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Joe M. Allbaugh, Director Oklahoma Department of Corrections		Signature on File	

Pharmacy Operations

The Oklahoma Department of Corrections (ODOC) is committed to the safe, effective, appropriate and cost-effective use of medications for the inmate population.

It is the policy of the Oklahoma Department of Corrections (ODOC) to provide pharmaceutical care to inmates in the custody of DOC in a manner that is consistent with federal and state statutory regulations, accreditation standards as promulgated by the American Correctional Association (ACA) and policies and procedures approved by the Medical Services Unit of the Oklahoma Department of Corrections (ODOC). (2-CO-4E-01, 4-4378M, b #6)

The term "inmate" will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections.

I. Purpose

The purpose of this procedure is to provide guidelines for the provision of pharmaceutical care to inmates incarcerated within ODOC.

II. Definitions

A. Director of Pharmacy Services

The director of Pharmacy Services is an administrative pharmacist, licensed by the State of Oklahoma and employed by ODOC, who is responsible for the management of pharmacy services. Management responsibilities include: contract compliance, policy and procedure development, consultative resource for drug information and education to ODOC medical providers and qualified health care professionals, facility medication management audits and risk management regarding medication management processes.

B. Designated Pharmacy Services Provider

Pharmaceutical services provided by a private company under contract with the ODOC.

C. Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee:

1. Approves policies and procedures that promote the safe and effective use of drugs for inmates and serves in an advisory capacity to the medical providers regarding the use of drugs;
2. Coordinates with the director of Pharmacy Services for suitable therapeutic alternatives in the event of drug shortages;

3. Defines and approves drugs designated as stock, controlled drug stock, and emergency stock;
4. Objectively evaluates scientific/clinical criteria regarding drugs proposed for inclusion in the formulary;
5. Promotes educational programs for the safe and appropriate use of drugs;
6. Recommends removal/addition of drugs from the formulary; and
7. Periodically evaluates adverse drug events and recommends actions to prevent their further occurrence.

D. Formulary (4-4378, b #1)

A formulary is a listing of drugs approved by the ODOC Pharmacy and Therapeutics Committee which are considered safe and therapeutically effective for the medical treatment of ODOC inmates.

E. Non-Formulary

Any drug which is not specifically approved by the Pharmacy and Therapeutics Committee as a formulary drug will be considered non-formulary. Non-formulary drugs require prior approval and authorization by the chief medical officer/designee before they can be procured and administered to inmates.

F. Controlled Drug

A controlled drug is any drug classified as controlled by the Federal Drug Enforcement Administration (DEA). This also includes drugs which are designated as controlled substances by the Oklahoma State Board of Pharmacy and Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD).

G. Drug

A drug is a pharmaceutical preparation, either a prescription or an over-the-counter product that has pharmacologic activity as recognized and approved by the Food and Drug Administration (FDA). This definition excludes radioactive drugs, blood products and derivatives and medical gases.

H. OTC

Over-The-Counter (OTC) medications, as approved by the facility head and facility health authority, which by federal and/or state law do not

require a prescription but may require ODOC medical provider approval prior to issuance to an inmate. (4-4379)

I. KOP

Keep on Person (KOP) medications that are designated by the Pharmacy and Therapeutics Committee as eligible for inmate possession, subject to approval by a medical provider and the facility correctional health services administrator (CHSA).

J. Pill Line

Method by which medications, that are designated and restricted by the Pharmacy and Therapeutics Committee to be kept only in the possession of and administered by an ODOC qualified health care professional, are distributed. The facility CHSA and medical provider may designate any medication (i.e., KOP medications) to be restricted to pill line.

K. Medication Error

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional or inmate. Such events may be related to professional practice, health care products, procedures and systems to include: prescribing, order communications, product labeling, packaging, and nomenclature (look-alike, sound-alike drug names), compounding, dispensing, distribution, administration, education, monitoring, and use.

L. Adverse Drug Reaction

An adverse drug reaction is defined as a detrimental response to a medication that is undesired, unintended and unexpected in doses recognized in accepted medical practice.

M. Medication Administration Record

A Medication Administration Record (MAR) is a document where inmate medications administered/issued by ODOC qualified health care professionals are recorded either hardcopy or Electronic Health Record (EHR).

