



2019

Policy & Procedures Manual

Oklahoma DOC

POLICIES AND PROCEDURES

PHARMACEUTICAL SERVICES

Oklahoma DOC

I. ORDERING MEDICATIONS

- A. All reorders received by 5:00 PM ET the previous day, and all new orders received by 5:00 PM ET will be dispensed and shipped Next Day Air Monday thru Friday, unless otherwise stated. On Saturday, the cutoff time for new orders is 2:00 PM ET. Please fax as early and as often as possible and don't wait until the cutoff. Include a cover sheet with each fax indicating the number of pages sent. Make sure you receive a confirmation sheet confirming the fax went through. Orders needed after the cutoff time must be **phoned in** to ensure same day shipment.
1. All new orders or reorders are to be transmitted via facsimile or phoned exactly as prescribed. Our facsimile machine may be accessed 24 hours a day, seven days a week.
 2. Reorders
 - a) Reorders can be faxed into our pharmacy by affixing a peel-off reorder label to the "Medication Reorder Form". Copies of reorder sheet must be made to protect the rollers on the fax machine.
 - b) Reorders may also be called into our pharmacy technician giving the inmates name and seven (7) digit prescription number. This procedure should only be used if the order cannot be faxed due to a problem with the fax machine.
 - c) Reorders will be sent up to a quantity needed to reach the cut date.
 3. New Orders
 - a) New orders may be called in by a nurse or physician or faxed to our pharmacy by your facility staff.
 - b) New orders for next day delivery should be faxed by designated cut off time. If the order is needed and it is past the designated cut off time your facility staff is to "call", using our verbal toll-free number, alerting us of this fact, and we will include it in the next days delivery.
 - c) When ordering a narcotic prescription (Schedule II Drug) the "**ORIGINAL**" may be faxed to the pharmacy. The actual original prescription on a physician's specific prescription blank must be mailed to Diamond Pharmacy Services within 72 hours. According to federal laws and regulations, these prescriptions must be kept on file in our pharmacy to allow an accurate audit

and accountability of said drugs. Please have the physician write the prescription for the CII medication on a separate prescription blank. Do not mail us the chart copy of the physician's orders. Schedule III – V Drugs can be faxed to Diamond with a physician signature or phoned in by the nursing staff.

- d) Every medication order should specify all of the following:
- (1) Inmate name
 - (2) Inmate number (optional)
 - (3) Inmate location/cell block (optional)
 - (4) Allergies
 - (5) Diagnosis (optional)
 - (6) Name of medication
 - (7) Strength of medication
 - (8) Quantity needed
 - (9) Exact time or frequency of administration
 - (10) Route of administration
 - (11) Number of refills
 - (12) Prescribing physician
 - (13) As needed (PRN) medications are to specify the condition for which they are to be administered, ex. as needed for pain if topical, exact site of location.

4. Stock Medications

- a) In order to receive stock medications, the facility or physician license must be faxed to Diamond Pharmacy Services and an authorization to ship stock medications must be completed.
- b) **Stock controlled** medications must be ordered on a "Controlled Stock Medication New Order Form" or a "Controlled Stock Medication Reorder Form" and signed by a physician. They may be phoned in by an RN if a physician is not available to sign.
- c) CII stock medications must be ordered via Form 222.
- d) Non-controlled stock medications may be reordered using a "Non Controlled Stock Medication Reorder Form".

5. Changes in medications

- a) According to state law, and the better judgment of the state inspectors, we will not send new labels to accommodate direction changes for existing pharmacy labels. Instead, we will provide your facility with "Directions Changed Refer to Chart" stickers. These stickers must be affixed to the medication packaging that will still carry the original unaltered prescription

label. The stickers will remind your staff to refer to the MAR for the current directions prior to dispensing the medication to the inmate.

