

# PHARMACY INSERVICE MANUAL



Oklahoma DOC

JULY 2025

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## CONTACT INFORMATION AND COMPANY HISTORY

# CLINICALsolutions P H A R M A C Y

416 Mary Lindsay Polk Drive, Suite 515  
Franklin Tennessee, 37067



# CLINICALsolutions P H A R M A C Y

PHONE **1.877.826.5488**

FAX **1.866.920.1597**

The purpose of the Pharmacy In-Service Manual is to familiarize the facility medical staff with ordering, refilling, and receiving medications. This manual contains certain forms and documentation tools to further assist in your pharmaceutical process.

The manual is reviewed and updated by Clinical Solutions Pharmacy prior to each initial new start-up. It is recommended that the Pharmacy and Therapeutics Committee of each facility review, update and approve the In-Service Manual at least annually. This Pharmacy In-Service Manual is not meant to take the place of the facility Policy and Procedure Manual.

## CORPORATE BACKGROUND

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Clinical Solutions was formed in February, 2004. Clinical Solutions manages and operates its own Tennessee-based mail order pharmacy and services correctional facilities nationwide.

Clinical Solutions currently provides service to over 400 Correctional Facilities in 26 states. We are the pharmacy provider to facilities ranging in average daily population from 50 to 15,000. Clinical Solutions operates in a newly remodeled 40,000 square foot office space with state-of-the-art automation for medication packaging.

## KEY CONTACT INFORMATION



### Pharmacy Support

Email: [OKDOC@cspmeds.com](mailto:OKDOC@cspmeds.com)

### AMI Support

Email: [helpdesk@cspmeds.com](mailto:helpdesk@cspmeds.com)

### Clinical Solutions Wholesale (CSW) Support

Email: [cswholesale@cspmeds.com](mailto:cswholesale@cspmeds.com)

## Key Personnel

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**Lorie Crenshaw**, PharmD, Chief Operating Officer

Extension: 2997 Email: [ClientSupport@cspmeds.com](mailto:ClientSupport@cspmeds.com)

**Jade Williams**, PharmD, Pharmacy Manager

Extension: 2504 Email: [ClientSupport@cspmeds.com](mailto:ClientSupport@cspmeds.com)

**Anthony Dobbins**, PharmD, Pharmacy Supervisor

Extension: 2502 Email: [ClientSupport@cspmeds.com](mailto:ClientSupport@cspmeds.com)

**Marcus Brown**, PharmD, Vice President of Clinical Pharmacy

Extension: 2498 Email: [askapharmacist@cspmeds.com](mailto:askapharmacist@cspmeds.com)

**Amanda Ramzy**, Regulatory Affairs

Extension: 2991 Email: [Amanda.Ramzy@cspmeds.com](mailto:Amanda.Ramzy@cspmeds.com)

## PHARMACEUTICAL PACKAGING

Medications are packaged in the Pharmacy and dispensed to the facilities in the following packaged types:

### Blister/Bubble Card:

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- Primary method used for oral-dose solid medications being packaged at the Pharmacy.
- These blister cards are labeled with patient specific information pursuant to an order received by an authorized prescriber.
- If there are multiple blister cards, start with one card and administer all meds out of the first card before systematically administering out of the next card.

### Multiple Dose Vials (i.e. Insulin)

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- Once a vial is punctured, the nurse must date and initial the vial. Once punctured, the vial cannot be utilized after number of days specified on the original manufacturer packaging.
- At the expiration date of punctured vial, the medication vial should be reordered immediately through the refill process and the expired vial should be segregated for destruction.
- If the medication requires refrigeration, please ensure it is stored in the manner designated on the vial.

### Stock Medications

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- 30 count Blister Cards
- Stock Legend Medications (non-controlled substances) may be obtained from the Pharmacy. These medications may be distributed in blister cards or from the manufacturer packaging. (i.e. creams, lotions, inhalers).
- Stock Controlled Medications will be supplied in blister cards or unit dose manufacturer packaging.
- Stock will be ordered via AML.

