



Southern Health Partners

DRUG FORMULARY

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This is a confidential work product of
Southern Health Partners, Inc.

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INTRODUCTION

The overall purpose of this Formulary is to provide a list of approved medications to treat the majority of disease states/conditions in a therapeutically safe and financially acceptable manner. The SHP formulary is a list of medications considered by SHP professional staff and pharmacists to ensure high quality, cost-effective drug therapy for the population served.

NON-FORMULARY DRUG ORDERS

If a non-formulary drug is prescribed/requested, the pharmacy will fax back a Non-Formulary Prior Approval Form (see attached forms). The pharmacist will review the use of non-formulary medications and suggest possible alternative therapies to stay within the formulary drug list, by faxing the form to the site. Once the physician has reviewed the alternative therapies and selected an alternative, the form will then be faxed back to the pharmacy for implementation. If the Physician does not agree with suggested therapies, and still would like to use the non-formulary medication, the physician must then complete the enclosed Non-Formulary Request Form which must be faxed directly to the corporate office (fax 423-553-5645) for review. The corporate office will contact the physician and/or site Medical Team Administrator as to a decision via fax transmittal or phone contact.

- Several medications must use automatic stop dates and should be reviewed prior to re-order.
- Generic substitution will be automatic unless unavailable.
- Dental use of narcotics for pain management should not exceed 2 days
- Any inmate who is receiving a narcotic must be placed on medical observation for the duration of the medication order.

ORDERING OF CONTROLLED MEDICATION

The facility, as a general rule, will not order or administer controlled substances for detainees unless approved by the Medical Director. Alternatives to controlled substances will first be considered when choosing a medication for pain, headache, or cough. Ultram, Anaprox, Naproxen, and Ibuprofen (several strengths) are possible non-narcotic pain-relieving choices. In the case of cough, alternatives might include Robitussin, Robitussin DM, or Phenergan Expectorant (without Codeine).

When situations arise that the physician needs to prescribe a controlled medication, the Medical Team Administrator and/or medical staff shall advise the jail administrator as to the intent to administer a narcotic medication. Notice of the intent to administer a controlled substance will enable the jail staff to implement any necessary operational protocols (i.e. housing issues, etc.). Strict documentation of each dose administered and a “running” inventory will be kept for each drug on the controlled substances inventory sheet supplied by the pharmacy. The staff will take special attention towards the medication being properly ingested so that possible improper use of the drug by the detainee does not occur at a later time.

EXAMPLES OF COMMONLY-USED CONTROLLED SUBSTANCES THAT WILL **NOT** BE ADMINISTERED WITHOUT MEDICAL DIRECTOR ORDERS:

Class II – Demerol, Percocet, Percotan, Ritalin, Tylox, MS Contin, Oxycontin, Oxycodone, Methadone, Fentanyl

Class III – Vicodin, Lorcet, Lortab, Tylenol with Codeine

Class IV – Darvocet, Xanax, Ativan, Ambien, Librium, Valium, Soma, Soma Compound, Phenobarbital, Restoril

Class V – Novahistine DH, Phenergan with Codeine, Lyrica



REVISIONS AND/OR UPDATES TO THE FORMULARY:

The Formulary is revised and updated as needed. Your cooperation with the use of this Formulary is most appreciated. Please submit any revisions, updates, to the corporate office at:

Southern Health Partners, Inc., Attn: Operations Department
2030 Hamilton Place Blvd., Ste. 140, Chattanooga, TN 37421 Phone: 423-553-5635, Fax: 423-553-5645

INVENTORY:

It is expected that all SHP facilities will keep an acceptable level of inventory of medications. At no time is an inmate to go without needed medication. Keep in mind when ordering as to holiday schedules.

OUTDATED, DETERIORATED, EXPIRED DRUGS:

Examine drug stock at regular intervals of not more than six (6) months duration and remove from stock all outdated and deteriorated drugs. This includes a patient's medication that has been brought in from the outside. Stock must be rotated so the shortest dated stock will be used first. No outdated or deteriorated drug may be kept for patient use. Under no circumstances shall any drug be administered that is in a deteriorated condition or that bears a date of expiration that has been reached.

Drugs must be destroyed in the proper manner using the Drug Disposal Form.

MEDICATION BROUGHT IN BY THE INMATE UPON ARREST

If inmate arrives with a validly prescribed medication in a proper container, the medication is to be logged in and, if a narcotic, secured under lock and key. The inmate should be informed that if the SHP medical staff do not approve for the medication use in the facility (under Physician's Order), it will not be stored at the facility. Complete the Medication Intake/Release Form with the inmate as notice of the procedure. The inmate must choose to either designate a family member to pick up his/her medications within the next five (5) days or agree to have medication destroyed within the regular procedure. If the inmate authorizes a family member to pick up the medication, only that person will be allowed to pick up the medication when medical staff are present to release such to the family member. A copy of the family member's driver's license will be required, and should be stapled to the Medication Intake/Release Form as verification. Keep all Medication Intake/Release Forms in a folder in the medical office for review and audit.

In all cases, medications received must be counted and should be witnessed by a second person, documented in writing, and properly secured. If medication is valid, and count is correct according to prescription information on bottle, and the site Medical Director approves such for patient's condition, the medication can be used from the patient's own supply. Once medications have been exhausted, the medication order is to be done through normal course (i.e. family continues to bring medication, medication ordered through pharmacy, etc.).

At no time should an inmate/patient go without needed medication as prescribed by the Medical Director.

MEDICATION ADMINISTRATION:

Medications are to be administered in accordance with the policy/procedure set up by SHP and the Facility. All medications are to be recorded on a Medication Administration Record (MAR) by SHP employee(s).

