	POLICY: Medication Verification	
	NO. E-2b	**Date of Origin: 4/1/2015** **Revised: 7/15/2015** **Reviewed: 2/10/2017**

REFERENCES: NCCHC Standard (Prison & Jail) E-12 (2014)

PURPOSE:

To ensure that medications prescribed for an inmate prior to and during incarceration are verified and continued if determined to be clinically appropriate.

POLICY:

Medication verification is a process through which a community prescriber's active prescriptions may be continued during confinement based not upon our credentialed prescriber's determination but based upon the community prescriber's prior evaluation and decision. The prescription must be verified to be currently active by a community agency (pharmacy, physician's office, hospital, etc.). Given that the medication was timely filled (implying patient adherence) and that the prescription's expiration is identified, the medication can be refilled not to exceed the identified end-date.

Medication verification includes the following information at a minimum:

- Patient identification
- Prescriber identification
- Medication name and dosage dispensed
- Directions for use of the medication
- Expiration date for the prescription
- Date on which the prescription was last filled and quantity dispensed

The medication verification process identifies medications that may be continued, but does not require that all verified medications are continued. For example, excessive opioid medication may be discontinued even if verified. Similarly, medication verification does not authorize use of substitutes without the development of a new order.

Therefore the medication verification process, although useful and efficient in promoting continuity of care, does not prevent or eliminate the need for on-site healthcare provider availability and involvement.

PROCEDURE:

1. Routine medications prescribed for daily use for management of chronic disease or symptoms should generally be initiated within 24 hours of intake. During this period the medication should be verified and a supply obtained if determined to be clinically indicated. Routes for obtaining medication include stock supply, contract pharmacy supply, local pharmacy, or in rare instances patient supply.

2. The expectation that routine medications will be initiated within 24 hours is tempered with the recognition that the on-site provider has the authority to decline to continue medication and the authority to substitute medications.

3. When a decision to not continue medication is made, the decision and the reason for the decision is documented in the health record and the patient is seen by a site provider either the same day or on the next day a provider is on site.

4. The option to not continue should be invoked whenever a medication is thought to be medically unnecessary or not clinically supported based upon diagnosis, reported and/or verified usage, drug type, drug indication, dosage, patient report, etc. The following points provide guidance on making determination on continuation:

    a. Patient reports current use of a medication and the verification process succeeds in contacting the provider or dispensing pharmacy, but the medication order is not current or there is no record of ever being dispensed - the medication should not be considered as a continuing medication and the patient is generally considered as not currently receiving treatment with the identified medication. Examples include patients who indicate that they were told once that they had asthma, but they have not received an inhaler or not used one for many months.
    b. Patient reports that they received medications by using medication from a friend or family member and cannot verify current pharmacy or ordering provider - this should not be considered as having an active/current prescription for the named medication. Site provider should be consulted for indicated follow up.
    c. Patient reports current use of a medication and the medication cannot be verified because the agency is unavailable or the verification cannot be completed timely (defined as in time for a no-miss drug or in time to initiate medication within 24 hours of intake) – the site or on-call provider should be consulted for indicated follow up and/or orders.
    d. Patient reports current use of a nonstandard medication (defined as experimental, off-label, non-FDA approved, etc.) and the medication is verified - special efforts should be made to determine whether the medication must be continued and resources available to allow for continuity of care. Although inmates, while detained or incarcerated in a VDOC facility generally do not participate in experimental protocols, care should be taken when interrupting protocol participation for a newly received inmate, especially for those with short-stay stays.
    e. Patient is received from hospital settings, discharge medication orders are reviewed and orders for continued care are reviewed and verified by the site or on-call provider. When orders are modified from the original discharge orders, the site or on-call provider documents reason for changes and plan of care in the inmate's health record.

5. Facilities will develop site specific processes and supporting procedures for implementation of this Policy Directive. The site-specific procedures will be submitted to the Vermont DOC Health Services Director for review and approval. The site-specific procedures should at a minimum address the following:

    - Coordination of initial intake histories and medication verification process.
    - Method(s) use to obtain verification (may include a combination of telephone and facsimile use).
    - Timelines for completion of process including resolution of medication orders when verification cannot be completed within the designated timeframe.

- Method(s) for obtaining the medication so initiation begins with the identified timeframe.
- How the process is monitored to verify timely medication verification and initiation of medication occurs.