

# State of Iowa Department of Corrections Policy and Procedures

Policy Number: HSP-751

Applicability: Institutions

Policy Code: Public Access

Iowa Code Reference: N/A

Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: HSP-404, HSP-701

Administrative Code Reference: 657-8.14 (155A)

Subject: Self-Administration of Prescription of Prescribed Psychiatric Medication

PREA Standards: N/A

Responsibility: Dr. Michael Riley

Effective Date: April 2025

Authority:

## 1. PURPOSE

Evidence-based practices identifies the necessity to adapt a recovery model that enables patients to become more self-sufficient in the management of their medication when appropriate to aid in their recovery and prepare for their re-entry.

## 2. POLICY

To identify those patients appropriate for self-administered medications and to identify those classifications of medications that can be safely administered.

## 3. DEFINITION - As used in this document:

SAM - Self-Administered Medication

## 4. PROCEDURE

In general, most physically and mentally competent patients may participate in self-administration of prescribed medication as part of their treatment plan. This will be accomplished by patient education and identifying relevant parameters for self-administration of medication.

A. Criteria for Eligibility

1. Input needs to be included from the treatment team with final approval by the mental health provider. There must be a written order by the provider in the medical record.
2. The patient must be compliant with their directly observed therapy for at least three months unless the mental health provider approves otherwise.
3. Special consideration for participation in this program should be given to patients within six months of release.
4. All patients except for those in SSIP, MHO, and other specified acute care housing may carry all mental health meds SAM EXCEPT for those specifically listed below as SAM Medication Exclusions. Those must still be given at designated pill lines.

B. SAM Medication Exclusions - these medications MUST be given at pill line:

1. Bupropion (Wellbutrin);
2. Buspirone (BuSpar);
3. Clozapine (Clozaril);
4. Diphenhydramine (Benadryl);
5. Quetiapine (Seroquel);
6. Trazodone (Desyrel);
7. Trihexyphenidyl (Artane);
8. Clonidine (Catapres);
9. Carbamazepine (Tegretol);

10. ODT Medications: Clonazepam ODT, Mirtazapine ODT, Olanzapine ODT, Risperidone ODT, etc.;
11. Tricyclic Antidepressants: Amitriptyline, Clomipramine, Doxepin, Imipramine, Nortriptyline, etc.;
12. All liquid formulations;
13. All injectable formulations, regular or long-acting;
14. All controlled substances, oral and injectable, including stimulants.

C. In addition, the following situations also apply and patients shall receive all their medications at pill line:

1. Patients under civil commitment;
2. Tapering doses/crescendo or decrescendo prescriptions; if the order ends with an on-going final dose of a medication eligible for SAM, after that dose has been given on pill line for a week, it may be issued for SAM;
3. Patients who are deemed to be mentally unstable or irresponsible; decisions will be made after review by the treatment team with the final decision from the provider.

Patients may be issued any other mental health medications for SAM, according to the directions provided in Health Services Policy **HSP-408** *Self-Administration of Prescribed Medications*, and those given below.

D. Exemptions from any eligibility criteria are based on treatment team decisions; final approval comes from the mental health provider. It is recommended to start with a one-week trial period for four weeks to assess patient's compliance and willingness to be accountable for their illness process and treatment plan.

E. Notification and Medication Dispensing

1. The *Medication Administration Notice*, **HSF-408A**, may be used to advise the patient of the designated pill line at which he/she

will obtain medications dispensed for self-administration. This form also serves to advise patients of the discontinuation of an order for medication self-administration or other changes to their drug regimens.

2. Pharmacy staff will dispense an appropriate supply of medication in appropriate packaging (a separate package for each medication) for distribution to the patient by health services staff. Self-administered medications will be labeled in accordance with Section 657-8.14 (155A) of the Iowa Administrative Code. Instructions for obtaining refills and written patient counseling information will be provided to the patient. Health services staff will document medication distribution on the electronic medication profile. All entries must include date and initials of Health Services staff.
3. Most patient information sheets are available through the kiosks on the living units. If one is not available, the patient may request one from the pharmacy.
4. It is the patient's responsibility to obtain refill medication. This may be done via the kiosks in patient living units or by submitting a written request to Health Services. Discontinued self-administration medication must be returned at a designated pill line. The unused/discontinued medication(s) are to be returned to Pharmacy Services.
5. Each institution will develop policy and procedure for intra-system transfer of self-administered medication. Institutional staff will ensure that all self-administered medication is transported with the patient's health records and when appropriate, made available to the patient within 12 hours of arrival at the receiving institution.
6. Self-administered medication will be returned to pharmacy when a patient leaves the prison system, (i.e., work release, parole, etc.) Discharge medications will be packaged by pharmacy staff in child-proof containers and subsequently sent with the patient consistent with **HSP-404** *Dispensing and Medication Administration*. Discharge medications may only be dispensed in non-child proof packaging if the patient has signed the *Notice of Non-Child Resistant Packaging Form* **HSF-408B**.

7. Patients who leave the prison system without adequate notice for the pharmacy to provide a supply of appropriately packaged release medications may be issued their self-administered medication supply for use until the pharmacy can mail or otherwise provide their supply to them at their community address. Patients must sign Policy Form **HSF-408B** prior to issuance of these medications.

#### F. Failure to Comply

Disciplinary action may apply if a patient fails to comply with rules and regulations pertinent to medication self-administration. Non-compliance may result in termination from participation in the medication self-administration program. Infractions of rules include, but are not limited to:

1. Failure to return an appropriately labeled container when picking up a refill of practitioner prescribed medication.
2. Possession of more than one medication package for the same medication order.
3. Possession of altered/unlabeled/unpackaged medication.
4. Possession of discontinued medication.
5. Possession of SAM is not allowed in the Visiting Room.
6. Possession of another patient's medication.

G. Termination from the psychotropic SAM program will apply at any time that a patient has failed to comply with the rules and regulations of medication self-administration noted in IDOC Policy **HSP-408**.

1. The patient will be placed on observed medication administration pill line until the prescribing mental health provider reviews the SAM order.
2. Final determination for removal from psychotropic SAM will be by the mental health provider.
3. Health Services staff may request a chart review for the appropriateness of psychotropic SAM for any patient whose behavior indicates noncompliance with psychotropic medication orders.

H. Patients on the psychotropic SAM program who are placed in SSIP or MHO will also immediately have their medications retrieved and returned to Health Services, and will be placed on pill line only status until removed from any mental health observation. The patient will not be returned to psychotropic SAM status until it is specifically reviewed and documented by the prescribing mental health provider that the patient may be returned to the program.