It is imperative the person designated to pass medications is either a licensed medical professional or trained to pass medications by a licensed medical professional. SHP provides training information if needed.

Medication Passes are to be done by medical staff and/or trained corrections officers during the set times for distribution to the inmates. Due to security constraints, unforeseen emergencies, etc., medications may be passed within one (1) hour of the prescription time.



PROCEDURE:

1. The nurse **must** have an officer with him/her at all times during medication pass;
2. The nurse will call out the inmate's name that is to receive medications. No other inmate should approach the nurse unless their name has been called. If an inmate doesn't answer, or doesn't come up to receive meds, then they will miss pill call for that time. They may submit a sick call slip to be seen by medical staff within the medical unit. The nurse **will not** return to the pod to pass an individual's medication due to their not responding when called. EXCEPTION: TB drugs, by law, cannot be refused. If an inmate on such drugs doesn't come up to receive meds, the Officer should be notified to go to inmate's cell and have inmate come to the nurse for med pass. If the inmate still refuses, notify the Jail Administrator and your Region Representative for further instruction and handling.
3. The nurse **will not** do sick call, address complaints, or handle any other matters during medication pass (unless there is an emergency).
4. The inmate is responsible for bringing a cup of water with them to receive their medication.
5. Any inmate who is verbally abusive or disrespectful to the nursing staff will be removed from the nurse medication pass area. This individual will not receive his/her medication, but rather be brought down to the medical unit at a later time to receive such medication.
6. If the officers suspect an inmate is cheeking or hoarding medication, please alert the medical staff. They will do alternative methods of medication distribution to that inmate (for example, floating meds in water, or crushing the medication). Note to medical staff: You must get a physician's order to crush or float meds since there are several medications which cannot be administered in this manner.

The officer's help in accomplishing the above procedures will be greatly appreciated. This will allow medical staff to pass medications in a quick and efficient manner, thus reducing the amount of officer time medical would need to accomplish this task.

NOTES:

- *If an inmate wants to discuss his medical problem/condition at the time of med pass, make him aware that he/she must complete a sick call slip and will be seen at the proper time, not at med pass. This excludes obvious emergencies.*
- *The inmates will learn the proper procedure for med pass through continuity. Officers, please help the medical staff by keeping inmates away from the nurse when passing medication, unless that inmate has been called.*

VERIFICATION OF MEDICATIONS

At some point, the medical staff will review a patient who did not come into the facility with medication, but states he/she takes medication. The following will give you guidance as to SHP's procedure for this type of request:

1. The patient must sign an Authorization for Release of Medical Information to the Facility, thereby allowing SHP to verify the last treatment received, and any medication orders.
2. Further, the patient must be asked where they last filled the prescription (Pharmacy Name, City/State). It is imperative we find out if the patient has been compliant with treatment prior to incarceration.
3. Contact the above resources given to verify treatment plans, course of medication, etc.



4. If medication has been verified as current, we will need to order appropriately through the use of our Drug Formulary and the Physician's Treatment Protocols. Contact the Medical Director for guidance if needed.
5. If medication cannot be verified, or the patient was not taking the medication consistently prior to incarceration, then the patient must be reviewed by the Medical Director to determine if the course of treatment is to continue. This patient may be monitored as to possible condition to determine any type of medical condition (blood sugar checks, blood pressure checks, etc.).
6. Document all of your findings/information regarding the verification process on a Progress Note for the patient's medical record.

NOTE: If the patient comes in with pill bottles full of medicine, and the medicine in the pill bottle is appropriate as prescribed on the bottle, and the pill count is correct in relation to the fill date and date you check it, and the medication is for a chronic condition, you may administer the medication as directed on the bottle until such time the medication can be properly verified through the pharmacy and/or the patient's physician provider.

Feel free to contact your Region Representative and/or VP of Operations, with any questions and/or suggestions you may have in this regard.



THIS IS AN EXAMPLE/SAMPLE OF THE FORM WHICH WILL BE SENT FROM THE PHARMACY TO THE SITE UPON THE ORDERING OF A NON-FORMULARY MEDICATION.

NON-FORMULARY MEDICATION PRIOR APPROVAL FORM

Physician's Name: _____ Site: _____

Date: _____ Fax to Pharmacy at : _____

Patient's Name: _____

Prescription Order for: _____

The above non-formulary medication has been requested by you according to the Southern Health Partners, Inc. Formulary. The following medication(s) are examples of other formulary-approved medications which may be used as alternatives:

If you do not agree with any of the above alternatives, please complete the Non-Formulary Request Form and fax it to the SHP corporate office at 423-553-5645. Thank you.

If you agree with any of the above noted alternatives, please state the new order:

Patient Name: _____

Date of Order: _____ Medication Order: _____

Dosage: _____ Directions: _____

Physician's Signature: _____ Date: _____

This form will be sent to the site Physician from the Pharmacy upon any Non-Formulary Medication Order. Generic substitution will be automatic if available.



.....
This is a copy of the form to be used by the SITE when requesting a non-formulary medication.

TO: CORPORATE OFFICE

Upon completion, FAX Request form to the SHP corporate office at: (423) 553-5645

PHYSICIAN REQUEST FOR USE OF A NON-FORMULARY MEDICATION

From: Dr. _____ Site: _____

Date: _____

I am requesting the following non-formulary medication as stated below. If you can provide me with suggestions of possible alternative therapies to stay within the formulary drug list, I will consider those options.