N. Stock Medications (Non-Controlled)

Medications (both prescription and OTC) that have been approved by the Pharmacy and Therapeutics Committee to initiate drug therapy or to maintain continuity of care until the inmate receives prescribed medications from the designated pharmacy services provider or are administered in medical services as a part of diagnosis and/or treatment of

the inmate.

O. Controlled Drug Stock (Controlled Substances/Narcotics)

Controlled drug stock (Schedules II, III, IV, V) from which doses are administered to multiple inmates. These medications are secured under double lock measures and access is limited to authorized medical providers and qualified health care professionals.

P. Emergency Kit

Medications that have been approved by the Pharmacy and Therapeutics Committee to be used for emergency care of the inmate as outlined in [OP-140118](#) entitled "Emergency Care."

Q. Canteen Drugs

Specific OTC medications, as approved by the ODOC Pharmacy and Therapeutics Committee, are listed on the "Approved Canteen OTC Drugs" form ([Attachment A](#), attached). Any OTC medications that are available at the affected facility's canteen for purchase by inmates are subject to joint approval by the facility head and health authority. These OTC medications may be ordered by the facility canteen using the "Canteen OTC Drugs Order Form" ([Attachment B](#), attached). (4-4379)

R. DOT (Direct Observed Therapy)

DOT may be used for the administration of certain medications that are sensitive by their nature or by the nature of the disease being treated. Examples of DOT therapy may include controlled or narcotic pain medications, certain psychotropic medications, and medications used for the treatment of tuberculosis.

III. General Guidelines

- A. Medical services, through the chief medical officer, the director of Pharmacy Services and the Pharmacy and Therapeutics Committee; routinely reviews and evaluates drug therapy for safety, appropriateness, therapeutic effectiveness and cost-effectiveness. The review of medication management processes will be done in accordance with Section VIII. of this procedure.
- B. Contracted pharmacy service provider procedures are outlined in "Pharmacy Services" (MSRM 140130-01). These operational procedures outline the exact steps involved in medication management.
- C. Procedures regarding the issuance of drugs to inmates from stock medications are in accordance with MSRM 140130-02 entitled "Stock Protocol."

- D. Procedures regarding the control and accountability of controlled drugs issued/dispensed and administered by medical services providers and qualified health care professionals to inmates of ODOC are described in detail in MSRM 140130-03 entitled "Controlled Drug Procedures." These procedures are located in the Medical Services Resource Manual (MSRM) which is available in all facility medical units and on the ODOC website.
- E. Medications issued by non-medical staff at community corrections centers or transit detention units (TDU) will be documented on the [DOC 140130J](#) entitled "Community Corrections – Supervised Medication/Syringe Count Log or Supervised TDU Medication Log." This form is to be scanned by medical personnel into the EHR upon completion. Detailed procedures are referenced in [OP-140143](#) entitled "Nursing Service" and MSRM 140143-02 entitled, "Correctional Officer Observation of Offender Self-Administered Medication and Issuance Procedure."

IV. Prescribing and Ordering Medications

A. Medical Providers

Medical providers include physicians, dentists, physician assistants, nurses, advanced practice nurses (APNs) and others who by virtue of their education, training, credentials and experience are permitted by law, within the scope of their professional practice statutes, to provide medical care for inmates as described in [OP-140117](#) entitled "Access to Health Care."

B. Pharmacy and Therapeutics Committee

1. The Pharmacy and Therapeutics Committee will approve the adoption of policies and procedures that promote the safe and effective use of drugs for inmates of ODOC.
2. The designated pharmacy services provider, with oversight of the Pharmacy and Therapeutics Committee, will be responsible for the procurement, distribution, use and evaluation of drugs approved for use at ODOC facilities.
3. The members of the Pharmacy and Therapeutics Committee are appointed by the chief medical officer or designee (i.e., director of Pharmacy Services). The committee consists of medical providers and qualified health care professionals; all committee members have voting privileges. Representatives from the designated pharmacy services provider will serve in an advisory capacity to the committee and will not have voting privileges.
4. Proposed recommendations must be approved by a majority of committee members present. Committee decisions will be

communicated to medical providers and facility health administrators in a timely fashion by the director of Pharmacy Services.

