



VOLUME 9: PHARMACY SERVICES	Effective Date: 03/2008
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9.9 PRESCRIPTION/ORDER REQUIREMENTS PROCEDURE	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. PROCEDURE OVERVIEW

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

II. PURPOSE

- To ensure medications prescribed/ordered by appropriately licensed and credentialed health care providers are dispensed and administered in accordance with all applicable laws and regulations.
- To ensure continuity of care when patients are transferred to other 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/orders within CCHCS.

III. DEFINITIONS

Chart Order (Order): An order, entered on the chart or health record of a patient by or on the order of a provider authorized by law to prescribe/order drugs, shall be authorization for the administration of the drug furnished by the pharmacy.

The order shall be considered a prescription if the medication is given to the patient to store with his/her possessions for self administration while inside a CDCR institution provided that the chart or health record of the patient contains all of the information required by California Business and Professions Code, Sections 4040 and 4070, and the order is signed by the provider.

Prescription: Oral, written, or electronic transmission that is given to the person for whom ordered and is issued by a physician, dentist, optometrist, podiatrist, nurse practitioner, or physician assistant licensed in the State of California.

IV. PROCEDURE

A. Prescription/Order Requirements

1. A prescription/order shall be valid if health care staff confirms that the prescription/order is on file at the institution originating the prescription/order by:

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- a. Directly accessing the pharmacy database storing the prescription/order;
 - b. Obtaining a copy of the current patient medication profile, or Medication Administration Record (MAR); or
 - c. Directly accessing the patient's health record.
2. Prescriptions/orders shall be filled only for providers who are authorized by their scope of practice to prescribe/order medications and are credentialed by CCHCS.
 3. Prescriptions/orders shall be limited to the medications listed in the CCHCS Formulary, unless otherwise provided by the nonformulary approval process in accordance with Inmate Medical Services Policies and Procedures (IMSP&P), Volume 9, Chapter 8, CCHCS Drug Formulary.
 4. Prescriptions/orders for medication shall be written on the CDC 7221, Physician's Order, a Medication Reconciliation Form, or entered via Computerized Provider Order Entry (CPOE), unless otherwise required by federal or state law.
 5. All prescriptions/orders for medication shall be:
 - a. Legibly typed or handwritten and signed by the prescribing/ordering provider and shall also include the provider's printed name and title, or the provider may use a personal rubber stamp identifying his/her name and title; or
 - b. Entered via CPOE.
 6. Prescriptions/orders must include:
 - a. Generic name of medication
 - b. Dosage
 - c. Specific directions for use
 - d. Route of administration
 - e. Frequency of administration
 - f. Time and date of prescription/order
 - g. Duration of therapy in days or months
 - h. Patient's name, CDCR number, date of birth and housing location
 - i. Drug allergies
 - j. Administration status as either Keep-On-Person (KOP), Directly Observed Therapy (DOT), or Nurse Administered (NA)
 - k. Number of days supply of KOP medications per dispense, if other than 30 days
 7. Health care staff shall screen prescriptions/orders to the extent possible for inclusion of the required elements of a prescription/order before transmitting the prescription/order to the pharmacy.
 8. Prescriptions/orders missing elements shall be returned to the provider for completion before delivery to the pharmacy.

B. Additional Requirements for Mental Health Medications

1. Mental health medications are to be prescribed/ordered as NA/DOT with the exception of certain Selective Serotonin Reuptake Inhibitors (SSRIs).
2. The following SSRIs may be prescribed/ordered as KOP to outpatients, including patients enrolled in the Mental Health Services Delivery System, at the clinical discretion of the provider:
 - a. Fluoxetine
 - b. Sertraline
 - c. Escitalopram
3. The duration of the KOP prescription/order shall not exceed 90 days and shall only be dispensed in quantities not to exceed a 30-day supply.