Inmate's Name: _____ ID # _____

Ordering Physician: _____ Print: _____

Non-Formulary Drug Requested: _____

Estimated Duration of Usage: _____

Reason for Non-Formulary Request: _____

List of Formulary Agents and Dose Previously Used _____

CORPORATE OFFICE REVIEW:

Approved: (YES / NO) Date: _____

Reason for Denial: _____

Corporate Representative Signature: _____

Date Faxed to Physician at Site: _____

Date Faxed to Pharmacy: _____



DRUG FORMULARY:

Note:

(**DNC**) = Do Not Crush this medication. Note the various medication suffixes: XL, Sr, CR, etc. These medications are never to be crushed.

All non-formulary medications must be referenced through the use of a drug index or by consulting the pharmacy vendor.

ALLERGY / ANTIHISTAMINE / COUGH / COLD DECONGESTANT

Generic Name	Trade Name	Cost Factor
Decongestine / D-Amine	Deconamine	\$\$
Carbinoxamine/Pseudoephedrine	Deconamine	\$\$
Chlortrimetron		
Cimetidine	Tagamet	
Diphenhydramine	Benadryl	\$
Guaifenesin	Robitussin	\$
Guaifenesin DM	Robitussin DM	\$
Hydroxyzine Pamoate (capsules)	Vistaril (costs less than Atarax)	\$\$
Ocean Spray		
Saline Solution		\$
Montelukast	Singular	

ANALGESIC / ANTIPYRECTIC / NSAID / GOUT

Generic Name	Trade Name	Cost Factor
Acetaminophen/Phenyltolox	Percogesic/Phenylgesic	\$
Allopurinol	Aloprim	
Aspirin	Aspirin	\$
Etodolac		\$\$
Ibuprofen	Motrin (use 400mg)	\$
Indomethacin	Indocin (**DNC**)	\$\$
Ketoprofen		\$\$\$
Meloxicam		\$
Naproxen	Naprosyn	\$
Probenicid/colchicine	Probenicid/colchicine	

ANAPHYLAXIS

Generic Name	Trade Name	Cost Factor
Benadryl		\$
Epinephrine	Epipen	
Methylprednisolone	Solu-Medrol	\$



ANTACID / ULCER THERAPY / GI

Generic Name	Trade Name	Cost Factpr
Aluminum/Magnesium Hydrox/Simethicone	Mylanta II Susp	\$
Aluminum Hydrox / Mag Trisil	Gaviscon tab	\$
Belladonna Alkaloids	Donnatal	\$
Bismuth Subsalicylate Tab / Liquid	Pepto Bismol	\$
Calcium Cabonate	Tums	\$
Cimetidine	Tagamet – watch Drug Interactives	\$\$
Dicyclomine Tab/Cap	Bentyl	\$\$
Famotidine	Pepcid	\$\$
Metoclopramide	Reglan	\$\$
Omeprazole	Prilosec / Prilosec OTC	
Ranitidine (costs less than Tagamet/Pepcid)	Zantac (preferred H2 blocker)	\$

ANTIFUNGAL AGENTS

Generic Name	Trade Name	Cost Factpr
Fluconazole	Diflucan	\$\$\$
Nystatin		
Lamisil Cream 1%		\$
Lamisil PO		\$\$
Tolnafate Cream		\$

AIDS / HIV / ANTIVIRAL

Generic Name	Trade Name	Cost Factpr
Keletra		
Lamivudine	Epivir	\$\$\$
Nelfinavir	Viracept	\$\$\$
Norvir		
Reyataz		
Tenofovir	Viread	\$\$\$
	Tuvada	\$\$\$
	Combivir	\$\$\$
Zidovudine	Retrovir	\$\$\$



ANTIBIOTICS / ANTIVIRAL / ANTIINFECTIVES

Generic Name	Trade Name	Cost Factor
Acyclovir Cap	Zovirax	\$\$
Amantadine Cap	Symmetrel	\$\$
Amoxicillin	Amoxicillin / Amoxil (less than Penicillin) / Augmentin	\$
Azithromycin	Zithromax	
Sulfamethoxazole	Bactrim (FIRST CHOICE BEFORE MACROBID)	
Ceftriaxone	Rocephin	
Cephalexin	Keflex (use Amoxil when indicated)	\$
Ciprofloxacin	Cipro – Use Bactrim first for UTI (**DNC**)	\$\$
Clindamycin	Cleocin	
Clotrimazole / Betamethasone	Lotrisone / Lotrimin	\$\$
Doxycycline	Vibramycin	\$
Erythromycin Stearate Tab **	Erythrocin	\$
Fluconazole	Diflucan – Now cheaper than OTC Vag Preps	\$
Isoniazid****	Isoniazid (INH)	\$\$
Permethrin 1% (for Lice)	Nix	\$
Permethrin 5% (for Scabies)	Elimite	\$\$
Invermectin	Stromectol	
Metronidazole	Flagyl	\$
Miconazole	Micatin / Monistat	\$
Neomycin/Polymixin B/Bacitracin	Neosporin	\$
Nitrofurantoin	Macrobid (ONLY to be used if Cipro and Bactrim have failed)	
Nystatin	Mycostatin	\$\$
Penicillin	Penicillin / Pen-Vee-K	\$\$
Prednisone	Deltasone / Orasone	
Rifampin	Rifadin	
Silver Sulfadiazine	Silvadene	\$\$
Trimethoprim-sulfamethoxazole	Bactrim	
Tolnaftate	Tinactin	\$
Trimethoprim/Sulfamethoxazole	Septra DS / Bactrim DS	\$

** Dental Use only

****May received free through county health department – Check with Health Dept.

ANTICOAGULANTS / BLOOD MODIFIERS

Generic Name	Trade Name	Cost Factor
Aspirin	Aspirin	\$
Clopidogrel	Plavix	\$\$
Warfarin	Coumadin	\$\$



ANTICONVULSANTS

Generic Name	Trade Name	Cost Factor
Carbamazepine	Tegretol	\$\$
Divalproex Sodium	Depakote (use Valproic Acid – give with food if GI upset occurs) (**DNC**)	\$\$\$
Oxcarbazepine 300mg BID		\$\$
Phenobarbital	Phenobarbital	\$
Phenytoin	Dilantin	\$\$
Topiramate 25mg BID		\$
Valproic Acid	Depakene (preferred over Depakote)	\$\$

NOTE: Depakote is converted to Valproic Acid in the gut.

