



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

VOLUME 9: PHARMACY SERVICES	Effective Date: 3/08
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9.9 PRESCRIPTION REQUIREMENTS	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. PROCEDURE OVERVIEW

Medication orders shall be prescribed or issued by licensed health care providers authorized to prescribe or issue medication orders within the scope of their practice. All valid unexpired prescriptions written by licensed prescribers employed by the California Department of Corrections and Rehabilitation (CDCR) shall be honored by California Correctional Health Care Services (CCHCS) health care staff, including health care staff in CDCR institutions other than where the prescription originated. Health care providers authorized by law to prescribe medications shall evaluate the valid prescriptions of patient-inmates who transfer to another CDCR institution prior to the expiration date of the prescriptions.

II. PURPOSE

- To ensure that medications prescribed by an appropriately licensed health care professional are dispensed and administered in accordance with all applicable laws and regulations.
- To ensure continuity of care when patient-inmates are transferred to different CDCR institutions.
- To standardize the values, units of measurements, computations, abbreviations and chemical symbols used in the prescribing/ordering and labeling of medications and prescriptions within CCHCS.

III. PROCEDURE

A. Prescription Requirements

1. A prescription shall be valid if health care staff confirms that the prescription is on file at the institution originating the prescription by:
 - a. Directly accessing the pharmacy database storing the prescription; or
 - b. Obtaining a copy of the current patient-inmate medication profile, or Medication Administration Record; or
 - c. Examining the patient-inmate's electronic Unit Health Record (eUHR).
2. Prescriptions shall be filled only for providers who are authorized to prescribe within CDCR institutions.
3. Prescriptions shall be limited to the medications listed in the CCHCS Drug Formulary, unless otherwise provided by the Non-Formulary approval process (refer to Inmate Medical Services Policies and Procedures (IMSP&P), Volume 9, Chapter 8, CCHCS Drug Formulary).
4. Prescriptions for medication shall be written on the CDC 7221, Physician's Orders, or a Medication Reconciliation Form unless otherwise required by state or federal law.
5. All written orders for medication shall be legibly handwritten or typed and signed by the ordering prescriber.

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6. Orders must include:
 - a. Name of medication (generic name)
 - b. Dosage
 - c. Specific directions for use
 - d. Route of administration
 - e. Frequency of administration
 - f. Time and date of order
 - g. Duration of therapy in days or months
 - h. Patient-inmate's name, CDCR number, and housing location
 - i. Drug allergies
 - j. Administration status as either KOP (Keep-On-Person), DOT (Directly Observed Therapy), or NA (Nurse Administered)
7. In addition to the handwritten signature, the prescriber must print his/her name or use a personal rubber stamp identifying the prescriber's name and title. Health care staff shall screen orders to the extent possible for inclusion of the required elements of an order before transmitting the order to the pharmacy. Orders missing elements shall be returned to the prescriber for completion before delivery to the pharmacy.

B. Use of Abbreviations

1. The use of abbreviations in prescriptions increases the risk of medication errors and their use in medication orders should be limited to the extent possible.
2. Abbreviations that may be used include: KOP, DOT and NA, standardized Latin such as HS (at bedtime), PO (orally), PR (rectally), PRN (as needed), OU (each eye), BID (twice a day), and TID (three times a day).
3. A list of nationally recognized, high-risk abbreviations which should not be used is attached as Appendix A.
4. Chemical symbols shall not be used on medication orders.

C. Use of Metric System

1. Medication orders and prescription labels shall contain the dose in metric units.
2. Medication orders with a decimal shall include a leading zero (e.g., 0.2 mg **not** .2 mg) but shall not include a trailing zero (e.g., 2 mg **not** 2.0 mg).

D. PRN Prescriptions

1. Prescription orders for PRN medications must be written as explicitly as possible and must include the following:
 - a. Indication for use
 - b. Specific dose and dosing criteria if more than one dose is prescribed (e.g., take one tablet for moderate pain and 2 tablets for severe pain)
 - c. Specific frequency (e.g., every 6 hours)
 - d. Range frequency (e.g., every 4-6 hours) shall not be used.

E. Generic Substitution

1. Generic equivalent medications shall be automatically substituted by pharmacy in place of brand name medications, if available.
2. Specific requests for the use of a brand name medication will be regarded as Formulary exceptions and shall follow the non-Formulary approval process. Strong medical justification as to why the generic or an alternative generic medication is inappropriate must be provided.