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C. Use of Abbreviations

1. The use of abbreviations in prescriptions/orders increases the risk of medication errors and should be limited to the extent possible.
2. Abbreviations that may be used include:
 - a. KOP, DOT, and NA
 - b. 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 in prescriptions/orders.

D. Use of Metric System

1. Prescriptions/orders and prescription labels shall contain the dose in metric units.
2. Prescriptions/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).

E. PRN Prescriptions/Orders

1. Prescriptions/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/ordered (e.g., take one tablet for moderate pain and two tablets for severe pain)
 - c. Specific frequency (e.g., every eight hours)
2. Range frequency shall not be used (e.g., every four to six hours).

F. Product Substitutions

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 shall be regarded as formulary exceptions and shall follow the nonformulary approval process. Strong medical justification as to why the generic or an alternative generic medication is inappropriate must be provided.
3. For medications which are available in different formulations or salts, when the Systemwide Pharmacy & Therapeutic (P&T) Committee deems these medications to be clinically equivalent, therapeutic substitution at pharmacy level may be performed by the pharmacist in accordance with IMSP&P, Volume 9, Chapter 35, Therapeutic Interchange and Automatic Substitution.

G. Authority to Prescribe/Order Controlled Substances

Per IMSP&P, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Substances Procedure, Section IV(B):

1. Each provider must have his/her own Drug Enforcement Administration (DEA) registration to prescribe/order controlled substances.
2. Only those providers registered with the DEA and authorized by their respective State of California licensing board shall prescribe/order controlled substances. It is the provider's responsibility to notify the CCHCS Credentials Verification Unit of any changes to his/her DEA registration.
3. For mid-level providers to have authority to prescribe/order controlled substances, they must have a DEA registration, have met applicable State of California licensing board requirements, and prescribe/order within their scope of licensure.

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4. Providers prescribing/ordering Food and Drug Administration approved controlled substances (e.g., methadone, suboxone) for maintenance and detoxification treatment must obtain an additional DEA registration. Emergency interim orders can be written without the additional registration if they do not exceed three days and are not renewed.
5. All pharmacists have the responsibility to ensure that controlled substances prescriptions/orders have been issued by appropriately authorized providers.

H. Prescription/Order Requirements for Controlled Substances

Per IMSP&P, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Substances Procedure, Section IV(C):

1. Duration of Controlled Substance Orders
 - a. Orders for Schedule II (CII) controlled substances shall have a maximum duration of 60 days from the date written.
 - b. Orders for Schedule III, IV, and V (CIII-V) controlled substances shall have a maximum duration of 150 days from the date written.
2. Controlled Substance Prescription for Parole or Discharge
 - a. When a patient is given medication which is a DEA CII-V controlled substance, and the patient will be self administering the medication upon parole or discharge (outside of the institution), a California approved tamper-resistant prescription blank is required pursuant to California Health and Safety Code, Section 11162.1 of the California Uniform Controlled Substances Act.
 - b. The Chief Medical Executive (CME) at each institution shall be responsible for ensuring that California approved tamper-resistant prescription blanks are procured and secured within the institution and available during pharmacy business hours.

I. Continuity of CII Controlled Substance Prescriptions/Orders

Per IMSP&P, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Substances Procedure, Section IV(D):

1. Federal law does not permit the transfer of CII controlled substances prescriptions/orders between institutions; therefore, a new prescription/order is required for CII controlled substances prior to administration when a patient transfers from one institution to another.
2. When a patient arrives at an institution and has a current prescription/order for a CII controlled substance, the intake nurse shall obtain either a new prescription/order or a discontinuation prescription/order.

J. Telephone Orders for CII Controlled Substances

Per IMSP&P, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Substances Procedure, Section IV(E):

1. As defined by the DEA, telephone orders are only permitted in emergency situations as follows:
 - a. The immediate administration of the drug is necessary for proper treatment of the intended patient;
 - b. No alternative treatment is available (including a drug which is not a CII controlled substance); and
 - c. It is not possible for the prescribing provider to provide a written order for the drug at that time.