ANTI-DIARRHEAL AGENTS / ANTI-EMETICS

Generic Name	Trade Name	Cost Factor
Bismuth Subsalicylate Tablets	Pepto Bismol	\$
Loperamide	Imodium	\$
Promethazine	Phenergan	\$\$
	Lomotil	
	Reglan	

ANTILIPEMICS / STATINS

Generic Name	Trade Name	Cost Factor
Gemfibrozil	Lopid	\$
Fenofibrate	Tricor	
Simvastatin	Zocor	\$\$
Lovastatin	Mevacor	\$

ASTHMA / BRONCHIAL / COPD / RESPIRATORY

Generic Name	Trade Name	Cost Factor
Advair discUS (Use QVAR + Albuterol if possible)		\$\$\$\$
Albuterol Sulfate Inhalant Solution	Proventil Inhalant / ProAir HFA	\$
Beclomethasone	QVAR	\$\$\$
Ipratropium Bromide Oral Inhalant (for COPD ONLY)	Atrovent	\$\$\$
Ipratropium Bromide Inhalant Solution (for COPD ONLY)	Atrovent Inhalant	\$
Methylprednisolone	Solu-Medrol	
Metrapoterenol	Metaprel / Alupent	\$\$
Theophylline Timed Release	TheoDur	\$

Ipratropium Nebulizer solution is less than MDI.



BLADDER STIMULANT

Generic Name	Trade Name	Cost Factor
Tamsulosin hcl	Flomax	

CARDIOVASCULAR / ANTI-HYPERTENSIVE AGENTS / DIURETICS

Generic Name	Trade Name	Cost Factor
Amlodipine	Norvasc	
Aspirin	Aspirin	
Atenolol	Tenormin	\$\$
Benazipril 10 or 20mg QD		\$\$
Bisoprolol/HCTZ 2.5/6.25mg QD		\$
Carvedilol 6.25mg BID		\$
Clonidine	Catapres	\$
Diltiazem	Cardizem	\$\$
Diltiazem SR	Cardizem SR (**DNC**)	\$\$
Diltiazem ER	Cardizem CD (**DNC**)	\$\$
Diltiazem CD	Cardizem CD (**DNC**)	\$\$
Diltiazem XR	Dilacor XR (**DNC**)	\$\$
Enalapril	Vasotec (preferred ACE Inhibitor)	\$
Furosemide	Lasix	\$
Hydrochlorothiazide	HCTZ	\$
Isosorbide Dinitrate	Isordil	\$\$
Lisinopril/HCTZ	Lisinopril/HCTZ 20/25	
Lisinopril	Zestril	
Methyldopa/Methyldopate	Aldomet	
Metoprolol	Lopressor	\$
Metolazone 5mg QD		\$\$
Nifedipine	Procardia	\$\$\$
Nitroglycerin Sub Ling	Nitrostat	\$
Quinapril 10mg QD		\$\$
Plavix	Clopidogrel - Needs to go through NF process (overused) > \$125/month	\$\$
Prazosin	Minipress	\$
Propranolol	Inderal	\$\$
Ramipril 2.5mg QD		
Spironolactone	Aldactone	\$\$
Triamterene / HCTZ	Maxzide	\$
Verapamil	Calan	\$\$



DIABETIC PREPS

Generic Name	Trade Name	Cost Factor
Glimepiride 4mg QD		\$\$
Glipizide	Glucotrol	\$
Glyburide	Micronase/Novo-Glyburide	
Humalog, Insulin		
Humulin		
Insulin NPH	Novolin – N	\$\$\$
Insulin Human Regular	Novolin-R	\$\$\$
Insulin 70/30	Novolin 70/30	\$\$\$
Metformin	Glucophage	\$\$

Novolin – Humulin are interchangeable, don't stock both.

EAR DROPS

Generic Name	Trade Name	Cost Factor
Maxitrol Ophthalmic Susp.		\$
Boric Acid		
Cortisporin Otic		

GLAUCOMA EYE DROPS

Generic Name	Trade Name	Cost Factor
Timolol	Timoptic	\$
Latanoprost 0.005%	Xalatan	\$

HORMONAL AGENTS

Generic Name	Trade Name	Cost Factor
Levothyroxine	Levoxyl	
	Menest	\$
	Provera	\$

LAXATIVES / STOOL SOFTENERS

Generic Name	Trade Name	Cost Factor
Bisacodyl	Dulcolax (**DNC**)	\$
Docusate Sodium	Colace	\$
Milk of Magnesia	MOM	\$
Sod Phosphate / Biphosphate Enema	Fleets Enema	\$
Lactulose	Lactulax	
Metamucil	Metamucil	\$



LIPID / CHOLESTEROL LOWERING AGENTS

Generic Name	Trade Name	Cost Factor
Fenofibrate	Tricor	
Simvastatin	Zocor	
Atorvastatin	Lipitor (ONLY IF SIMVASTATIN IS NOT EFFECTIVE)	