6. Faxing procedure:
 - a) Make a copy of the reorder sheets containing peel off reorder labels prior to faxing to prevent damage to the rollers of the fax machine.
 - b) Complete a fax cover sheet indicating number of sheets to be faxed, the date, and the person faxing.
 - c) Insert papers face-down slightly staggered into the machine.
 - d) Dial the fax number 724-349-2945, 1-800-523-0008, or press the preprogrammed speed dial.
 - e) Wait for the high-pitched tone
 - f) Press the start button then hang up the receiver.
 - g) The fax should then start transmitting. The fax machine supplied to your facility will hold up to 10 single sheets of paper per fax. Once the transmission is complete a confirmation slip will be printed. This is a verification stating the number of pages and the time this fax was transmitted to our pharmacy. Please confirm the number of sheets to be faxed matches the number of pages on the confirmation sheet. The confirmation sheet must then be attached to the original faxed records for confirmation.
 - h) The person transmitting the order should initial or sign the fax cover sheet when transmission is complete.

II. FORMULARY MEDICATIONS

- A. Physicians are encouraged to prescribe from the approved drug formulary when possible for cost containment. If a non formulary medication is medically necessary, a non formulary form must be filled out and faxed to the pharmacy along with the original order. If the form is not filled out, Diamond Pharmacy Services will only send a three-day supply of the medication.

III. RECEIVING DAILY ORDERS

- A. With each medication order you will receive a medication delivery sheet.
- B. When your order is received, the medications must be checked in from the medication delivery sheet. **If any discrepancies are found, the pharmacy must be called within 24 hours during normal business hours.** After the medication order is checked in, the person verifying the order must sign and file the delivery sheet. This signature verifies the order was checked in and was complete.
- C. If the Next Day Air package is not received at your facility by the normal delivery time, please phone our pharmacy immediately and we will track the package with the shipping company.
- D. Diamond Pharmacy Services has the ability to print your delivery sheets in multiple formats. The most common is the following:
 - 1. Page 1 - All controlled medications
 - 2. Page 2 - All patient specific medications
 - 3. Page 3 - A "problem" page that notifies you that the prescription was not sent and why it was not sent. Using a corresponding "key" at the bottom the sheet, you can determine why a specific medication was not sent

MSG KEY: A - REFILL TOO SOON

B - CUT DATE EXCEEDED

C - NO REFILLS REMAINING

D - INMATE TRANSFERRED/RELEASED

E - NO COVERAGE/MEDICATION CANNOT BE SENT

F - MEDICATION WAS DISCONTINUED

G - ALREADY SENT TO DISCONTINUE/CUT DATE

H - NON-FORMULARY MEDICATION

O - OWED MEDICATION

Code O means we will automatically send the medication when it is available, probably the next day. Code A, B, or C will need reordered.

IV. MEDICATION LABELS

- A. All prescription medications and pharmacy related items will be labeled in accordance with Federal, State, and Local Laws and in accordance with standards of pharmacy practice. No person is permitted to modify or change any of the information on the prescription label. No person other than a pharmacist or physician may label a prescription product. The person receiving the medication is responsible for ensuring all medications coming from the pharmacy are properly labeled.
- B. All prescription medications regardless of the source will be labeled as follows:
1. Inmate name
 2. Inmate number (if applicable)
 3. Inmate location or cell block (if applicable)
 4. Brand and/or generic name and strength of the medication dispensed
 5. Quantity dispensed
 6. Exact directions for administration
 7. Prescription number
 8. Prescriber name
 9. Dispense date
 10. Number of refills/or cut date
 11. Pharmacist's initials
 12. Name of drug manufacturer
 13. Name, address, telephone number and DEA number of the issuing pharmacy
 14. Where appropriate, precautionary labels indicating storage requirements, special shaking or handling procedures, etc.
- C. The medication label is not to be altered, modified, or marked in any way resulting in any change in the original meaning. If there is a change in an order the change should be made directly on the MAR and a "directions changed refer to chart" sticker should be affixed on to the prescription label.
- D. The contents within any labeled container are not to be transferred from one container to another.