5. The committee will meet quarterly. The scheduling of meetings is determined by the chief medical officer or designee.
6. Any medical provider or qualified health care professional may submit requests for formulary inclusion to the director of Pharmacy Services for discussion by the committee.

C. Formulary

1. Upon the Pharmacy and Therapeutics Committee recommendations and the approval of the chief medical officer or designee (i.e., director of Pharmacy Services), the designated pharmacy services provider will establish, disseminate and maintain a formulary of drugs for ODOC. (4-4378, b #1)
2. The formulary will consist of those drugs, selected from numerous products available, which are considered most useful/beneficial in inmate care. The formulary is to be a continually reviewed and revised compilation of drugs which reflects the current clinical judgment of the pharmacy and medical staff. Drugs selected for inclusion in the formulary will meet criteria of clinical rationality and efficacy, including the management of disease state outcomes (treatment guidelines) and incorporating principles of pharmacoeconomic (cost/benefit) analysis in decision-making. Other factors taken into consideration for formulary inclusion include therapeutic duplications, potential for therapeutic misuse and adequate clinical trial evaluation.
3. The formulary is updated and distributed annually to facilities in hard copy. Revisions of the formulary following Pharmacy and Therapeutics Committee recommendations will be updated on the pharmacy computer system by the designated pharmacy services provider and formulary revisions will be posted on the ODOC website. (4-4378M)

D. Non-Formulary Drugs

A formalized process for obtaining non-formulary medications is required. The non-formulary medication request must be submitted to the designated pharmacy services provider for all non-formulary pharmaceutical requests via the electronic healthcare record (EHR).

1. The process begins with submission of a non-formulary medication request to the designated pharmacy services provider.

2. If warranted, the non-formulary request is then further reviewed by a medical provider designated by the chief medical officer for approval or denial.
3. The final authority for non-formulary drug approval is the chief medical officer. (4-4378, b #2)
4. All non-formulary drug approvals are reviewed by the Pharmacy and Therapeutics Committee. (4-4378M)

E. Legibility

Medication orders are to be written clearly and legibly, avoiding abbreviations which may be misinterpreted.

F. Stop Orders

Automatic stop orders are medication orders, which unless designated by a medical provider for a specified duration of therapy, are automatically discontinued after 30 days. The Pharmacy and Therapeutics Committee designates medications which are subject to discontinuation.

G. Clinical Indications

Medications are prescribed only when clinically indicated as one facet of a program of therapy. (4-4378M, b #3a)

H. Re-Evaluation

The prescribing medical provider will re-evaluate the inmate and his/her prescription prior to its renewal as referenced in [OP-140117](#) entitled "Access to Health Care." (4-4378M, b #3b)

I. Orders

Medication order requests from medical providers including verbal orders, telephone, written orders, and orders transmitted via electronic conveyance (i.e., electronic health record, computer, fax) will be issued and documented in accordance with [OP-140143](#) entitled "Nursing Services."

J. Medication Refills

1. Each inmate is responsible for requesting his/her own medication refills. Up to a 30 day supply of medication may be issued.
2. All medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" ([DOC 140130M](#), attached). Inmates must

submit their medication refill requests within ten days of the date their medication will expire or run out. An inmate who has multiple medication refills and/or work center and halfway houses that fax an inmate's medication refill slip to the host facility will use the "Medication Refill Slip" (single form)([DOC 140130N](#), attached).

3. Medication refill slips will be readily available and accessible to all inmates at designated locations within the facility.
4. Each facility's health services unit will designate a process for collecting medication refill slips. This process may require inmates to submit their refill slips in person to the health services unit at designated times or via a secured collection box system. Health care staff will collect refill slips Monday through Friday, excluding holidays. Health care staff will affix the date received on each "Medication Refill Slip" collected.
5. The facility's CHSA will maintain the "Medication Refill Slip" for a period of 30 days after the medication has been issued or administered to the inmate.

K. Facility Order Placement

Each facility CHSA or designee will interpret and transmit medical provider orders for medications to the designated pharmacy services provider via an electronic transmittal (i.e., electronic health record computer, fax) and/or verbal phone order.

