



**PRISONS**  
**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	<b>Offender Medication Refill Request System</b>			
<b>Section</b>	TX II-18	<b>Issue Date</b> December 23, 2020	<b>Supersedes Date</b> April 2012	<b>Next Review Date</b> December 2021

**References**

**Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> Edition 5-ACI-6A-43 (M) Health and Wellness Policy and Procedure TX II-4, Medication Procurement and Returns**

**I. PURPOSE**

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

**II. POLICY**

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

**III. PROCEDURE**

(a) Offender Qualification

- (1) All offenders are automatic participants in the Self Administration Medication Program/Keep on Person (KOP) upon entry to DPS 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- (2) Qualification can be rescinded at any time.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 offenders shall be procured in accordance with the terms of the Health and Wellness Policy and Procedure Manual, Policy TX II-4, Medication Procurement and Returns.

(b) Education

- (1) All qualified offenders shall receive education and training on the Offender



**PRISONS**  
**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	<b>Offender Medication Refill Request System</b>			
<b>Section</b>	TX II-18	<b>Issue Date</b> December 23, 2020	<b>Supersedes Date</b> April 2012	<b>Next Review Date</b> December 2021

Medication Refill Request System provided to the offender through facility communication.

- (2) A patient education handout obtained in the EHR for the Self-Medication Program shall be provided to the offender, and its issuance recorded in the Patient Education section of the chart.
- (c) Refill Request Initiation
  - (1) Offenders are responsible for requesting medication refills by completing an Offender Medication Refill Request (DC-875A). The forms will be made available to offenders through custody personnel.
  - (2) Offenders must submit the Offender Medication Refill Request (DC-875A) 10 days before the medication refill is due by placing the completed form in the sick call box.
- (d) Request Processing
  - (1) Nursing
    - (A) Nursing staff shall be responsible for reviewing the Offender Medication Refill Request form (DC-875A) to determine refill eligibility and provide a response to the offender.
    - (B) Submitted Offender Medication Refill Request forms (DC-875A) must be processed by nursing staff within two routine operating days.
    - (C) Expired medication orders will be referred to the provider for review, when deemed appropriate.
    - (D) Offender Medication Refill Request forms (DC-875A) approved for a refill will be submitted to a DPS Pharmacy. Note: Central Pharmacy is for processing chronic disease and mental health medication refills using



**PRISONS**  
**Health and Wellness Services**  
**Policies and Procedures**

<b>Title</b>	<b>Offender Medication Refill Request System</b>			
<b>Section</b>	TX II-18	<b>Issue Date</b> December 23, 2020	<b>Supersedes Date</b> April 2012	<b>Next Review Date</b> December 2021

the Medication Refill Tracking System (MRTS); therefore, DC-875A forms do not need to be submitted to pharmacy for MRTS medications.

(E) The facility will retain the original form (DC-875A) for 30 days.

(2) Pharmacy

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.

(e) Disposition

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

Todd E. Ishee  
 Commissioner of Prisons

12/23/2020  
 Date

**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY - PRISONS  
OFFENDER MEDICATION REFILL REQUEST**

Offender Name: \_\_\_\_\_ Offender #: \_\_\_\_\_ Facility: \_\_\_\_\_ Dorm: \_\_\_\_\_ Date: \_\_\_\_\_

Medication # 1	Medication # 2	Medication # 3
_____ Medication	_____ Medication	_____ Medication
_____ Prescription #	_____ Prescription #	_____ Prescription #
_____ Refill until (date)	_____ Refill until (date)	_____ Refill until (date)
<b>OFFENDERS ARE NOT TO WRITE BELOW THIS LINE</b>	<b>OFFENDERS ARE NOT TO WRITE BELOW THIS LINE</b>	<b>OFFENDERS ARE NOT TO WRITE BELOW THIS LINE</b>

Nursing Staff Response	Nursing Staff Response	Nursing Staff Response
<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"/> Current order expired, you will need to fill out a sick call form if you need this medication continued.	<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 current order has expired; it will be referred to the clinician for review.	<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 _____ <span style="margin-left: 150px;">Date</span>	<input type="checkbox"/> Your refill is not due. You need to submit another refill request form 10 days before _____ <span style="margin-left: 150px;">Date</span>	<input type="checkbox"/> Your refill is not due. You need to submit another refill request form 10 days before _____ <span style="margin-left: 150px;">Date</span>
<input type="checkbox"/> Submitted to Pharmacy for refill.	<input type="checkbox"/> Submitted to Pharmacy for refill.	<input type="checkbox"/> Submitted to Pharmacy for refill.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
_____ Staff Signature/ Title                      Date	_____ Staff Signature/ Title                      Date	_____ Staff Signature/ Title                      Date

MEDICAL/PHARMACY USE ONLY	MEDICAL/PHARMACY USE ONLY	MEDICAL/PHARMACY USE ONLY
Additional Comments: _____	Additional Comments: _____	Additional Comments: _____

This form may contain confidential medical information. It is the responsibility of the offender to protect his/her own medical information.

This form is not to be amended, revised or altered without approval of the Medical Records committee.

FILE: Original – Kept in Medical

Copy – To Offender

DC-875A (Revised 11/20)