V. GENERIC SUBSTITUTION

- A. Generic will be considered as the chemical or common name of products having the same active ingredients.
- B. In an effort to reduce pharmaceutical costs, Diamond Pharmacy encourages the use of generic medications in accordance with the provisions of state law and the prescriber's therapeutic objectives. The pharmacist will select a generic drug equivalent and substitute it for a drug ordered by its brand name medication in accordance with the provisions of state law, unless the physician specifically states otherwise. If the physician requires brand name medication the words " Brand Medically Necessary" must be written on the order.
- C. When a prescription medication is ordered, a generic will be dispensed if available. The medication will be labeled with the generic name such as "Methyldopa" and below it will be the brand name it is substituted for such as "Substitute for Aldomet".
- D. Only approved drugs, biologicals, and other related items will be sent to the facility.

VI. STORING MEDICATIONS

- A. Medications and biologicals are to be stored in a secure and orderly manner under proper temperatures and are to be accessible only to licensed nursing and pharmacy personnel.
- B. Medications will be dispensed by Diamond Pharmacy Services in containers which meet official requirements for stability, and they are to be kept and stored in these containers.
- C. All medications intended for oral administration are considered internal. Internals include tablets, capsules, oral liquids, injectables, eye drops, eye ointments, and ear drops intended for installation into the ear canal.
- D. All medication not intended for instillation into an orifice, injected, or labeled "FOR EXTERNAL USE ONLY" are considered external medications. Externals include topical ointments, creams or lotions for application to the skin or a wound.
- E. Medications for internal use are to be stored separately from drugs for external use. Both are to be stored separately from poisons. Medications intended for internal use are to be kept and stored in areas marked "INTERNALS" in the medication room.
- F. Germicides, disinfectants and other household cleaning substances are to be stored separately from medications. Urine test reagents such as Clinitest and Acetest are to be stored separately from medications also. They are to be stored in the utility room in a locked cabinet marked "TEST REAGENTS - CAUTION POISON".
- G. All Schedule II medications are to be stored in accordance with the controlled substances act in a separately locked drawer designated for that purpose.
- H. Medications are to be stored at proper temperatures. Medications requiring storage at room temperatures are to be stored at a temperature of not less than 15°C (59°F) or more than 30°C (86°F). Medication requiring refrigeration are to be stored at a temperature not less than 2°C (36°F) or more than 8°C (46°F). A medication requiring storage in a cool place may be stored in the refrigerator unless otherwise specified on the label. A thermometer must be kept in the refrigerator containing medications to measure proper temperatures.
- I. Medications stored in the refrigerator are to be kept in a closed, separate container. Fruit juices, applesauce and other foods used in passing medicines may be kept in the refrigerator on a separate shelf from the medications. Lunches and other foods not used in passing medicines may not be kept in the refrigerator in the medicine room under any circumstances.
- J. Medications are not to be kept on hand after the expiration date which appears on the label. Outdated, contaminated or deteriorated medications and those in containers which are cracked, soiled or without secure closures are to be immediately withdrawn from stock, reordered from the pharmacy if a current order exists, and returned to the pharmacy.

NOTE: Do not return controlled substances to the pharmacy.

VII. DISCONTINUED MEDICATION

- A. Only a physician can discontinue a prescription order. When medications are discontinued, our pharmacy must be alerted. The normal procedure is to peel off the reorder label, affix it to the daily drug order sheet and write or check the discontinued block and fax it to our pharmacy. You may also fax us the actual physician's order to discontinue the medication.
- B. When a physician orders a medication to be discontinued (DC'd), the medication's container is to be marked immediately by the nurse receiving the order to show that the drug has been DC'd and the date of discontinuance; it should then be placed in a separate designated cabinet in the medication room to await return to the pharmacy. The inmate's MAR must be correctly updated.
- C. When returning any remaining non-controlled medication in the discontinued container, is to be written on a "Medication Return Form" and returned to the pharmacy. Once the "Medication Return Form" is completed, the copy is to be sent back to the pharmacy immediately with the discontinued medication; provided it is not a controlled substance.
- D. All medications except for the controlled substances that have been discontinued should be returned to the pharmacy via UPS, US Mail or consultant pharmacist on his quarterly reviews. All medications that are being returned for credit must be written up on a "Credit/Destruction Request" form and enclosed with the returned medications. Information should be listed as follows:
 - 1. Rx number
 - 2. Inmate name and number
 - 3. Drug name
 - 4. Quantity you are returning
- E. Once the doctor has discontinued a controlled substance, the unused medication must be stored at your facility in a location that is securely locked. Follow the policies and procedures sheet on how to destroy controlled substances via Guaranteed Returns. Do not return any controlled substances back to the pharmacy.