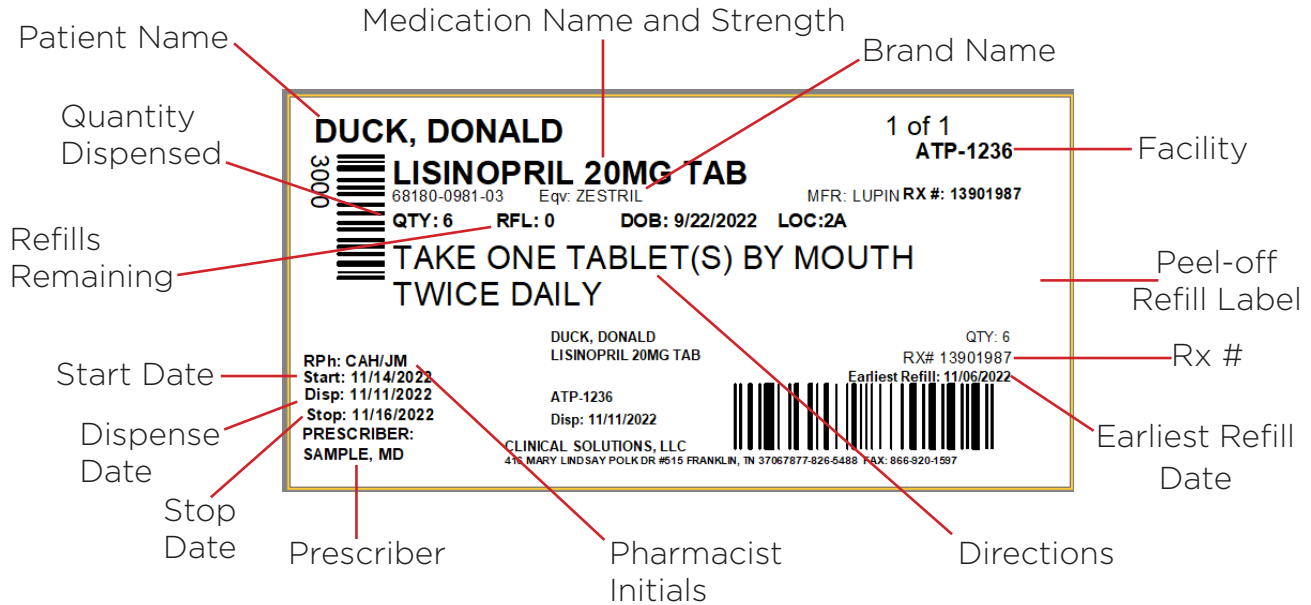
## PATIENT SPECIFIC MEDICATIONS

Patient Specific Medications are medications that are dispensed to a specific patient pursuant to a valid medical order.