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F. Prescription of Controlled Substances

1. A current Drug Enforcement Agency (DEA) registration number is required to prescribe controlled substances listed in Schedules II, III, IV, and V pursuant to applicable state and federal statutes and regulatory requirements.
2. Each prescriber shall have his/her own DEA registration number (refer to IMSP&P, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Medications).
3. Prescriptions for Schedule II through V medications intended for use outside of the institution (e.g., parole, discharge or transfer medications) must be written on tamper-resistant prescription forms.
4. Transfer, parole, and discharge controlled substance prescriptions written for Schedule II through V medications must be reported weekly as part of the Controlled Substances Utilization, Review and Evaluation System program (refer to IMSP&P, Volume 9, Chapter 18, Ordering, Securing and Disposing of DEA Schedule II, III, IV and V Controlled Medications).
5. Controlled substance prescriptions shall not have duration longer than five (5) months (or 150 days).

G. Telephone / Verbal Orders

1. Telephone/verbal prescription orders shall be kept to a minimum and shall be received only by Registered Nurses, Licensed Vocational Nurses, and other licensed staff consistent with their scope of practice and applicable law.
2. The staff receiving the verbal order shall write down the order, then read back the order to verify what was written, allowing the provider to validate the correct transcription.
3. The staff receiving a valid telephone/verbal order shall transcribe the order, recording the date and time received on the CDC 7221, Physician's Orders or Medication Reconciliation Form. The written order shall include the prescriber's name and the designation "telephone or verbal order." The staff receiving the order shall sign the transcribed order with his/her name and title. Verbal orders are not permitted for Schedule II controlled substances with the exception of circumstances covered the Code of Federal Regulation, Volume 21, § 290.10 - Definition of Emergency Situation.
4. Telephone/verbal orders shall be signed by the prescriber within 48 hours or on the next business day.

H. Hold Orders

A "hold" order will be interpreted to mean "discontinue." If the specific time or date to resume medications is not clear on the order, the pharmacy will discontinue the medication and immediately contact the prescriber for further orders. If the prescriber is unavailable, clarification shall be sought via the process outlined in section N(2) below.

I. Medication Packaging

Drug containers must be provided that are consistent with CDCR Department Operations Manual, Section 54030.1, which specifies types of materials patient-inmates may possess. Drug containers that are acceptable for use when dispensing or distributing medications include, but are not limited to:

1. Amber pharmacy vials with either snap-on lids or child-proof lids
2. Plastic zip lock bags (amber or clear) with medications in unit-dose packaging or loose tablets/capsules

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3. Unit-of-use drug cards (blister pack and bubble pack)
4. Unit-dose
5. Medications dispensed to patient-inmates for family visits, the Community Prisoner Mother Program, or parolees, shall be in medication vials with child-proof packaging.

J. Prescription Label

1. Prescription labels shall conform to the prescription label requirements of applicable state and federal law.
2. Prescription labels shall include the information listed below:
 - a. Name, and address of the pharmacy dispensing the drug
 - b. The date the prescription was issued
 - c. The name of the patient-inmate (including the CDCR number)
 - d. The name of the prescriber
 - e. Clear directions for use of the drug
 - f. The name and the strength or dosage of the drug dispensed. Liquid dosage forms shall include concentration as well as dosage.
 - g. The quantity of the drug dispensed
 - h. The medication expiration date. This date shall not exceed the drug manufacture's expiration date (refer to IMSP&P, Volume 9, Chapter 16, Expiration Dates, Beyond-Use Dates and Disposition of Outdated, Contaminated, Mislabeled, or Overstocked and Recalled Medications).
 - i. Auxiliary labels as needed (e.g., precautionary labels)
 - j. Prescription number
 - k. Drug manufacturer
 - l. Physical description of the product (e.g. tablet, capsule)
 - m. Number of refills remaining or stop date
 - n. The patient-inmate's housing and bed location
3. Latin abbreviations are not acceptable. Chemical symbols shall not be used.