VIII. DESTRUCTION OF MEDICATION

- A. Medications requiring destruction are considered to be:
 - 1. Any controlled medication that has been DC'd.
 - 2. Any controlled medication that is outdated.
 - 3. Any controlled medication that has been refused, wasted or dropped.
- B. These medications are to be stored under lock and secure conditions at the facility.
- C. Rules and regulations for medication destruction vary by state. Please refer to your state regulations and federal law regarding these laws for proper disposal.
- D. The controlled substance record book must be kept in the med room at all times.

IX. CONTROLLED SUBSTANCES

- A. Diamond Pharmacy Services abides strictly to the Controlled Substance Act of 1970.
- B. Controlled substances are medications with high abuse potential and are subject to special handling, storage, disposal and record keeping.
- C. The Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, commonly referred to as the controlled substance act, created drug schedules based on the potential for abuse. Controlled substances are classified into five schedules.
1. Schedule I (CI) - Highest abuse potential contains medications with no accepted medical purpose such as Heroin.
 2. Schedule II (CII) - Contains medications with an extremely high abuse potential such as Morphine, Demerol, Percocet, Percodan, Ritalin, Methadone, Dilaudid, Cocaine, Amphetamines and most barbiturates such as Nembutal and Seconal.
 3. Schedule III (CIII) - Contains medications with a very high abuse potential such as Tylenol with Codeine, Vicodin, etc.
 4. Schedule IV (CIV) - Contains medications with a lessor abuse potential then Schedule III and includes Darvocet, Restoril, Phenobarbital, Chloral Hydrate, Valium, Serax and Librium.
 5. Schedule V (CV) - Contains seldom abused drugs such as the Codeine containing cough syrups (Robitussin AC, Robitussin DAC) and Lomotil.
- D. All prescription numbers starting with a number 2 are schedule II medication, all starting with a number 4 are schedule III-IV medications, and all other numbers such as number 7 are non-controlled medications.
- E. A CONTROLLED SUBSTANCE prescription can **ONLY** be dispensed under the following conditions:

WRITTEN ORDERS - A prescription that is dated and **manually signed** by the provider on the date of issue.

ELECTRONIC ORDERS - Electronic orders entered into an electronic health record and/or other data entry system must be printed at the site level and **manually signed** by the prescriber and faxed to the pharmacy. At this point, password protected digital signatures are not permitted.

PRESCRIBER VERBAL ORDERS - The prescriber may directly speak to one of our pharmacists with a verbal order. CII medications may be phoned for an emergency supply (up to 72-hours) and must be followed by a hard copy prescription being mailed within 7 days to Diamond Pharmacy Attn: Medical Department Supervisor.

NURSE VERBAL ORDERS - A nurse may take a verbal order for CIII-CV (not CII) from the physician; however, the nurse must call the order to one of our pharmacists. Writing the verbal order, noting "V/O per Dr. ____" and faxing it to the pharmacy is not valid. Diamond will not fill a controlled substance prescription from a faxed verbal order.