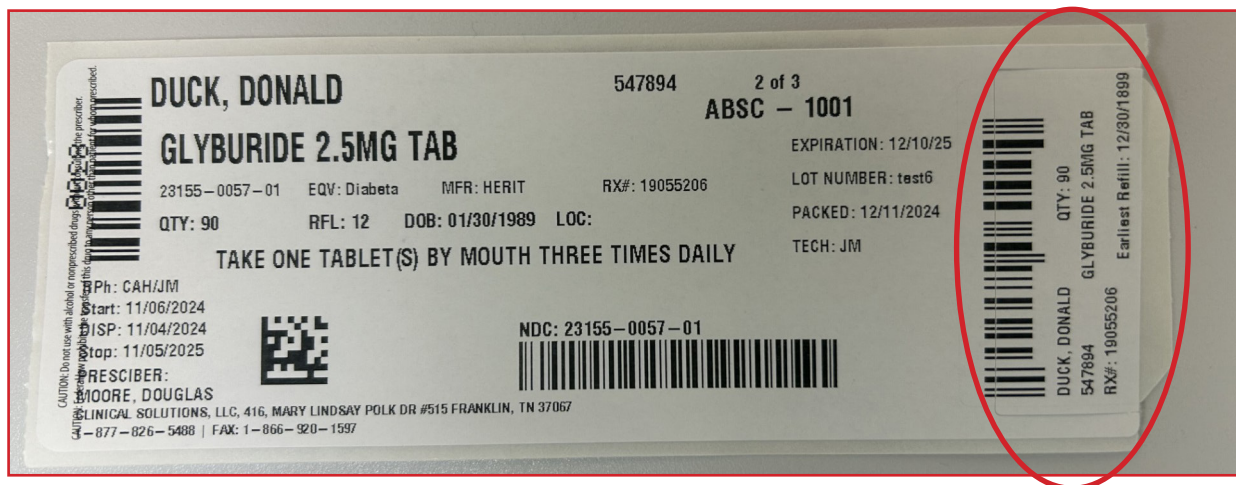
- A Clinical Solutions pharmacist will check for interactions, allergies, side effects, duplicate therapies, and appropriateness of dose.
- These medications are usually in a blister card or in manufacturer original packaging (i.e. inhaler).
- Each blister card is dispensed in 30 quantity blister cards.
- A Pre-Pack label is on each patient specific card located on the top right hand side. This label contains medication name/strength, NDC number, expiration date of the medication, lot number, manufacturer name, date packed and initials of the technician packing the medication.
- A label will be generated with patient name, I.D. number, prescriber's name, prescription number, name/strength of medication, directions for use, dispense date, earliest refill date, start date of medication, stop date of medication, and quantity dispensed.
- On the lower right hand side or far right side of the patient specific label is a peel-off barcode refill strip.
  - If refill is ordered too soon, without a valid reason, the request may not be dispensed.

**All patient specific medication orders must be only administered to the patient for which the medication was ordered.** If a patient name is marked through on the card and a new patient name is written on the card, this is a violation of Federal and State Pharmacy Law.

## PATIENT SPECIFIC LABEL DIAGRAM



Please note that certain medication labels will have a slightly different label layout, as seen below. If this label is encountered, the circled barcode below is the scannable and peelable refill label.



## NEW PRESCRIPTION ORDERS

- New prescription orders will be submitted electronically through DocSynergy.
- **In the event of DocSynergy being inaccessible**, new orders can be submitted through AMI. If DocSynergy is experiencing an extended downtime, please contact Clinical Solutions, and the New Order feature in AMI can be activated for your facility. **Please see the Clinical Solutions AMI Guide for detailed instructions.**
- **In the event of an emergency and only when authorized**, Clinical Solutions provides a form for new prescription orders that can be completed and faxed to the pharmacy at (866) 920-1597. Prescription orders should be transcribed onto the Inmate New Order Form by your assigned healthcare staff member. The name of the Prescriber must appear on the requisition form. A copy of this form may be found on the next page
- A Clinical Solutions pharmacist will check for interactions, allergies, side effects, duplicate therapies, and appropriateness of dose.
- If any questions or clarifications are necessary for new orders, the order will appear in AMI under the "Clarifications" section.
- A label will be generated with patient name, I.D. number, prescriber's name, prescription number, name/strength of medication, directions for use, dispense date, earliest refill date, start date for prescription, stop date for prescription, and quantity dispensed. Please refer to page 6 for a diagram of this patient specific label.



# NEW PRESCRIPTION ORDER FORM (EMERGENCY USE ONLY)

Fax Orders To:

**CLINICAL**solutions  
P H A R M A C Y  
Fax: 1-866-920-1597  
Phone: 1-877-826-5488

Facility: **ABC Detention Center (AB) - ABCD**

Address: 5555 Not Real Main St  
Nomansland, AB 12345

Main Phone: (555) 555-0000

Medical Phone: (555) 555-1110

Fax: (555) 555-0001



WILL ONLY ACCEPT PRINTED HANDWRITING

## Inmate New Order Form

Payor	Last Name, First Name	D.O.B.	Allergies	Drug	Strength	Qty Per Dose	Directions/Sig (Choose One)	Length of Order
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other: _____	LN: _____ FN: _____		<input type="checkbox"/> NKDA <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____	<input type="checkbox"/> QD/QAM <input type="checkbox"/> BID <input type="checkbox"/> QPM <input type="checkbox"/> TID <input type="checkbox"/> QHS <input type="checkbox"/> QID <input type="checkbox"/> _____	<input type="checkbox"/> 7 Days <input type="checkbox"/> 10 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 365 (LOS) <input type="checkbox"/> ____
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other: _____	LN: _____ FN: _____		<input type="checkbox"/> NKDA <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____	<input type="checkbox"/> QD/QAM <input type="checkbox"/> BID <input type="checkbox"/> QPM <input type="checkbox"/> TID <input type="checkbox"/> QHS <input type="checkbox"/> QID <input type="checkbox"/> _____	<input type="checkbox"/> 7 Days <input type="checkbox"/> 10 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 365 (LOS) <input type="checkbox"/> ____
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other: _____	LN: _____ FN: _____		<input type="checkbox"/> NKDA <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____	<input type="checkbox"/> QD/QAM <input type="checkbox"/> BID <input type="checkbox"/> QPM <input type="checkbox"/> TID <input type="checkbox"/> QHS <input type="checkbox"/> QID <input type="checkbox"/> _____	<input type="checkbox"/> 7 Days <input type="checkbox"/> 10 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 365 (LOS) <input type="checkbox"/> ____
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other: _____	LN: _____ FN: _____		<input type="checkbox"/> NKDA <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____	<input type="checkbox"/> QD/QAM <input type="checkbox"/> BID <input type="checkbox"/> QPM <input type="checkbox"/> TID <input type="checkbox"/> QHS <input type="checkbox"/> QID <input type="checkbox"/> _____	<input type="checkbox"/> 7 Days <input type="checkbox"/> 10 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 365 (LOS) <input type="checkbox"/> ____

Date:

☐ Verbal Order Per: \_\_\_\_\_

-OR-

Physician Signature: \_\_\_\_\_

RN/LPN Signature: \_\_\_\_\_

Physician DEA #: \_\_\_\_\_

Physician DEA Required For ALL Control Medication Orders

Physician NPI #: \_\_\_\_\_

**NOTE:** If the physician is unavailable to sign this medication order, please check the box marked "Verbal Order" and fill in the prescribing physician's name on the line provided. This step is not necessary if the prescribing physician has signed the order. **Clinical Solutions cannot fill orders unless this information is provided.**

## REFILL PRESCRIPTION ORDERS

When an 10-day supply of medication remains, a refill request may be submitted through DocSynergy or AML. **In the rare event of an emergency and only when authorized,** Clinical Solutions provides an alternative method for submitting medication refills. The following procedures should be followed:

- Peel off the barcode refill section of the label and place it on a refill order form. A copy of this form may be found on the next page.
- Scan and fax to the pharmacy at (866) 920-1597.

If refill is ordered too soon, without a valid reason, the request may not be dispensed.

- Please refer to earliest refill date located on the prescription label.

Medications are not automatically sent by the Pharmacy without a specific request from the facility.

Prior to submitting the refill orders to the Pharmacy, the labels on the Refill Order Form should be closely reviewed and verified by the medication room staff for the following:

- Order is not expired or has zero refills remaining
- Medication strength and/or frequency of administration has not changed
- A newer order for the same medication has not been written
- Current patient status (patient has not been released or transferred)
- A supply of the medication is not already on hand

# REFILL ORDER FORM (EMERGENCY USE ONLY)



**Fax Orders To:**

**CLINICAL**solutions  
P H A R M A C Y

**Fax:** 1-866-920-1597  
**Phone:** 1-877-826-5488

**Facility:** ABC Detention Ctr (AB) - ABCD

**Address:** 5555 Not Real Main St  
Nomansland, AB 12345

**Main Phone:** (555) 555-0000  
**Medical Phone:** (555) 555-1110  
**Fax:** (555) 555-0001

## REFILL Order Form

*Note: Prescriptions may be refilled when 8 days or less of medication remains.*

<i>Affix Refill Labels Below</i>	<i>Affix Refill Labels Below</i>	<i>Affix Refill Labels Below</i>

**RN/LPN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STOCK MEDICATION ORDERS

### Legend/OTC Stock

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Stock medications are maintained at your facility to allow for the immediate initiation of a therapy before a patient specific prescription arrives from the Pharmacy. There are three (3) categories of stock medications: 30 count blister cards, stock bottles, and bulk medications (creams, inhalers, injectable, OTC's, etc.). Stock medication cards are used to service more than one patient. The stock medication is designed to administer on a dose by dose basis from a member of the medical staff. A full stock card should not be issued to a patient at any time.