MENTAL HEALTH AGENTS

Generic Name	Trade Name	Cost Factor
Amitriptyline / Triavil 2-25 & 4-50	Elavil (preferred TCA)	\$\$
Benzotropine Mesylate	Cogentin	\$
Bupropion	Wellbutrin SR/XL	\$\$
Buspirone	Buspar	
Citalopram	Celexa (preferred SSRI)	\$\$
Chlordiazepoxide	Librium	\$
Clonazepam	Klonopin	\$
Doxepin 75mg QD or 25mg TID		\$
Fluoxetine	Prozac (preferred SSRI)	\$
Fluphenazine	Prolixin	\$\$
Haloperidol	Haldol	\$\$
Hydroxyzine HCl	Vistaril	\$
Lithium Carbonate	Lithium Carb	\$
Lorazepam	Ativan	\$
Mirtazapine 15mg QD		\$\$
Olanzapine	Zyprexa	\$\$
Paroxetine 20mg QD or 40mg QD		\$\$
Risperidone	Risperdal (<i>use when conventional antipsychotics fail</i>)	\$\$\$
Sertraline	Zoloft	
Trazodone	Desyrel	\$
Trifluoperazine	Stelazine	\$\$
Valproic Acid	Depakene	\$\$
Venlafaxine 37.5mg BID	Effexor XR	\$\$

Mental Health medications are subjected to regular review for therapeutic value for patient.

MIGRAINE (not to exceed 10 days of therapy per month without MD on-site review/visit)

Generic Name	Trade Name	Cost Factor
Propranolol *	Inderal	

*must be given daily as preventative.



MUSCLE RELAXANTS (not to exceed 10 days of therapy per month)

Generic Name	Trade Name	Cost Factor
Cyclobenzaprine	Flexeril	
Methocarbamol	Robaxin	\$
Tizanidine 4mg QD		\$

OBSTETRICS – Medications safe for pregnancy

Generic Name
Nystatin
Miconazole 3
Amoxil
Keflex
Pseudofed
Claritin

OPHTHALMOLOGIC AGENTS

Generic Name	Trade Name	Cost Factor
Artificial Tears	Artificial Tears	\$
Bacitrac/neomycin/Polymix Opth	Neosporin Opth Oint/Solution – Use in place of Cortisporin Otic	\$
Eye Wash	Eye Wash	\$
Gentamycin Opth Sol	Garamycin Opth	\$\$
Tetrahydrozoline HCl Opth solution	Visine Opth Solution	\$

PAIN MEDICATIONS

Generic Name	Trade Name	Cost Factor
Tylenol		
Motrin		
Ibuprofen		
Naproxen		
Neurontin	Gabapentin	
Ultram	Tramadol	

**Alternatives to controlled substances will first be considered when choosing medication for pain. All controlled substances administered must be reviewed/prescribed by the SHP Site Physician. See Ordering of Controlled Medication section.

STATINS

Generic Name	Trade Name	Cost Factor
Fenofibrate	Tricor	
Lovastatin	Mevacor	\$
	Niacin	\$\$



THYROID

Generic Name	Trade Name	Cost Factor
Levothyroxine	Synthroid	\$

TOPICALS (Generics must be purchased through Medical Supplier, not Pharmacy)

Generic Name	Trade Name
Alcohol	Alcohol
Benzocaine	Anbesol / Ora-jel
Calamine Lotion	Calamine Lotion
Clotrimazole Vaginal Cream	Fem Care Vaginal Cream – Consider Diflucan 150mg po x1
Gentamicin Sulfate Oint	Garamycin Oint
Hemorrhoidal Suppositories	Preparation H
Hydrocortisone Suppositories	Anusol HC Supp
Hydrocortisone Ointment / Cream	Hydrocortisone
Hydrogen Peroxide	Peroxide
Nystatin/Triamcinolone Cream / Oint	Mycolog Cream / Oint
Silver Sulfadiazine Cream	Silvadene Cream
Sodium Chloride Nasal Spray	Ocean Spray
Tolnaftate Cream	Tinactin Cream
Tolnaftate Topical Solution	Tinactin Solution

TUBERCULOSIS

Generic Name	Trade Name
Isoniazid	
Ethambutol	Myambutol
Rifampin	Rifadin
Pyrazinamide	Tebrazid

VITAMINS

Generic Name	Trade Name
Ascorbic Acid	Vitamin C
Ferrous Sulfate	Ferrous Sulfate (**DNC**)
Folic Acid	Folic Acid
Magnesium Oxide	Mag Oxide
Multivitamin and Minerals	Multivitamin
Potassium Chloride Caps	Micro-K
Prenatal Plus	Prenatal Vitamins
Pyridoxine	Vitamin B-6
Sodium Bicarbonate	
Thiamine Hydrochloride	Vitamin B-1
Cyanocobalamin	Vitamin B-12



MISCELLANEOUS

Generic Name	Trade Name
Antivert (for Vertigo)	
Flu Vaccine *	Fluzone
Ipecac Syrup	Ipecac Syrup
Lidocaine Injection	Xylocaine
Tetanus / Diphtheria Vaccine	Decavac
Tuberculin test	Aplisol

- For use with Chronic Care Patients only



Emergency Cart/Stock Recommendations:

The following is a list of stock medications which must be kept on site for use in emergencies or if a patient's meds have run out and the re-order has yet to be received, etc. This list must be reviewed and approved by the site physician based upon their need and orders. In cases where stock medications have run out, it is imperative to re-order for stock a.s.a.p. The quantity to be kept on site depends upon the size of the jail – please consult with your physician as to your use and need to order. This listing is a sampling, and therefore any additions should be written in at the Additions section. Any deletions or unnecessary stock items should be crossed off this list. Once completed, a copy of the signed form should be placed within the Policy and Procedure Manual under Pharmaceuticals Policy.