- **Schedule II** controlled substance prescriptions **MUST** contain in writing the total quantity and a doctor signature.
- It is suggested that a cut date be indicated on the prescription due to the fact that the order will stay active on the patient's MAR for 5 refills/6months unless otherwise noted. If no cut date is given, Diamond will assume that the medication is being taken at the highest frequency until the given quantity is exhausted. (Example: 1-2 tabs every 4 hours #30 x2 refills, will be calculated to last only 7.5 days for the entire prescription)
- **Schedule II** Controlled Substances require an original written prescription from the physician before filling. The prescription can be faxed and is to be received at our pharmacy prior to filling the prescription. If it is an emergency the prescription can be phoned in by the physician. The original prescription in the physician's handwriting on the physician's prescription blank must then be mailed into the pharmacy within 72 hours. These medications cannot contain any refills.
- Any facility that has an outstanding prescription of more than two weeks will be notified by telephone. If the prescription is still not received with 5 business days, the facility will not be permitted to receive any further CII medications until the outstanding prescription is received.
- Medications listed in Schedule II are subject to special handling, storage, disposal and record keeping. Such medications are to be accessible only to authorized personnel.
- Medications listed in Schedule II are to be stored under double lock, separate from all other medications. The medication room door will serve as one lock and the second lock can serve as a locked cabinet within the med room, locked medication cart, etc. The key to the separately locked scheduled medications should not be the same key that is used to gain access to other medications. The medication nurse on duty at the time will maintain possession of the key to the controlled medication drawer/cabinet.

F. Records

1. The appropriate personnel receiving and checking in medications listed in any **Schedule II-V** is to prepare a controlled medication audit for that medication. Thereafter, a physical inventory of that medication will be made at the change of each shift by two persons who are authorized to administer the medication, in accordance with the procedures for medication administration. Usually that will be the medication nurse going off duty and the medication nurse coming on duty.
2. Separate records shall be maintained on all Schedule drugs, in the form of a declining inventory records. Such records shall be accurately maintained and shall include:
 - a) Name and number of the inmate
 - b) Name of the prescriber

- c) Prescription number
 - d) Drug name
 - e) The form of the medication
 - f) Date medication was received
 - g) Strength and dose administered
 - h) Date and time of administration
 - i) Signature of the person administering the drug
3. Proof-of-use records, in the form of a declining inventory record, are to be maintained for all Schedule medications. The licensed nurse receiving and checking in such a medication is to prepare, in addition to a controlled medication audit record, a proof-of-use record for that medication. No more than one prescription is to be entered on any page of a declining inventory record.
 4. Such records shall be reconciled to a physical count of the remaining medication substances at least daily and shall be retained at least four years.
 5. No more than one prescription for a controlled substance shall be entered on one page of the declining inventory record.
 6. Drug records shall be maintained for all schedule drugs of the above act in order to trace the receipt and disposition of such drugs.
 7. The director is responsible for investigating and making a reasonable effort to reconcile all reported discrepancies. If a discrepancy is irreconcilable, the director is to document the details on the audit record, including the possible shift or persons responsible for the discrepancy, and the efforts made to reconcile it. If a major discrepancy or a pattern of discrepancies occur, or there is obvious criminal activity, the director is to notify the administrator and the consultant pharmacist immediately.

G. Accounting Procedures

Schedule II controlled substances, including discontinued medication, shall be counted at least daily, by at least two persons who are legally authorized to administer medications.

8. Any discrepancy in the count of controlled substances is to be reported in writing immediately to the responsible supervisor and a signed entry shall be recorded on the page where the discrepancy is found.
9. The supervisor shall institute an investigation to determine whether the dose was administered or refused, the reason for not charting the record shall then be updated.
10. The consultant pharmacist shall be notified immediately if any discrepancy in the count is detected for any controlled substance regardless of the classification. The pharmacist shall make regular checks of the handling, storage, recording, and disposal procedures of controlled substances.