Stock medications may be ordered electronically using the stock portal. **Please see the Clinical Solutions AMI Guide for detailed instructions.**

In the rare event of an emergency and only when authorized, Clinical Solutions provides an alternative stock medication form that may be completed and faxed to the pharmacy at (866) 920-1597.

- The cut-off time for Clinic Stock orders is 12PM CST.

### Controlled Medication Stock

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Facilities that have the proper licensure and keep stock controlled medication on hand, can order stock 30 count blister cards, bottles, or unit-dose boxes by filling out and faxing the Clinical Solutions Controlled Stock Medication Order form to the pharmacy at (866) 920-1597. An example of this form can be found on page 13. All completed order forms must include: the prescriber, the prescriber's DEA number, and Expiration Date of DEA.

After placing an order and receiving the medications from our Clinical Solutions Wholesale division, please follow the instructions below to ensure that there are no regulatory or potential auditing discrepancies. An example of a CSW packing slip can be found on page 21.

1. All quantities recieved should be circled on the physical packing slips
2. The employee that receives the medication should sign and date, along with a witness, that the medication was recieved and is correct.
3. The signed packing list must be faxed to (866) 920-1597 or emailed back to Clinical Solutions at [cswholesale@cspmeds.com](mailto:cswholesale@cspmeds.com)

## STOCK ORDER FORM (EMERGENCY USE ONLY)



Fax Orders To:

**CLINICAL**solutions  
P H A R M A C Y

Fax: 1-866-920-1597

Phone: 1-877-826-5488

Facility: **ABC Detention Ctr (AB) - ABCD**

Address: 5555 Not Real Main St  
Nomansland, AB 12345

Main Phone: (555) 555-0000

Medical Phone: (555) 555-1110

Fax: (555) 555-0001

### STOCK MEDICATION Order Form

*Note: For New STOCK and STOCK refills only (NO patient specific orders/refills)*

Drug	Strength	QTY

Prescriber Name: \_\_\_\_\_ Date: \_\_\_\_\_

Order Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITY DEA REQUIRED FOR ALL STOCK CONTROL MEDICATION ORDERS!**

DEA # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3.23.2020

## STOCK CONTROL ORDER FORM



Fax/Email Orders To:

**CLINICAL**solutions

Fax: 1-866-920-1597

Phone: 1-877-826-5488

Email: CSWholesale@cspmeds.com

Facility: ABC Detention Center (AB) – ABCD

Address: 5555 Not Real Main St.  
Nomansland, AB 12345

Medical (555) 555-0000

Fax: (555) 555-0001

**CUTOFF TIME 1PM CST**

### **CIII-V Controlled Substance Stock Medication Order Form**

PLEASE PRINT

PLEASE PRINT

Drug Name/Strength	Package Size	# of Units Requested
APAP/Codeine (Tylenol #3) 300-30mg Tablets	100ct UD Box	
Clonazepam (Klonopin) 1mg Tablets	100ct UD Box	
Tramadol (Ultram) 50mg Tablets	100ct UD Box	
***Brand name for reference only***		

Prescriber Name: \_\_\_\_\_ Date: \_\_\_\_\_

Order Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**PRESCRIBER DEA REQUIRED FOR ALL STOCK CONTROL MEDICATION ORDERS!**

DEA # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## ORDER CLARIFICATIONS

Any order that needs additional clarification before it can be filled by Clinical Solutions, or any controlled substance order needing verbal/hardcopy authorization can be found on the “CLARIFICATIONS” page in the “APPLICATIONS” menu in AMI. **Please see the Clinical Solutions AMI Guide for detailed instructions.**

## PARTIAL FILLS

When presented with a medication backorder or a discontinued product, Clinical Solutions will make every effort to provide at least a partial amount of the medication, if available, to our client(s) to prevent any delay in therapy. In addition, Clinical Solutions will work with our dedicated inventory personnel and network of wholesale distributors to identify the length of a manufacturer backorder and work to secure an appropriate supply of the medication in the most efficient manner possible acting within the best interests of our client(s).

