

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. 15.14.02

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SUBJECT: PRESCRIPTION ORDERS

EFFECTIVE DATE: 07/31/2020

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to delineate who can write prescriptions/orders with the Department of Corrections, to establish minimum requirements for information on prescriptions/orders, and to establish dispensing and possession limits for medication.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contract (CHCC) staff.

II. DEFINITION:

- A. Controlled Substance: Any substance named or described in Schedules I-V of section 893.03, Florida Statutes.
- B. Prescription Order: An order for medicinal drugs or medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of the state to prescribe such drugs or supplies and intended to be dispensed by a pharmacist. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner (Section 465.003, F.S.).

III. PRESCRIPTIONS:

- A. Prescription Orders:
1. Prescription orders for inmates in the Department of Corrections will be written on “*Physician’s Order Sheet*,” DC4-714B or “*DEA Controlled Substances Physician’s Order Sheet*,” DC4-714C.
 2. Authorized prescribers in the Department of Corrections shall be familiar with the Department of Corrections formulary system and comply with procedures outlined under this system. Physician and prescriber in this document denote any and all persons authorized by statute to prescribe medications within the Department of Corrections. This includes, but is not limited to, doctors, dentists, physician assistants (PAs), and advanced practice registered nurse (APRNs).
 3. A DC4-714B, “*Physician’s Order Sheet*,” shall be used for Legend and OTC prescription orders. A DC4-714C, “*DEA Controlled Substances Physician’s Order Sheet*,” shall be used for controlled substances

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prescriptions/orders. Lab tests and x-ray requests shall also be written on a separate DC4-714B. All prescription orders *will be legibly printed or typed*. See section 456.42, Fla. Stat.

4. No more than four (4) medications can be written on an order sheet section.
5. Prescription orders shall be written on the form from the bottom up.
6. The prescriber shall write prescription / orders for legend and OTC medications using a standard DC format which shall include:
 - a. Inmate name;
 - b. Inmate DC number;
 - c. Institution;
 - d. Date and month written out in textual letters;
 - e. Allergies;
 - f. Diagnosis if appropriate;
 - g. Drug name;
 - h. Drug strength;
 - i. Dose form;
 - j. Dosage;
 - k. Duration of treatment, e.g., 3 days, 5 days, 7 days, 30 days, etc., and quantity for PRN orders;
 - l. Route of administration, e.g., PO, OTIC, OPTH, etc.;
 - m. Directions for use, e.g., q.i.d., q.d., etc.;
 - n. Other information necessary for proper dispensing;
 - o. The therapy expiration date if appropriate;
 - p. Signature of prescribing practitioner on the day when issued;
 - q. Abbreviations and symbols shall not be used on prescription orders unless such abbreviations and symbols appear on the approved list of abbreviations utilized by Department of Corrections, Office of Health Services (see *Nursing Manual*).
7. Controlled substance prescription orders must be written as outlined in Chapter 893, F.S. In addition to the requirements for prescription orders for legend and OTC medication in (III(A)6, prescription orders for controlled substances must be written on DC4-714C, *DEA Controlled Substances Physician's Order Sheet*, and shall include on the face of the prescription order or written record for the controlled substance the following information:
 - a. Date written with the abbreviated month written out on the face of the prescription;

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- b. Signature of the practitioner on the date written;
 - c. Full name and address of the person for whom the controlled substance is dispensed;
 - d. Full name and address of the prescribing practitioner and the practitioner's federal controlled substance registry number shall be printed thereon. An individual practitioner exempted from registration under 21 C.F.R. § 1301.22 (c) shall include on all prescription orders issued by him or her the registration number of the hospital or other institution and the special internal code number assigned to him or her by the hospital or other institution as provided in 21 C.F.R. § 1301.22(c) in lieu of the registration number of the practitioner required by this section;
 - e. The name of the controlled substance prescribed and the strength, quantity of the drug prescribed in both textual and numerical formats and directions for use.
8. Most psychotropic prescription orders shall be single dosed except SSRI's, Cymbalta, Remeron (Mirtazapine), Effexor and Effexor XR (Venlafaxine). For these authorized KOP medications to be issued to an inmate as Keep On Person, the practitioner must write "KOP" by the medication on the prescription order. If no indications are noted on the prescription order, the pharmacist shall dispense the medication in oral solid dosage form and all prescription orders will be single dosed.
 9. An authorized practitioner shall properly sign prescription orders and her/his name shall be stamped or block printed under her/his signature. Physician assistant (PA) prescription orders do not need to be co-signed if the physician assistant has completed the required licensure procedure for prescribing PA. The PA may not prescribe medicinal drugs which are listed on the Council of Physician Assistants formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under 458.347 or s. 459.022, F.S. may not prescribe. Advanced practice registered nurse must comply with protocols on file with the Board of Nursing but prescription orders do not need to be co-signed.
 10. Prescribers shall reevaluate a prescription order prior to a renewal and document the need for continued medication.
 11. During after hours, a practitioner's verbal order shall be written on *Physician's Order Sheet*, DC4-714B by the receiving nurse for inmates. The prescription order must be signed by the practitioner within five (5) working days. The prescription order shall be written in standard format, noting the dose(s) issued by single dosing, a dose at a time, until the remainder of the prescription order

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can be issued by the pharmacy, and by whom. The authorized (prescriber signed) written prescription order shall be transmitted to the pharmacy department to be entered on the patient's profile the next working day. The pharmacist shall dispense the remainder of the prescription order upon receipt.

