

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 1 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

---

## References

**Related ACA Standards**

**4<sup>th</sup> Edition Standards for Adult Correctional  
Institutions 4-4378**

## PURPOSE

To provide a system that will develop autonomy and self directed behavior among the inmate population that requires inmates to be responsible for requesting medication refills.

## POLICY

The Inmate Medication Refill Request System guidelines establish a standardized system to ensure that all qualified inmates are educated to request medication refills. This will decrease staff time requirements and avoid medication waste, creating a more cost effective system.

## PROCEDURE

### A. Inmate Qualification

1. All inmates on self-medication are automatic participants unless deemed incapable based on nursing assessment. Assessment includes physical and mental capacity.
2. Qualification can be rescinded at any time.
3. Refills for nonparticipating inmates will be procured in accordance with Policy # TX II-4.

### B. Education

1. All qualified inmates must receive education on the Inmate Medication Refill Request System.
2. Inmates will be trained on the Inmate Medication Refill Request System by staff upon placement on the Self-Medication Program.
3. Participants will receive verbal and written education via the Inmate Medication Refill Request Instructions sheet. Posted instructions will be available for inmate review.
4. Completion of the Inmate Self-Medication Program Instructions and Agreement Form (DC-762) will document the training requirement.

## HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 2 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

---

### C. Refill Request Initiation

1. Inmates are responsible for requesting medication refills by completing an Inmate Medication Refill Request (DC-875A). The forms will be made available to inmates through custody personnel.
2. Inmates must submit the Inmate Medication Refill Request (DC-875A) 10 days before the medication refill is due.
3. The inmate is responsible for placing the completed Inmate Medication Refill Request (DC-875A) in the sick call box.

### D. Request Processing

1. Nursing
  - a. Nursing staff will be responsible for reviewing the Inmate Medication Refill Request form (DC-875A) to determine and provide a response to the inmate.
  - b. Submitted Inmate Medication Refill Request forms (DC-875A) must be processed within two routine operating days.
  - c. Expired medication orders will be referred to clinician for review, when deemed appropriate.
  - d. Inmate Medication Refill Request forms (DC-875A) approved for a refill will be submitted to the pharmacy. Note: DOP Pharmacy is responsible for processing chronic disease and mental health medication refills using the Medication Refill Tracking System (MRTS), therefore DC-875A forms do not need to be submitted to pharmacy for MRTS medications.
  - e. Returned Inmate Medication Refill Request forms (DC-875A) from the pharmacy will be reviewed by the nursing staff.
  - f. Maintain original form for 30 days.
2. Pharmacy
  - a. The pharmacy staff will process the refill request when pharmacy records indicate the medication is due and a refill is remaining on the original order.
  - b. Pharmacy will only return the Inmate Medication Refill Request (DC-875A) when the medication is not dispensed and/or pharmacy comments are indicated.

## HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 3 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

---

### E. Disposition

1. Nursing will communicate confidential responses to the inmate by returning a copy of the Inmate Medication Refill Request (DC-875A) via inside mail. The form is to be folded and secured, with the inmate name in view.
2. Processed refills will be issued in accordance with the correctional facility's standard operating procedures.
3. The Inmate Medication Refill Request (DC-875A) is not to be filed in the inmate health record.

*Paula Y. Smith, M.D.*

4/23/12

---

Paula Y. Smith, MD, Chief of Health Services    Date

SOR: Pharmacy Director

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 4 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

## Attachment 1

### INMATE MEDICATION REFILL REQUEST INSTRUCTIONS

To obtain a refill of your medications:

1. Complete an Inmate Medication Refill Request (DC-875A).
2. Submit the form 10 days before you run out of your medications.

Prescription # →

Medication →

← Refill until (date)

DOP PHARMACY SERVICES  
"DEMO NC CENTRAL PHARMACY - DEMO REGION"  
2211 SCHIEFFELIN ROAD APEX, NC 27502  
OrigDate: 07/19/05 DOCTOR, PRISON  
RxC: A2071485 CENT HOLD  
DOE, JOHN 9999999 07/19/05  
TAKE ONE (1) TABLET BY MOUTH THREE  
TIMES DAILY FOR PAIN IN JOINTS.  
0 EA ASPIRIN UD 325MG TAB Discard Date: 07/19/06  
Mfg: UCL  
Disp. For:  
Disp. By: DEMO PHARMACISbes/R D EA Refill Until: 07/19/06

3. Place the form in the sick call box.

#### NOTE - IT IS YOUR RESPONSIBILITY TO:

1. Request your medication refills by completing the Inmate Medication Refill Request (DC-875A).
2. Review the nursing staff response for further instructions if your form is returned to you.
3. Notify the nursing staff if you do not receive your medication by the time you run out. Fill out a sick call request form (DC-602) and place in the sick call box.
4. Report any symptoms that you think may be caused by your medication.
5. Keep your medication in the original container as received from the pharmacy and follow the directions on the prescription label.