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2. Emergency telephone orders for CII controlled substances shall not be permitted if there is a provider on site at the institution with DEA CII controlled substances prescribing privileges. When a provider is not on site, an emergency CII controlled substances telephone order may be given to a licensed nurse.
3. Emergency telephone CII controlled substances orders shall not exceed 72 hours in duration, and all orders must be signed or electronically authorized via CPOE by the provider within 48 hours or no later than the next business day following a weekend or holiday.
4. When the provider arrives on site to sign an order or electronically authorize a CPOE order, a new order for continued therapy shall be written and signed or entered via CPOE when appropriate.

K. Telephone/Verbal Prescriptions/Orders Excluding CII Controlled Substances

1. Telephone/verbal prescriptions/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.
2. The staff receiving the verbal prescription/order shall write down the prescription/order or enter the prescription/order via CPOE, then read back the prescription/order, allowing the provider to validate the correct transcription.
3. The staff receiving a valid telephone/verbal prescription/order shall transcribe the prescription/order, record the date and time received on the CDC 7221, Physician's Orders, Medication Reconciliation Form, or enter the prescription/order via CPOE. The prescription/order shall include the provider's name and the designation "telephone or verbal order." The staff receiving the prescription/order shall sign the transcribed prescription/order with his/her name and title.
4. Telephone/verbal prescriptions/orders are not permitted for CII controlled substances. Per federal law, CII controlled substances may only be dispensed pursuant to a written prescription/order signed by the provider with the exception of circumstances covered under the Code of Federal Regulations, Title 21, Section 290.10, Definition of Emergency Situation. See section IV(J) above.
5. Telephone/verbal prescriptions/orders shall be signed or electronically authorized via CPOE by the provider within 48 hours or no later than the next business day following a weekend or holiday.

L. Hold Prescriptions/Orders

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

M. Medication Packaging

Medication containers must be provided that are consistent with CDCR Department Operations Manual, Section 54030.1, which specifies types of materials inmates may possess. Medication 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
3. Unit-of-use drug cards (blister pack and bubble pack)

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4. Unit-dose
5. Medication vials with child-proof packaging dispensed to patients for family visits, the Community Prisoner Mother Program, or parole

N. Prescription Label

1. Prescription labels shall conform to the prescription label requirements of applicable federal and state 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 (including the CDCR number)
 - d. The name of the provider
 - e. Clear directions for use of the drug
 - f. The name and the strength or dosage of the drug dispensed
 - g. Liquid dosage forms shall include concentration as well as dosage
 - h. The quantity of the drug dispensed
 - i. The medication expiration date, not to exceed the drug manufacturer's expiration date in accordance with IMSP&P, Volume 9, Chapter 16, Expiration Dates, Beyond-Use Dates and Disposition of Outdated, Contaminated, Mislabeled, or Overstocked and Recalled Medications
 - j. Auxiliary labels as needed (e.g., precautionary labels)
 - k. Prescription number
 - l. Drug manufacturer
 - m. Physical description of the product (e.g., tablet, capsule)
 - n. Number of refills remaining or stop date
 - o. The patient's housing and bed location
3. Chemical symbols shall not be used.
4. Latin abbreviations are not acceptable on KOP labels.

O. Prescription/Order Quantity

A prescribed/ordered supply shall be dispensed for prescriptions/orders except as noted below:

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

P. Duration of Prescriptions/Orders for Outpatients

1. Duration for medication prescriptions/orders shall be specified in days or months.
2. Medications prescribed/ordered by mental health providers may be prescribed/ordered for a maximum duration of 180 days. Mental Health Services Delivery System Program Guide requirements for minimum frequency of patient appointments are not changed by this procedure.
3. Prescriptions/orders for CII controlled substances shall have a maximum duration of 60 days from the date written.