In the event of a manufacturer allocation, Clinical Solutions will work with the manufacturer to understand the allocation process and limitations placed on distribution of the medication to identify the most efficient route to secure medication for our client. Clinical Solutions' dedicated inventory managers utilize multiple wholesalers to obtain backordered products in the best interest of our clients.

If there is an anticipated extended delay in the shipping of medication due to a manufacturer backorder, discontinuation of product, or an allocation process, Clinical Solutions will call the facility/prescribing provider to explain the reason for the delay and suggest a therapeutic alternative.

If a partial fill is executed, the first card will have an alert sticker notifying the facility of a partial fill. The partially filled prescription will scan during delivery reconciliation. When the remaining medication is filled, your facility will receive a 2nd blister card with the remaining medication contained within. This 2nd blister card will also contain an alert sticker indicating the number of units owed and contained in the 2nd card. This 2nd blister card will not scan during delivery reconciliation.

Please refer to the following two (2) pages for examples of partial fill blister cards and the associated alert stickers.



## PARTIAL FILLS

**HAMBLEN CO JAIL, STOCK PT** RX #: 7418368 1 of 2

CLINICAL SOLUTIONS, LLC 416 MARY LINDSAY POLK DR #515 FRANKLIN, TN 37067  
1-877-826-5488 FAX: 1-866-920-1697

**SKITTLES**  
12345-6789-01 Eqv

QTY: 30 RFL: 0 DOB: 1/1/1950 Expiration: 6/13/2019

**TAKE ONE TABLET(S) BY MOUTH  
THREE TIMES DAILY FOR 10 DAYS**

HAMBLEN CO JAIL, STOCK PT  
SKITTLES  
HCDC  
Disp: 6/13/2018

**SKITTLES 0**

NDC#: 40000-2487-20 Int: CL  
Exp: 09/25/2018 QTY:  
Lot#: 19:35 3216  
Mfg:  
Packed: 09/26/2017

HCDC-1319 MFR

QTY: 30 RX# 7418368  
Earliest Refill: 06/15/2018

**WE OWE YOU 25**

PRESCRIBER: MATHEWS, KENNETH

**CLINICALsolutions**

16	8
30	7
29	6
28	5
27	4
26	3
25	2
24	1
23	
22	
21	
20	
19	
18	
17	
15	
14	
13	
12	
11	
10	
9	

**Reorder**

## PARTIAL FILLS

**HAMBLÉN CO JAIL, STOCK PT** RX #: 7418368 2 of 2

CLINICAL SOLUTIONS, LLC 416 MARY LINDSAY POLK DR #515 FRANKLIN, TN 37067  
1-877-826-5488 FAX: 1-866-920-1597

**SKITTLES** HCDC-1319  
12345-6789-01 Eqv: MFR.

QTY: 30 RFL: 0 DOB: 1/1/1950 Expiration: 6/13/2019

**TAKE ONE TABLET(S) BY MOUTH  
THREE TIMES DAILY FOR 10 DAYS**

HAMBLÉN CO JAIL, STOCK PT QTY: 30  
SKITTLES RX# 7418368  
Earliest Refill: 06/15/2018

HCDC Disp: 6/13/2018

**SKITTLES 0**

NDC#: 40000-2487-20 Int: CL  
Exp: 09/25/2018 QTY:  
Lot#: 19:35 3216  
Mfg:  
Packed: 09/26/2017

**REMAINDER FILLED 25**

MATHEWS, KENNETH

**CLINICALsolutions**

**START**

30	23	16	8
29	22	15	7
28	21	14	6
27	20	13	5
26	19	12	4
25	18	11	3
24	17	10	2
		9	1

**Reorder**

## FULL OWES

Clinical Solutions will notify the facility via email which medications could not be fulfilled at the time of order. The daily report contains an "Owes" tab indicating that the medication is currently on order, and your facility should receive the owed medications within 1-2 business days following the receipt of notification.