11. Each line on the proof-of-use record is to represent one dose. If more than one sheet is needed for the number of doses checked in, then a sufficient number of sheets are to be prepared and each copy is to be numbered such as 1 of 3, 2 of 3, 3 of 3.
 12. Immediately after a dose is administered, the licensed nurse administering the medication is to enter all the following information on the proof-of-use record:
 - a) Date and time of administration
 - b) Dose administered
 - c) Signature of the nurse administering the dose
 13. If a dose is removed from the container for administration, but refused by the resident or not given for any reason, it must be disposed of properly per state and federal laws and regulations.
 14. Current proof-of-use records and controlled medication audit records are to be kept on the medication cart in the narcotic book. When completed, the audit and proof-of-use records are to be kept on file in the facility for at least four years by the director of nursing services.
 15. Should any person(s) enter the Facility for the purpose of stealing controlled medications, the medicine nurse's first concerns are to be for personal safety and the safety of the residents and other staff members. Under no circumstances is the medicine nurse to refuse to give the controlled medications to persons who are threatening to do bodily harm. After the person(s) leaves the Facility, the nurse on duty is to immediately notify the following persons and inform them of the incident:
 - a) Medical Director
 - b) Health Care Administrator
 - c) Director of nursing services
 - d) Consultant Pharmacist
- H. Release of inmate with Scheduled/Controlled Medications
16. Controlled drugs may be sent with the inmate on discharge or transfer if so ordered by the discharging physician.
 17. A specifically worded order shall be required for each individual controlled substance.
 18. The release records for controlled substance shall be entered on the declining inventory sheet.
 19. The following information shall be included on the declining inventory sheet with the release of drugs to a discharged or transferred patient.
 - a) Name of each drug and strength
 - b) Quantity of medication

- c) Prescription number
 - d) Amount released
 - e) Date released
 - f) Signature of person releasing the medication
 - g) Signature of person receiving the medication
20. Remaining controlled substances not authorized by the physician for release to the inmate at time of discharge shall not be surrendered to any person (including physician) for any reason, these medications require destruction by a reverse distributor.
21. Such records of these returns for destruction shall be retained for at least four years.

X. PHARMACY CONSULTING SERVICES

- A. Diamond Pharmacy Services' Consultant Pharmacist will provide consulting services to the Correctional Institution. He/she will have the responsibility to:
1. Provide an overall inspection of the pharmaceutical divisions of the facility on a quarterly basis. Any outdated and/or deteriorated items will promptly be replaced.
 2. Establish policies and procedures, accommodating both the prison personnel and Diamond Pharmacy. He/she will assist in the developing, implementing, and monitoring of policies and procedures for the safe and effective distribution, control, and use of drugs.
 3. Provide general supervision of prison procedures for the control and accountability of all drugs throughout the facility. Provide an overall inspection of the pharmaceutical division of the facility on a quarterly basis. This will ensure that all drugs are approved and dispensed in compliance with Federal and State laws, as well as the prison's policies and procedures.
 4. Supervise the computerized records of receipt, administration, and disposition of all controlled drugs, and verify that records are being maintained in sufficient detail to allow an accurate reconciliation of said drugs.
 5. Retain all records from the facility under the strictest confidentiality.
 6. Provide continual assessment of recommendations of plans for implementations. This will be completed through our quarterly inspection reports that are provided to the Health Care Administrator for follow up and evaluation of performance.
 7. Provide all other responsibilities required, as set forth in Federal or State laws, statutes, or regulations presently enacted, or may hereafter be enacted, as well as provide detailed services applicable to the correctional facility.
 8. Be available continuously 24 hours a day, 7 days a week for emergency and routine consultations.
 9. Maintain liability and malpractice insurance in an amount acceptable to the Facility, during the terms of the Contract.
 10. Devote time, energy, and skill as his/her duties require. Said time will include:
 - a) All time expended preparing reports of activities performed or to be performed.
 - b) Time expended viewing provisions and activities relating to pharmaceutical services connected with governmental inspections or voluntary accreditations.

11. The Consultant Pharmacist will assist the facility in:
 - a) Maintain that inmates are receiving proper doses of medications as prescribed.
 - b) Provide drug reference materials as needed (i.e. controlled substance lists, a list of meds not to be crushed, metric conversions, etc.).
 - c) Provide emergency consultations via toll-free telephone number (800-882-6337).
 - d) Attend (and chair, if requested) Pharmacy and Therapeutics (P & T) and Quality Assurance (QA) meetings.
 - e) Inspect all areas relating to pharmacy.
 - f) Provide training of pharmaceutical services program.
12. A minimum of quarterly routine consultations regarding all phases of the facility's pharmaceutical divisions will be performed on-site. Documentation of inspection will be provided.
13. In-services on a wide variety of subjects not limited to pharmacology will be provided upon request. This provides continuing education for applicable personnel.
14. An extensive video library pertaining to pharmaceuticals and related topics is also available to the facility and its personnel.