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 5 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

---

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 6 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

## Attachment 2

### NORTH CAROLINA DEPARTMENT OF CORRECTION INMATE SELF-MEDICATION PROGRAM INSTRUCTIONS AND AGREEMENT FORM

INMATE NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

INMATE NUMBER: \_\_\_\_\_ SUBLOCATION: \_\_\_\_\_

1. Your medication is to be kept in the original container as received from the pharmacy.
2. Follow the directions on the prescription label. You are responsible for taking your medication as prescribed. If you do not take all of your medication, you must return it to the medical clinic.
3. Any damaged or lost medication must be reported to the Officer in Charge and the medical staff immediately. All damaged medication must be returned to the medical staff. The pharmacy will only refill your prescription as indicated by the physician. If you have a shortage, you may not be allowed to receive additional medication.
4. You will be responsible for requesting your medication refills by completing an "Inmate Medication Refill Request Form" (DC-875A).
5. You will receive instructions from the medical staff regarding when and where to pick up your prescription(s).
6. You should receive your medication refill before your current supply is empty, if your request was submitted in a timely manner. It is your responsibility to notify the medical staff if you do not receive your medication on a timely basis.
7. It is your responsibility to report any symptoms that you think may be caused by your medication.
8. You are responsible for your own medication. Misuse, abuse, destruction of, giving or selling your prescribed medication may result in disciplinary action. Outdated medication can be considered contraband.
9. Upon release, you may receive prescribed medication that is not in a childproof container. It is your responsibility to keep it out of the reach of children and other irresponsible persons.

I have received verbal and written instructions regarding medication refills. I agree to participate in the Self-Medication Program as described above (1-9), and to comply with the policies as explained to me.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature & Title

\_\_\_\_\_  
Date

This form is not to be amended, revised or altered  
without approval from the Medical Record Committee.  
File: Section II/Outpatient Health Record  
DC-762 (Rev 10/03)

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration  
POLICY # TX II-18

PAGE 7 of 7

SUBJECT: Inmate Medication Refill Request System

EFFECTIVE DATE: April 2012  
SUPERCEDES DATE: March 2006

Attachment 3

NORTH CAROLINA DEPARTMENT OF CORRECTION DIVISION OF PRISONS INMATE MEDICATION REFILL REQUEST			
Inmate Name: _____ Medication # 1 Medication _____ Prescription # _____ Refill until (date) _____	Inmate # _____ Facility: _____ Medication # 2 Medication _____ Prescription # _____ Refill until (date) _____	Dorm: _____ Medication # 3 Medication _____ Prescription # _____ Refill until (date) _____	Date: _____
INMATES ARE NOT TO WRITE BELOW THIS LINE <b>Nursing Staff Response</b> <input type="checkbox"/> Current order expired, you will need to fill out a sick call form if you need this medication continued. <input type="checkbox"/> Your current order has expired; it will be referred to the clinician for review. <input type="checkbox"/> Your refill is not due. You need to submit another refill request form 10 days before _____ Date <input type="checkbox"/> Submitted to Pharmacy for refill. <input type="checkbox"/> Other _____ Staff Signature/Title _____ Date _____	INMATES ARE NOT TO WRITE BELOW THIS LINE <b>Nursing Staff Response</b> <input type="checkbox"/> Current order expired, you will need to fill out a sick call form if you need this medication continued. <input type="checkbox"/> Your current order has expired; it will be referred to the clinician for review. <input type="checkbox"/> Your refill is not due. You need to submit another refill request form 10 days before _____ Date <input type="checkbox"/> Submitted to Pharmacy for refill. <input type="checkbox"/> Other _____ Staff Signature/Title _____ Date _____	INMATES ARE NOT TO WRITE BELOW THIS LINE <b>Nursing Staff Response</b> <input type="checkbox"/> Current order expired, you will need to fill out a sick call form if you need this medication continued. <input type="checkbox"/> Your current order has expired; it will be referred to the clinician for review. <input type="checkbox"/> Your refill is not due. You need to submit another refill request form 10 days before _____ Date <input type="checkbox"/> Submitted to Pharmacy for refill. <input type="checkbox"/> Other _____ Staff Signature/Title _____ Date _____	MEDICAL/PHARMACY USE ONLY Additional Comments: _____ _____ _____
MEDICAL/PHARMACY USE ONLY Additional Comments: _____ _____ _____			

• This form may contain confidential medical information. It is the responsibility of the inmate to protect his/her own medical information. Original - Kept in medical, Copy - to inmate  
 This form is not to be amended, revised, or altered without the approval of the Medical Records Committee.  
 This form is not to be filed in the Medical Record

DC-875A (10/03)