<u>Name of Drug</u>	<u>Dosage</u>	<u>Quantity</u>	<u>OTCs</u>	<u>Quantity</u>
Amoxicillin	500mg	30	Benadryl 25mg	30
Cephalexin (Keflex)	500mg	30	Lidocaine	
Doxycycline	100mg	30	Sodium Chloride 0.9%	
Erythromycin	500mg	30	Thiamine (for detox)	
PenVK	500mg	30	Multi Vitamins (for detox)	
Septra DS		30	PreNatal Vitamins	
Tetanus Toxoid			Lindane	
Glucagon / Glucose Paste/Tabs			Antifungal cream	
Insulin Regular 70/30N 2 vials			KY (foil packs)	
Clonidine	0.1mg	30	AB ointment (foil packs)	
Clonidine	0.2mg	30	Iodine prep pads	
Dyazide			Povidone Iodine	
Dilantin	100mg	30	HC cream (foil packs)	
Nitroglycertin	0.4mg	15	Alamag tabs	
Librium	25mg	30	Chlorpheneramine 4mg	
Tagamet	200mg	15	Pseudoephedrine 30mg	
Humabid LA		30	Kaopectate	
Tigan Suppositories		3	Acetaminophen 325mg	
Albuteral Inhaler		1	Ibuprofen 200mg	
Silver sulfidiazine cream		1 tube	Aspirin 325mg	
Cortisporin ear gtts		1		
Sulfacetamide eye gtts		1		
Gentamycin eye gtts		1		
Antidiarrheal agent				
Charcoal				

ADMINISTRATION OF MEDICATION TRAINING

The following training has been established to teach correctional officers how to administer medication other than by injection. Prior to administering any medication, correctional officers must complete this training course and medication test. A certificate will be issued to the correctional officer upon completion of the training course and with a passing test grade.

Upon completion of this training course, you, the correctional officer, should be able to:

1. Identify the legal and ethical responsibilities associated with administering medications;
2. Identify the five rights of medication;
3. Identify the differences between use, misuse, and the abuse of medications;
4. Describe policies concerning the usage of prescription or non-prescription medications;
5. List the components of a properly-labeled prescription;
6. Describe how information can be obtained from some acceptable written source, e.g. Drug Handbook or Physician's Desk Reference;
7. Know when not to administer medication;
8. Recognition of the basic abbreviations, symbols, and terminology associated with medication usage;
9. Define medication errors, identify prevention techniques, and list the procedures for reporting errors.;
10. Recognize possible effects of major drug groups;
11. Describe action(s) to be taken by the provider when adverse effects are recognized;
12. Identify policies relating to the proper storage of medications;
13. Describe the procedures for the disposal of medication;
14. Know the proper procedure for using the Medication Administration Record.

LEGAL AND ETHICAL RESPONSIBILITY

When administering medications, you are legally responsible for making sure you comply with the requirements that medications be in original containers and properly labeled.

The privilege of being able to perform this function is granted to those who successfully pass an approved medication training program. As a participant in the provision of medications, you are expected to carry out your role in a manner which protects the recipient of service from harm.

A basic understanding of the medications which you are administering is important to the inmate's overall well-being. Therefore, you are responsible for obtaining needed information on medications so you can carry out your role in an appropriate manner.

It is expected both from a legal and ethical standpoint you will not knowingly participate in practices which are outside of your legally permissible role or which may endanger the well being of the receipt.

THE FIVE RIGHTS OF MEDICATION

You must be certain you are administering the right drug to the right person in the right amount at the right time using the right route. Each time a drug is taken, you must systematically and conscientiously check your procedure against these five rights.

Right Drug: to ensure you are administering the right drug, you must compare the medication administration record with the pharmacy label. Make sure they match.

Right Person: in order to make sure you have the right person, you have to know the individual. Check arm bands, ask the patient their name.

Right Amount: be sure to check the right dosage by comparing the medication administration record and the pharmacy label to make sure they agree.

Right Time: when a physician prescribes a drug, he/she will specify how often the drug is to be taken. For example – once a day; twice a day.

Right Route: medications must be administered properly in order for them to have the proper effect on the body. For example – Oral means by mouth; Topical means place directly on the skin; Eye drops are placed in the eye.

So, you may give the medication only when you are sure you have the:

Right Drug Right Person Right Amount Right Time Right Route

THE USE, MISUSE, AND ABUSE OF MEDICATIONS

Use of medication is appropriate when:

1. The physician has prescribed the medication for the person taking it;
2. The person takes the correct amount prescribed by the physician or as directed by the label in an over the counter medication;
3. The person takes the medication at the proper times for the number of days indicated.

Misuse of medication occurs when:

1. The person takes medication prescribed for someone else;
2. The person changes the amount of the medication taken thinking that “is this amount is good, more must be better.”
3. The person does not take the medication at the correct times or length of time required.
4. The person keeps unused medications beyond the expiration date for “future use.”

Abuse of medication occurs when:

1. A person gets prescriptions from several different physicians for the same false symptoms;
2. A person takes drugs to such a level that he/she is unable to function properly and his behavior is strange.

PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Prescription medication includes all drugs which must be ordered by a physician and be provided by the physician or a pharmacist. It is provided for a single person who has a specific condition which the physician is treating by using the prescription drug.