XI. EMERGENCY PHARMACY HOURS

- A. If an emergency medication is needed **at any time**, please do not call the pharmacy. Instead, complete an "Emergency Prescription Request" form and fax it to our emergency prescription fax number at 1-866-307-9748. Do not fax with your regular orders. This may delay the processing of the order. Our pharmacist will review the order and contact your backup pharmacy.
- B. If you require medical advice or need to speak to a pharmacist, we are available 24 hours a day, 365 days a year. Please contact us at 800-882-6337 or 724-349-1111.
- C. After normal business hours, dial either of the above numbers and choose emergency prompt #1, followed by option #2 in order to reach the correctional customer service answering service. If the toll-free number is out of service, the answering service can be phoned directly at 412-341-8440 for after-hours needs. If your call is not returned within 5 minutes, please email NSCustomerservice@diamondpharmacy.com.

XII. EXTENSIVE COMPUTER SERVICES

- A. Diamond Pharmacy Services provides documentation of each medication order. These documents consist of the following:
1. Medication Delivery Report (packing slip).
This report is printed alphabetically by inmate. The nurse checking in the medication order should use this report to verify that all medications are received. Any discrepancies must be reported to Diamond Pharmacy Services immediately.
 2. Billing Report
The billing report is printed the same as the delivery report. It shows individual prices accrued for each medication order. The above lists may be sorted and printed in any format required (i.e. separate sheet for each physician - printed alphabetically by inmate name, separate sheet for each location, etc.).
- B. Our computer system enables us to generate customized reports. A few examples are listed below:
1. National Drug Code Report (NDC Report)
This report is generated for each medication order. It is used for submitting monthly invoices for payment. The NDC Report lists the national drug code of each medication. This enables the accounting department of the facility to verify the price of each prescription according to the contract and the Redbook updates. Additional information may be added to this report as necessary and requested.
 2. Drug Scans
A complete drug scan can be generated on a specific drug or drug class (i.e. list how many inmates are receiving Ibuprofen, how many doses per prescription, date filled, etc.). These reports may be customized as requested.
 3. Total prescriptions for each inmate
 4. Total number of doses
 5. Prescribing Physician Reports
This report may be provided alphabetically by prescriber name. A report such as this lists all medications prescribed, for whom they were prescribed, date ordered, NDC code of medication (optional), quantities, etc. The report may be for any date or date range.
 6. Medical Expense Summaries / Patient Profiles
Periodically these reports may be required on specific inmates. They may be generated for any date or date range as required. They list all drugs received, prices, quantities, physicians, date filled, etc. Medical expense summaries will be supplied as necessary.

7. Detailed inmate profiles
8. Patient drug allergy and drug interaction alert
9. Monthly drug usage per inmate
10. Continual narcotic controlled substances inventory
11. Monthly psychotropic usage report
12. Computerized Medical Administration Record, delivered to the institution five (5) days before the end of the calendar month
13. List of inmates taking medications which are known to produce adverse side-effects when they are exposed to high temperatures or the sun
14. Percentage of inmates on medications
15. Percentage of inmates on psychotropics
16. Formulary vs. non formulary medications dispensed
17. Number of prescriptions per inmate
18. High to low usage by dollar amount
19. High to low usage by quantity dispensed
20. Medication classification report
21. Cost containment recommendation reports
22. Stop date report
23. Invoices containing drug name, NDC and AWP
24. Numerous customized management/cost containment reports

All statistics and percentages are factual as listed. All customized reports are supplied when requested.

XIII. SELECTIVE SERVICES

- A. Diamond Pharmacy Services and Medical Supply carries an extensive line of the newest, most advanced health care products available today. Specialty items are easily obtained. A few examples are:
1. An extensive line of over the counter / health and beauty aids (i.e. aspirin, Tylenol, shampoos, hand lotions, disinfectant cream, etc.)
 2. A complete line of I.V. Solutions, and drugs that can be compounded into I.V. use.
 - a) All of the above items may be ordered in the same manner as non-prescription items.