V. Drug Procurement (4-4378, b #4)

- A. In accordance with this procedure, and upon the recommendation of the Pharmacy and Therapeutics Committee, the designated pharmacy services provider will procure only those chemicals, pharmaceuticals and biologicals which are approved for human use by the US Food and Drug Administration (FDA). (4-4378M)
- B. Under the guidance of the ODOC Pharmacy and Therapeutics Committee, the designated pharmacy services provider will determine which brand or source of pharmaceutical product (drug) will be ordered and dispensed. All pharmaceuticals must meet FDA standards of quality, purity, and therapeutics (composition, formulation, and bioavailability). (4-4378M)
- C. All medications used in facility medical services are procured from the ODOC designated pharmacy services provider, unless otherwise authorized by the designated pharmacy services provider and/or Medical Services. (4-4378M)
- D. Prescription medications, including controlled substances, will be dispensed by the designated pharmacy services provider pursuant to the

receipt of an order by a medical provider in accordance with federal and state regulatory statutes. (4-4378M, b # 4, 4-ACRS-4C-12)

- E. Detailed procedures regarding the ordering, control and accountability of controlled drugs are found in MSRM 140130-03 entitled "Controlled Drug Procedures."
- F. Stock medications (non-controlled drugs) may be requisitioned by submitting a "Stock Order Form" ([DOC 140130A](#), attached) and/or the "ODOC Practitioner Cards" form ([DOC 140130B](#), attached) to the designated pharmacy services provider. The facility CHSA and medical provider are responsible for the inventory control and accountability of stock drugs by determining and re-evaluating the stock level of each stock drug maintained in medical services using [DOC 140130C](#) entitled "Monthly Stock Inventory Form" (attached). The chief medical officer or his designee (facility medical provider) is responsible for the prescriptive control and accountability of stock medications in accordance with MSRM 140130-02 entitled "Stock Protocol."
- G. Pharmaceuticals prepared and packaged by the designated pharmacy services provider will be consistent with accepted standards of pharmacy practice and are in accordance with federal and state regulatory packaging and labeling requirements. (4-4378M)
- H. The designated pharmacy services provider will process/fill new and refill orders within 24 hours as outlined in MRSM 140130-01. Medication refills may be ordered within ten days before last dose via electronic health record computer or fax using the "Barcode Medication Refill Form" ([DOC 140130L](#), attached). (4-4378M)
- I. The designated pharmacy services provider will authorize and coordinate the procurement of urgently needed drugs from alternate providers, such as local pharmacies, pursuant to the receipt of an "Emergency Prescription Request" ([DOC 140130I](#), attached). (4-4378M)
- J. The designated pharmacy services provider is responsible for the proper delivery and receipt of ordered medications using a licensed courier such as, Fed Ex, UPS, and DHL. (4-4378M, b #4)
- K. OTC medications available through canteens require authorization as outlined in this procedure.

VI. Drug Storage

- A. Upon receipt, all medications will be checked in by CHSA or designee. All items received must be verified and reconciled against the pharmacy vendor invoice and medications ordered. All discrepancies must be reported to the designated pharmacy services provider upon discovery and corrective measures taken as necessary. (4-4378M, b #4)

- B. Medications will be securely stored under environmental conditions which maintain the drug's integrity, according to the manufacturer or designated pharmacy services provider recommendations. Such environmental conditions include: protection from exposure to light and moisture and storage under refrigerated temperatures (2° to 8°C, 36° to 46°F); frozen temperatures (-20° to -10°C, -4° to 14°F); or room temperatures (< 30°C, 86°F). (4-4378M, b # 4)
- C. Secured storage of controlled substances, syringes, and needles is in strict accordance with federal and State of Oklahoma regulations and ODOC operational procedures. The control and accountability of these items is maintained by a daily inventory conducted by the CHSA or designated/approved qualified health services professional. (4-4378M, b # 5)

Detailed procedures regarding the storage, control, and accountability of controlled drugs are described in MSRM 140130-03 entitled "Controlled Drug Procedures."