Nonprescription medication is also called “over the counter” or OTC drugs. They can be purchased without a prescription. Common OTC drugs include pain relievers such as aspirin or Tylenol and certain cold remedies like Robitussin. Even OTC medications are meant to be used for specific reasons. The symptoms which can be helped by an OTC medication are listed on the label.

PROPERLY LABELED PRESCRIPTIONS

A prescription functions as a written order from the physician to the pharmacist. The pharmacist will then provide the medication in a container which has a pharmacy label. The label should contain at least as much information as the physician’s prescription.

For example:

- Pharmacy’s phone number, name and address
- Name of Person for whom medication is intended
- Name, strength of each pill, and number of pills in container
- Directions for taking the medication
- Prescription number (given by the pharmacy) and the physician’s name
- Number of times the medication may be reordered
- Expiration date of medication.

RESOURCES AVAILABLE FOR OBTAINING INFORMATION ABOUT SPECIFIC MEDICATIONS

For OTC medication, the information concerning how to use the drug and how to properly store it is printed on the package or bottle. Also, any pharmacist can provide answers to questions on use and storage as well.

For prescription medication, the following resources are available concerning how to use the drug and how to properly store it:

1. The container itself should give directions for use including whether it should be taken with or without food, should be refrigerated, etc.
2. The pharmacy listed on the container can be called to ask for information.
3. The person’s physician listed on the container can be contacted for information.
4. A Physician’s Desk Reference book will give detailed information about a drug, as will a Drug Handbook. Both of these reference books can be easily purchased from a book store.
5. The Office of Narcotics and Dangerous Drugs can send you printed information on a specific drug. Have the local number posted for ease of use.

DO NOT ADMINISTER MEDICATION:

1. If the container label is not legible;
2. If the medication has expired;
3. If you have any doubt that you have the right person, right drug, right dosage, right time, or right route.
4. If the medication in the container is the not the right medication. Most drug reference books will have pictures of the medication.

Note: If you float meds at your facility, only do so right before giving the medication to the person. Some medications lose potency if left floating in water too long.

THE ADMINISTRATION OF A MEDICATION

When giving a medication, especially liquid, it is advisable that an accurate measuring device be used. Most pharmacies will provide a free measuring cup upon request.

Some of the more common measurements you may want to be aware of include:

- 2 tbsp = 1 fluid ounce
- 1 tbsp = ½ fluid ounce
- 1 tsp = 1/3 tablespoon

The prescription labels with which you will come into contact will be written in a manner that is easy to understand (example: take one teaspoon every four hours). The following are frequently used medical abbreviations dealing with prescriptions:

- Bid = twice a day
- Qid = four times a day
- Cap = capsule
- Oz = ounce
- Fl = fluid

When you, the correctional officer, gives the person his/her medication, you become responsible for assuring that the five rights of medication are followed. In addition to the five rights, there are some additional safeguards to help minimize medication risks. They are:

- DO give your full attention to the task.
- DO ask the person their name for confirmation.
- DO check the patient's mouth to make sure the medication has been swallowed.
- DON'T give medication from a container which has a label that cannot be read.
- DON'T take medication from another person's container.
- DON'T hide a medication error.

Sometimes a medication label will not have the time to take the medication written. The label may simply say "take three times a day". A rule of thumb:

- 4 times a day = 4 hours between doses;
- 3 times a day = at mealtimes (check to see if to be given before or after meals)
- 2 times a day = early morning and late evening, usually a 12 hr difference.

DOCUMENTATION

When you give a medication to a person, it is important to document the date and time given. This is especially important if you share the responsibility of giving medication with another person at your facility. Further, this information may be needed in a lawsuit if an inmate claims he did not receive his/her medication.

A Medication Administration Record (MAR) is the best documentation record to be used. An example of a recommended MAR is attached to this outline.

MEDICATION ERRORS

A medication error occurs when any one or more of the five rights of medication are missed and/or violated. A medication error has occurred if:

1. A person took the wrong med.
2. A person took the wrong dose.
3. A person took the medication at the wrong time or even if the medication wasn't given at all.
4. The medication was taken by the wrong route.

If a medication error occurs, you must immediately notify your supervisor and medical staff. Depending upon the medication, simple observation may be all that's needed. You should write up an incident report regarding the error for review by the Jail Administrator. If the error is a medication that may cause an allergic reaction, you may want to send the patient to the local emergency room for evaluation.

THE EFFECTS OF MAJOR DRUG GROUPS

For each person's protection and safety, it is important for you to notice the effect a medication can have upon a person. The time factor between taking a medication and its onset of action can be found in the PDR or by asking the pharmacist. Each medication has a different time for onset of action. Basically, a medication can have no effect; a desired effect; or an undesired effect. For example:

- a. A person taking cough syrup for a cough. After one day there is no improvement in the cough. This is an example of a medicine having no effect.
- b. A person taking two aspirins for a headache and within the hour the headache is relieved. This is an example of a medicine having a desired effect.
- c. A person taking penicillin for a strep throat. An hour after taking the medication, the person has developed a very itchy red rash. This is an example of an undesired effect.

In order to know what effect medications may have on a person, you must be somewhat familiar with the desired effect of medication group. Here are some examples:

1. Heart medicines (example: HCTZ) – are used to change the heart functions;
2. Anticonvulsants (example: Phenobarbital) – are used for seizure disorders;
3. Antibiotics (example: Penicillin) – are used to fight infections
4. Fever, pain relievers (example: Tylenol) – used to fight fevers, pain.
5. Psych medicines (example: Trazodone) – used for psychiatric conditions, mood elevators.