12. The pharmacist shall affix a label to the original container in which a prescription is delivered bearing the following information:
 - a. The name and address of the pharmacy from which such prescription was dispensed;
 - b. The date on which the prescription was dispensed;
 - c. The number of such prescription order as recorded in the prescription files of the pharmacy in which it is filled;
 - d. Inmate name and DC Number;
 - e. Name of medication, strength and amount dispensed;
 - f. The name of the prescribing practitioner;
 - g. The name of the patient for whom the medication is prescribed;
 - h. The directions for the use of the medication prescribed in the prescription; and
 - i. Name or initials of pharmacist;
 - j. Discard-after date;
 - k. Next refill date or No refills; and
 - l. Cautionary on accessory labels, as required;
 - m. For DEA Controlled medication, a clear, concise warning that it is a crime to transfer the controlled substance to any person other than the patient for whom prescribed;
 - n. A discard-after date is to be entered manually into the computer and is to be the date that the prescription order expires.

B. Prescription Order Forms:

1. Prescription orders for inmates shall be written on "*Physician's Order Sheet*," DC4-714B or "*DEA Controlled Substances Physician's Order Sheet*," DC4-714C.
2. How to Order:
 - a. Any revision to DC4-714B or DC4-714C must be submitted to the Chief of Pharmacy Services and approved by the Chief of Health Services Administration,
 - b. All Department of Corrections forms are to be ordered from the PRIDE Print Shop through the Office of Health Services or, if

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appropriate, downloaded from the department's intranet web page.

3. Limits: Prescribing, Dispensing, and Possession:
 - a. Prescribing:
 - (1) All prescription orders written for EOS (end of sentence) purposes should be written for maintenance medications only. Inmates with a chronic illness should have their maintenance medications prescribed for fourteen (14) days if appropriate with the exception of medications to treat HIV/AIDS. These inmates will be dispensed a 30-day supply of all HIV/AIDS-related medications that the inmate is taking prior to release under the protocols of the Department of Corrections and the treatment guidelines of the United States Department of Health and Human Services per 945.355, F.S. Inmates with an acute illness should have enough medication prescribed to complete the therapy regimen. Note: Care must be exercised in prescribing medications with the potential for abuse. Inmates who leave on an Immigration and Naturalization Services (INS) detainer or who go to outside court shall be provided with a maximum seven (7) day supply of medication(s).
 - (2) All prescription orders will be written in a day's supply format. All prescription orders that the practitioner intends to be utilized for an extended period of time should be written to expire after the next scheduled appointment utilizing thirty (30) day cycles. Pharmacy managers will assist with determining thirty (30) day cycles. PRN prescriptions must also contain the maximum numbers of doses to be issued with the number written numerically and textually. Additionally, for DEA Controlled medications, the quantity of the drug prescribed in both textual and numerical formats. Topical prescriptions shall indicate an amount to be dispensed and the expected time that the prescription should last.
 - (3) Prescription orders for chronic illnesses may be written for a maximum of 365 days. The pharmacist shall fill these prescriptions for a thirty (30) day supply, if possible, or qs (fill in sufficient quantity) to the next clinic date, with the exception of drugs specified by the Statewide P & T Committee. These specified drugs may be dispensed up to a 120-day supply as

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long as a maximum of 120 tablets are dispensed. Specific Pharmacy Services Committee approved medications may be dispensed in quantities over 120 tablets/capsules.

- (4) Prescription orders for isoniazid and pyridoxine (VIT B6) may be written for a maximum of one (1) year. Isoniazid shall be single dosed as stated in the applicable health services bulletin.
- (5) Prescription orders may be written for one (1) year for healthy females for hormone replacement therapy medications.
- (6) Prescription orders for psychotropic drugs may be written for up to a maximum of ninety (90) days as described in HSB 15.05.19. Psychotropic medications written for pain or migraines (diagnosis must be on prescription) are the same as chronic clinic prescription orders (See # 3 above).
- (7) Prescription orders for controlled substances shall be written for no more than 28 days, with the exception of seizure control medication (Phenobarbital) which can be written for a maximum of one-hundred-twenty (120) days.

b. Dispensing Limits:

- (1) Medication with low abuse potential, in the professional judgment of the prescribing physician and dispensing pharmacist, may be dispensed for a maximum of one-hundred twenty (120) days with refills, if applicable. The quantity dispensed should not exceed one-hundred-twenty (120) tablets, unless authorized by the Statewide P & T Committee.
- (2) Medication with a need for optimal compliance (i.e., those with high abuse potential or toxicity) and PRN medications shall be dispensed for quantities limited to a thirty (30) day supply with appropriate refills.

c. Possession:

An inmate may not have on her/his person or property an amount of medication greater than:

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- (1) Zero (0) day supply, controlled substances (except with written authorization from the medical executive director/chief health Officer).

Example: A cancer patient transported to the treatment center may need unit-dose medications for the transport period.

- (2) A one-hundred twenty (120) day supply, up to one-hundred-twenty (120) tablets, for chronic illness medication. If tablet quantity exceeds one-hundred-twenty (120) tablets, default to a two (2) week supply, unless authorized by the Statewide P & T Committee.

C. Expiration Date:

The expiration date for the course of therapy shall be documented on each prescription label in the following format: Discard after xx/xx/xx.

Example: If today's date is 1/1/2x, and the course of therapy was for two (2) weeks, then the expiration date would be for 1/14/2x, etc.

The discard-after date is the date that the prescription is void; security may return any medication after its discard date to the medical unit.

Director of Health Services

Date

This Health Services Bulletin Supersedes: HSB 15.03.32 Supplement 3, Section A dated 5/99
TI 15.14.02 dated 6/20/00, 4/9/01, 6/17/02,
12/17/02, 12/09/03 and 4/21/06.
HSB 15.14.02 dated 03/06/13, AND 05/13/2015