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4. Prescriptions/orders for CIII-V controlled substances shall have a maximum duration of 150 days from the date written.
5. All other medications may be prescribed/ordered for a maximum of 12 months, except where otherwise restricted by the formulary, regulation, or policy.

Q. Scheduling of Non-daily Medications

1. Medications prescribed/ordered twice weekly (e.g., isoniazid and vitamin B6) shall be administered on Tuesdays and Fridays.
2. Medications prescribed/ordered weekly, every two weeks, three weeks or monthly (e.g., long acting depot mental health injections or peg interferon) shall be administered on Tuesdays unless otherwise specified by the provider.
3. The scheduled days of administration shall be included in the directions for administration on the MAR either by pharmacy entry or via CPOE.

R. Crush and Float Medications

1. The Systemwide P&T Committee mandates that certain medications be administered “Crush and Float” or “Open and Float” as appropriate per the formulation.
2. Medications on the Systemwide P&T Committee “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 MAR.
 - a. This labeling shall be automatically applied to all eligible medications regardless of whether the provider’s prescription/order included “Crush and Float” or “Open and Float” directions.
 - b. Any prescription/order from a provider to request an exception from “Crush and Float” or “Open and Float” administration for an eligible medication requires approval from the institution’s CME or designee or Chief/Senior Psychiatrist or designee.

S. Monitoring and Prescription/Order Related Problems

1. A pharmacist shall be responsible for screening all prescriptions/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 provider directly for clarification. If the provider cannot be contacted, one of the following shall be contacted as appropriate:
 - a. CME
 - b. Chief Physician and Surgeon
 - c. Medical Provider On-Call
 - d. Chief/Senior Psychiatrist or designee
 - e. Psychiatrist On-Call
 - f. Chief of Mental Health (to locate a psychiatrist when one cannot be contacted)
 - g. Supervising Dentist or Dentist On-Call
3. Prescription/order changes, clarification, or cancellations shall be received from the provider through a written or telephone prescription/order.
4. Problems shall be resolved ensuring that applicable turnaround times are met.

V. ATTACHMENTS

- Appendix A: Official “Do Not Use” List

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VI. REFERENCES

- Code of Federal Regulations, Title 21, Chapter I, Subchapter C, Part 290, Subpart A, Section 290.10, Definition of Emergency Situation
- Code of Federal Regulations, Title 21, Chapter II, Part 1301, Subjgrp, Section 1301.13, Application for registration; time for application; expiration date; registration for independent activities; application forms, fees, contents and signature; coincident activities
- California Business and Professions Code, Division 2, Chapter 9, Article 2, Section 4019
- California Business and Professions Code, Division 2, Chapter 9, Article 2, Section 4040
- California Business and Professions Code, Division 2, Chapter 9, Article 4, Section 4070
- California Health and Safety Code, Division 10, Chapter 4, Chapter 4, Section 11150
- California Health and Safety Code, Division 10, Chapter 4, Article 1, Section 11162.1
- The United States Pharmacopeia-National Formulary, <http://www.uspnf.com/>
- The Joint Commission Official "Do Not Use List" updated 3/5/09
- California Department of Corrections and Rehabilitation Department Operations Manual, Article 43, Section 54030.1, Policy
- California Correctional Health Care Services Formulary
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 27B, Physician Assistant Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 28B, Nurse Practitioner Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 8, CCHCS Drug Formulary
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 10, Additional Requirements Pertaining to Licensed Inpatient Facilities Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 16, Expiration Dates, Beyond-Use Dates and Disposition of Outdated, Contaminated, Mislabeled, or Overstocked and Recalled Medications
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Substances Procedure
- California Correctional Health Care Services, Inmate Medical Services Policy and Procedures, Volume 9, Chapter 35, Therapeutic Interchange and Automatic Substitution
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009

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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)* Lack of leading zero (.X mg)	Decimal point is missed	Write 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"