- D. Each stock medication (non-controlled) stored within the facility will be subject to monthly inventory accountability and control measures by the facility CHSA or designee using the "Monthly Stock Inventory Form" ([DOC 140130C](#)) to be completed by the fifth of each month.
- E. Each health services clinic and infirmary will conduct an inspection, at least monthly, of all pharmaceuticals and labeled prescription containers.
- F. Unused or expired medications must be separated and secured until final disposition into the following:

1. Controlled Substances

Detailed procedures regarding the proper disposition of unused or expired controlled drugs will be in accordance with MSRM 140130-03 entitled "Controlled Drug Procedures."

2. Credited Medications (Non-Controlled)

All medications obtained from the contract pharmacy provider will be returned to the designated pharmacy services provider for credit as soon as possible to prevent diversion using the "Pharmaceutical Return Sheet" ([DOC 140130E](#), attached). (4-4378M, b # 4)

3. Non-Credited Medications (Non-Controlled)

Non-credited medications include: compounded pharmaceutical formulations, any drug product obtained from a back-up pharmacy,

and/or any drug product whose integrity may have been compromised should be returned to the designated pharmacy services provider as soon as possible to prevent diversion.

VII. Drug Administration (4-4378M, b # 4)

- A. Administration of medication is performed by qualified health care professionals properly trained and under the supervision of the health authority. (4-4378, b #6, 7) Accountability for administering or distributing medications is performed in a timely manner, according to medical provider orders. (4-4378M, b #8)
- B. Certain medications, including prescription and OTC medications may be issued for inmate self-administration. These medications are referred to as KOP medications and are designated and approved by the Pharmacy and Therapeutics Committee for inmate self-administration subject to the approval of the facility medical provider and CHSA. Detailed procedures for officer observed self-administered medications are found in MSRM 140143-02 entitled "Correctional Officer Observation of Inmate Self-Administered Medication and Issuance Procedure." (4-ACRS-4C-12)
- C. All other prescription medication not designated as KOP will be restricted to administration by qualified health care professionals (Pill Line) at each facility in accordance with [OP-140143](#) entitled "Nursing Services." (See [Attachment C](#) entitled "KOP vs. Pill Line by Security Level", attached)(4-4378M)
- D. Prior to administration of medications, a qualified health care professional will confirm the inmate's identity, review an inmate's medical history for drug allergy/hypersensitivity, drug or alcohol abuse and medical conditions (e.g., kidney or liver disease) which may potentially affect an inmate's therapeutic response to a prescribed drug.
- E. Prescribed medications are administered according to the directions of the medical provider. (4-ACRS-4C-12) A "Medication Administration Record" (MAR) and other chart forms which document medication administration are monitored in accordance with [OP-140143](#) entitled "Nursing Services."
- F. Accountability for all prescription pharmaceuticals issued to inmates will be documented on a MAR in accordance with [OP-140143](#) entitled "Nursing Service."
- G. The use of inmates for medical, pharmaceutical or cosmetic experiments is prohibited. (4-4402M)
- H. Detailed procedures regarding the proper administration of controlled drugs will be in accordance with MSRM 140130-03 entitled "Controlled Drug Procedures."

VIII. Quality Assurance

A. Monitoring

1. The prescribing and administration of medication practices will be routinely reviewed by the Pharmacy and Therapeutics Committee. (4-4410M)
2. Inmate treatment plans, to include the monitoring of medications, will be periodically reviewed for medical necessity and effectiveness in accordance with [OP-140137](#) entitled "Chronic Illness Management." (4-4359M)
3. A "Medication Error Reporting Form" ([DOC 140130H](#), attached) will be completed whenever a medication error is discovered. A "Suspected Adverse Drug Reaction (ADR) Reporting Form" ([DOC 140130K](#), attached) will be completed when a suspected adverse drug reaction is discovered. The individual who discovers an error or ADR will complete the report and submit it to the facility CHSA and the director of pharmacy services within 72 hours of discovery.
4. In accordance with [OP-140143](#) entitled "Nursing Service," medical staff are expected to demonstrate on-going competency in detecting, managing, and reporting of medication errors and adverse drug events. Developmental plans will be developed for any employee failing to demonstrate on-going competency. The target dates for completion will be the responsibility of the CHSA or designee.
5. Adverse drug events (medication errors and ADR's) reports will be compiled, analyzed and reported to the Pharmacy and Therapeutics Committee by the designated pharmacy provider and the director of Pharmacy Services on a quarterly basis.

