmacy Examining Board
Wisconsin Statutes Ch. 961 – Uniform Controlled Substances Act
Wisconsin Administrative Code Ch. MED 17 – Standards for Dispensing and Prescribing Drugs
Wisconsin Administrative Code Ch. Phar 8 – Requirements for Controlled Substances
DAI Policy 500.80.10 (E) – Accountability for DEA Controlled Medications
DAI Policy 500.80.01 (E) – Pharmaceutical Operations

DEFINITIONS, ACRONYMS AND FORMS
Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

Central Pharmacy Services (CPS) – DOC operated pharmacy

Contingency Stock – Medication located in the medication room and not currently assigned to an individual (i.e., medication without an inmate patient’s name on it).

DAI – Division of Adult Institutions

DEA – Drug Enforcement Administration

DEA Controlled Substance – A drug, substance or immediate precursor included in Schedules I to V of Wisconsin Statutes Ch. 961, Subchapter II. DOC does not provide any Schedule I drugs.

DOC – Department of Corrections

DOC-92A – Prescription pad, printed on tamper proof paper, specifically for each facility with their address.
**Chapter:** 500 Health Services

**Subject:** Obtaining Medications (EMR)

**PROCEDURES**

I. **Refill of Medications From CPS**
   A. Medication refills are automatically calculated by the EMR based on date of issuance to patient in the HSU.
   B. Staff shall initiate the reorder of the following medications through the EMR:
      1. Controlled substances—see DAI Policy 500.80.10
      2. Compounded Medications
      3. IV Piggyback

II. **Obtaining DEA Controlled Stock Medications for HSU Use**
    Refer to DAI Policy 500.80.10 for obtaining controlled substances.

III. **Obtaining OTC Medications**
    A. All facilities are expected to maintain supplies of stock OTCs to meet the needs of inmate patients.
    B. All DAI HSUs shall purchase selected OTC medications from the approved vendor.
C. Obtain medications from the approved vendor in the following manner:
   1. CPS provides the facilities with the most current order list from the vendor. This is posted on the DOC intranet site and is considered the standard formulary for OTC medications.
   2. CPS shall be contacted by the facility if an approved formulary item is not available to order from the vendor.
      a. Do not contact the vendor for an alternative order number.
      b. CPS shall provide order numbers for alternatives that are on contract.
   3. Orders shall be checked for accuracy at the time of delivery and any discrepancies shall be reported immediately to the vendor.
   4. A return authorization form shall be obtained from the vendor prior to returning any items.
   5. Invoices shall be verified for accuracy, and submitted to BHS promptly for payment.

D. Facilities shall order supply items from CPS by faxing/global scanning a pharmacy requisition or utilizing the facility specific stock reorder sheet

IV. Obtaining Medications From a Local Pharmacy
A. Facilities shall use a local pharmacy vendor when CPS is unable to timely fill a patient medication prescription order. Alternatives shall be identified by the HSM or Nurse Clinician 4 for WCCS.

B. Medications ordered from a local pharmacy shall be limited only to the amount needed until a supply can be obtained from CPS. The local supply shall not exceed seven days.

C. Medications shall be requested in blister pack whenever possible.

D. Medications received from a local pharmacy may need to be repackaged into a blister pack by a nurse at the facility if the local pharmacy is unable to package.

E. All Schedule II controlled substances require a written prescription on DOC-92A.

F. All DEA controlled medications obtained from a local pharmacy require the prescriber's facility DEA number.

G. All purchases from a local pharmacy vendor shall be paid for with a BHS P-card or established process.

H. The HSM or the NC-4 in WCCS is responsible for oversight of all medication purchases and P-Card management.

V. Obtaining Contingency Stock Prescription Medications
A. The Pharmacy and Therapeutics Committee has established a master contingency stock medication list to meet imminent or emergent inmate patient needs at each facility. This list is posted on the DOC intranet site.

B. A facility specific contingency stock list and quantity chosen from the master contingency stock list shall be developed for each facility.
   1. This list shall be based on ACP preference.
   2. Reviewed periodically by the ACP and the HSM for revision based on changes in prescribing habits, and a review of medications that need to be obtained from the local pharmacy.

C. Only the CPS Director may approve a medication that is not on the master contingency list. Requests along with the justification of need shall be submitted to the CPS Director.

Bureau of Health Services: ________________________________Date Signed: __________
James Greer, Director

______________________________Date Signed: __________
Paul Bekx, MD, Medical Director

______________________________Date Signed: __________
Mary Muse, Nursing Director

Administrator’s Approval: ________________________________Date Signed: __________
Jim Schwochert, Administrator
REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE
I.
   A.
   B.
       1.
       2.
           a.
           b.
           c.
       3.
   C.

II.

III.

RESPONSIBILITY
I. Staff

II. Inmate

III. Other