If you notice a person having an adverse reaction to a medication, notify medical staff immediately. Depending upon the type of reaction, you may need to send the patient to the local emergency room for evaluation and treatment. Keep in mind some reactions can be very swift (obstructing airway) while others may be slow acting (itchy rash).

STORAGE OF MEDICATION

The following measures for storage of medications are suggested:

- a. Medications are to be kept in a labeled container as received by the pharmacist.
- b. Medications must be kept in an area which is locked and access is controlled.
- c. Any medications which must be refrigerated (insulin) should be done in a refrigerator separate from food and drinks.

- d. Storage areas are to be kept clean and organized and medication should be stored under proper conditions of temperature, light, and moisture.

DISPOSAL OF MEDICATION

When a prescription is discontinued or if a medication is left after an inmate is released, the medication needs to be properly disposed. In many cases, a log should be kept of drug disposal (see attached form) with the medications being flushed down the toilet or returned to the pharmacist for destruction.

DEFINITIONS:

Administer: to give out, insert, or apply medication to a person.

Controlled Substance: Medications that have the potential to be addictive and used in a way other than the medication was prescribed. A system must be in place to account for receipt, administration, and disposition of each medication deemed to be a controlled substance.

Dispense: Preparing and packaging a prescription medication in a container with information required by state and federal law.

Medication Administration Record (MAR): A record that lists all of the medications ordered for the resident, including routine or regularly scheduled medications and PRN medications. It is used to document or record the administration of medications.

Medication Pass: Scheduled time of the day when medications are administered to residents.

OTC Medications: Over-the-counter or non-prescription medications. Medications which can be purchased or obtained without a prescription.

PRN: as needed or if necessary. PRN medications need not be scheduled to be administered at specific times.

Side effects: Any effect other than the desired effect.

ABBREVIATIONS / COMMON MEDICAL TERMINOLOGY

Doses: gm = gram

mg = milligram
 mcg = microgram
 cc = cubic centimeter
 ml = milliliter
 tsp = teaspoonful
 tbsp = tablespoonful
 gtt = drop
 ss = 1/2
 oz = ounce
 mEq = milliequivalent

Times: QD = every day

BID = twice a day
 TID = three times a day
 QID = four times a day
 q_h = every _____ hours



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qhs = at bedtime
ac = before meals
pc = after meals
PRN = as needed
QOD = every other day
ac/hs = before meals and at bedtime
pc/hs = after meals and at bedtime
STAT = immediately

Routes of Administration:

po = by mouth
pr = per rectum
OD = right eye
OS = left eye
OU = both eyes
AD = right ear
AS = left ear
AU = both ears
SL = sublingual (under the tongue)
SQ = subcutaneous (under the skin)
Per GT = through gastrostomy tube

Other: MAR = medication administration record
OTC = over the counter
SIG = label or directions



DRUG DISPOSAL FORM

Appropriate medical staff may use this form for disposal/destruction of controlled or non-controlled drugs; however, when listing controlled drugs a separate form must be used and not combined with other prescription drugs. A medical staff witness and/or correctional staff representative must be present upon the disposal/destruction of medication along with the person destroying the medication. This form must be kept on file within the medical unit for review by any audit committee/representative.

Site Name: _____ Today's Date: _____

Site Address: _____

Drug Name	Drug Strength	Quantity

Method of Disposal: Returned to Pharmacy for disposal/destruction
 Flushed into sewer system
 Other – Describe: _____

Signature of Medical Staff: _____

Printed Name: _____ Date: _____

Witness' Signature: _____

Printed Name: _____ Date: _____

SHP Form 12/06



TO: CORPORATE OFFICE

Upon completion, FAX Request form to the SHP corporate office at: (423) 553-5645

PHYSICIAN REQUEST FOR USE OF A NON-FORMULARY MEDICATION

From: Dr. _____ Site: _____

Date: _____

I am requesting the following non-formulary medication as stated below. If you can provide me with suggestions of possible alternative therapies to stay within the formulary drug list, I will consider those options.

Inmate's Name: _____ ID # _____

Ordering Physician: _____ Print: _____

Non-Formulary Drug Requested: _____

Estimated Duration of Usage: _____

Reason for Non-Formulary Request: _____

List of Formulary Agents and Dose Previously Used: _____

CORPORATE OFFICE REVIEW:

Approved: (YES / NO) Date: _____

Reason for Denial: _____

Corporate Representative Signature: _____

Date Faxed to Physician at Site: _____

Date Faxed to Pharmacy: _____



Intake/Release Medication or Supplies Form

I, _____, (nurses name) have received the following medications/medical supplies:

	Qty. _____
	Qty. _____
	Qty. _____
	Qty. _____
	Qty. _____
	Qty. _____

for _____ (inmate name) at the
_____ County Jail on _____ (date).

I _____, (inmate name) understand my medication/supplies may be used by the medical staff in continuity of care to my prescription/condition, upon approval by the site Medical Director.

I _____, (inmate name) understand that if I am released from this facility and I do not return to pick up my medication/supplies within 5 days, then it will be destroyed as per policy stated.

I _____, (inmate name) may designate the following person to pick up my medication/supplies within 5 days of my incarceration, otherwise I understand my medication/supplies will be destroyed in accordance with SHP procedures:

Designated Person/Relationship: _____

Inmate Signature	Date
------------------	------

Nurses Signature	Date
------------------	------

Witness Signature	Date
-------------------	------

To be completed by Medical Staff ONLY:
Medication and/or Supplies were released to:

Name: _____

Date Released: _____

Nurses Signature	Date
------------------	------

Witness Signature	Date
-------------------	------