K. Prescription Quantity

A 30-day supply shall be dispensed for prescriptions except as noted below:

1. PRN medications: multiples of 30 tablets or capsules (not to exceed 50 percent of a month's supply) will be provided unless the prescriber writes specific quantity and includes "Dispense Full Quantity" in the order.
2. Automatic Stop Orders: applies to licensed inpatient beds only (refer to IMSP&P, Volume 9, Chapter 10, Additional Requirements Pertaining to Licensed Inpatient Facilities).
3. Prescriptions for patient-inmates housed in highly transient in-processing locations, Correctional Treatment Center, or other inpatient areas may be dispensed in quantities less than 30-day supply.

L. Duration of Prescriptions for Outpatients

1. Duration for medication orders shall be specified in days or months.
2. Medications prescribed by Mental Health providers may be prescribed for a maximum duration of 90 days.
3. Controlled substances may be prescribed for a maximum duration of 150 days.
4. All other medications may be prescribed for a maximum of 12 months, except where otherwise restricted by Formulary, policy, or regulation.

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M. Crush and Float Medications

1. The Systemwide P&T Committee mandates that certain medications be administered “Crush or Open and Float” as appropriate per the formulation.
2. Medications on the Systemwide P&T “Crush/Open and Float” list shall include the words: “Crush and Float” or “Open and Float” in the directions on the label for inclusion in the medication profile and Medication Administration Record. This labeling will be automatically applied to all eligible medications regardless of whether the prescriber’s order included “Crush or Open and Float” directions. Any order from a provider to request an exception from “Crush or Open and Float” administration for an eligible medication requires approval from the institution’s Chief Medical Executive or designee or Chief/Senior Psychiatrist or designee.

N. Monitoring and Prescription-Related Problems

1. A pharmacist shall be responsible for screening all orders for potential problems including: legibility, drug-drug interactions, drug-food interaction, drug-condition interactions, allergies, and unclear rationale of therapy or polypharmacy.
2. A pharmacist shall contact the prescriber directly for clarification. If the prescriber cannot be contacted, the Chief Medical Executive, Chief Physician and Surgeon, Medical Officer of the Day or Physician On-Call, Chief/Senior Psychiatrist or designee or Psychiatric Officer of the Day or the Chief of Mental Health (to locate a psychiatrist when one cannot be contacted), or Supervising Dentist or Dentist On-Call, as appropriate, will be contacted. Order changes, clarification, or cancellations will be received from the prescriber through a written or telephone order.
3. Problems shall be resolved in a timely manner, allowing the patient-inmate to receive the medication expeditiously. Facilities shall adopt acceptable methods of communicating prescription clarifications to pharmacy which minimize duplication and ensure that prescription corrections are communicated to nursing staff and are included in the patient-inmate’s eUHR.

IV. REFERENCES

- California Business and Professions Code, § 4040 (a)(2)
- California Correctional Health Care Services Drug Formulary
- California Department of Corrections and Rehabilitation Department Operations Manual, Article 43, Section 54030.1
- Code of Federal Regulation, Title 21, § 290.10 - Definition of Emergency Situation
- Code of Federal Regulations, Title 21, § 1301.13 - Application for Registration (Controlled Substances)
- California Health and Safety Code, Article 1, § 11150
- Inmate Medical Services Policies & Procedures, Volume 9, Chapter 8, CCHCS Drug Formulary
- Inmate Medical Services Policies & Procedures, Volume 9, Chapter 10, Additional Requirements Pertaining to Licensed Inpatient Facilities
- Inmate Medical Services Policies & Procedures, Volume 9, Chapter 16, Expiration Dates, Beyond-Use Dates and Disposition of Outdated, Contaminated, Mislabeled, or Overstocked and Recalled Medications
- Inmate Medical Services Policies & Procedures, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Medications
- The Joint Commission Official "Do Not Use List", updated 3/5/09
- The United States Pharmacopeia-National Formulary, <http://www.uspnf.com>

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Appendix A

Official "Do Not Use" List¹

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)		Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO ₄ and MgSO ₄	Confused for one another	

¹ Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Additional Abbreviations, Acronyms and Symbols (For possible future inclusion in the Official "Do Not Use" List)

Do Not Use	Potential Problem	Use Instead
> (greater than) < (less than)	Misinterpreted as the number "7" (seven) or the letter "L" Confused for one another	Write "greater than" Write "less than"
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number "2" (two)	Write "at"
cc	Mistaken for U (units) when poorly written	Write "mL" or "ml" or "milliliters" ("mL" is preferred)
µg	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write "mcg" or "micrograms"