B. Reports and Audits

1. Statistical reports are prepared by the designated pharmacy services provider and are reviewed monthly by the facility CHSA, ODOC Medical Services through the director of Pharmacy Services and any other administrator designated by the chief medical officer or the division manager of Health Services.

Reports include drug utilization analyses, medical provider usage patterns, medication errors and adverse drug reactions and any medication usage report, such as non-formulary drug usage that promotes inmate safety, rational drug use, and cost effectiveness in delivering pharmaceutical care.

2. Medication management audits will be conducted quarterly by the

designated pharmacy services provider.

3. Medication management audits will be conducted by the ODOC director of Pharmacy Services as directed by the chief medical officer.
4. MAR's and other chart forms which document medication administration/self-administration are monitored for adherence in accordance with [OP-140143](#) entitled "Nursing Services."

IX. Special Considerations

Special considerations for inmates on out-count status, facility transfers and at discharge will be as follows:

- A. Inmate access to, and possession of, prescription pharmaceuticals will be in accordance with [OP-140113](#) entitled "Health Assessments for Offender Transfers." (4-4378M)
- B. Up to a 60 day supply of all currently prescribed medications may be issued to inmates discharged to probation and parole custody and those discharged from ODOC not covered by insurance programs, such as Medicaid, Medicare, private pay or other drug assistance programs (<https://www.pparx.org/Intro.php>). Discharge medications will be ordered via the medication tool in the electronic health record (EHR).

X. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-140113 entitled "Health Assessment for Offender Transfers"

OP-140117 entitled "Access to Health Care"

OP-140118 entitled "Emergency Care"

OP-140137 entitled "Chronic Illness Management"

OP-140143 entitled "Nursing Services"

MSRM 140130-01 entitled "Contracted Pharmacy Services Policies and Procedures"

MSRM 140130-02 entitled "Stock Protocol"

MSRM 140130-03 entitled "Controlled Drug Procedures"

MSRM 140143-02 entitled "Correctional Officer Observation of Inmate Self-Administered Medication and Issuance Procedure"

The National Coordinating Council for Medication Error Reporting and Prevention

Institute for Safe Medication Practices

59 O.S § 353-366- "The Oklahoma Pharmacy Act"

XI. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140130 entitled "Pharmacy Operations" dated August 21, 2014

Deleted: OP-140130 Revision-01 dated March 19, 2015

OP-140130 Revision-02 dated January 21, 2016

Distribution: Policy and Operations Manuals
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140117D	“Waiver of Treatment”	OP-140117
DOC 140130A	“Stock Order Form”	Attached
DOC 140130B	“DOC Practitioner Cards Form”	Attached
DOC 140130C	“Monthly Stock Inventory Form”	Attached
DOC 140130D	“Non-Formulary Medication Request Form”	Attached
DOC 140130E	“Pharmaceutical Return Sheet”	Attached
DOC 140130F	“Controlled Drug Prescription Form”	Attached
DOC 140130G	“Controlled Drug Stock Order Form-Schedule III-V Only”	Attached
DOC 140130H	“Medication Error Reporting Form”	Attached
DOC 140130I	“Emergency Prescription Request”	Attached
DOC 140130J	“Community Corrections Supervised Medication/ Syringe Count Log”	Attached
DOC 140130K	“Suspected Adverse Drug Reaction (ADR) Reporting Form”	Attached
DOC 140130L	“Barcode Medication Refill Form”	Attached
DOC 140130M	“Medication Refill Slip (split form)”	Attached
DOC 140130N	“Medication Refill Slip (single form)”	Attached
MSRM Form	“Non-Formulary Medication Request Form”	EHR
DEA Form 106	“Report of Theft or Loss of Controlled Substances”	www.usdoj.gov
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	“Approved Canteen OTC Drugs”	Attached
Attachment B	“Canteen OTC Drug Order Form”	Attached
Attachment C	“KOP vs. Pill Line by Security Level”	Attached