If there is an anticipated extended delay in the shipping of medication due to a manufacturer backorder, discontinuation of product, or an allocation process, Clinical Solutions will call the facility/prescribing provider to explain the reason for the delay and suggest a therapeutic alternative.

# SAMPLE DELIVERY SHEET

CLINICAL SOLUTIONS,  
8/18/2017

Delivery Sheet - Packing List

Page 1  
07:40 am

## Batch Preview

		TEST-TEST FACILITY				
Fill Date	Rx #	Number	Patient	Drug	Docto	Qty
<b>Name: DOE, JOHN</b>						
8/18/2017	*7049242		DOE, JOHN	MULTI-VITAMINS TAB	ADAMS, JAMES	30.00 EA
8/18/2017	*7049243		DOE, JOHN	DIVALPROEX SODIUM 500 MG DR TAB	ADAMS, JAMES	60.00 EA
8/18/2017	*7049244		DOE, JOHN	VITAMIN B-6 50MG TAB	ADAMS, JAMES	20.00 EA
<b>Name: SMITH, CHARLES</b>						
8/18/2017	*7049245		SMITH, CHARLES	LISINOPRIL 20 MG TAB	ADAMS, JAMES	30.00 EA
8/18/2017	*7049246		SMITH, CHARLES	GABAPENTIN 300MG CAP	ADAMS, JAMES	60.00 EA
8/18/2017	*7049247		SMITH, CHARLES	FLUTICASONE HFA 50MCG SPR	ADAMS, JAMES	16.00 EA

SIGNATURE & TITLE OF PERSON RECEIVING \_\_\_\_\_ DATE \_\_\_\_\_

Note: Please reconcile packing slip daily. All missing items should be addressed daily with the pharmacy for resolution. If the pharmacy is not contacted for resolution of missing items within 72 hours of the delivery, it will be assumed that all items were received without issue. Furthermore, 72 hours after delivery, the pharmacy, is no longer fiscally responsible for any missing items it has not been contacted about.



# SAMPLE PATIENT SPECIFIC CONTROLLED SUBSTANCE DELIVERY SHEET

CLINICAL SOLUTIONS,  
8/18/2017

Delivery Sheet - Packing List

Page 2  
07:21 am

**Batch Preview**

		TEST-TEST FACILITY				
Fill Date	Rx #	Number	Patient	Drug	Doctor	Qty
<b>Name: TEST, PATIENT</b>						
8/18/2017	C *4039253		TEST, PATIENT	CHLORDIAZEPOXIDE HCL-21 COUNT 25MG	SAMPLE, MD	21.00 EA

C= Controlled  
Substance

SIGNATURE & TITLE OF PERSON RECEIVING \_\_\_\_\_ DATE \_\_\_\_\_


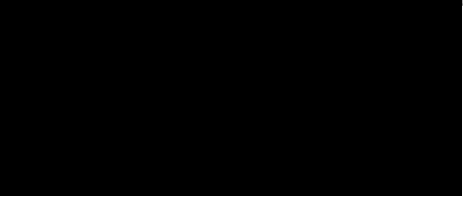
Note: Please reconcile packing slip daily. All missing items should be addressed daily with the pharmacy for resolution. If the pharmacy is not contacted for resolution of missing items within 72 hours the delivery, it will be assumed that all items were received without issue. Furthermore, 72 hours after delivery, the pharmacy, is no longer fiscally responsible for any missing items it has not been contacted about.

# SAMPLE STOCK CONTROLLED SUBSTANCE DELIVERY SHEET

Clinical Solutions Wholesale, LLC  
416 Mary Lindsay Polk DR  
Suite 519  
Franklin, TN 37067  
DEA# RC0625799

CLINICALsolutions  
WHOLESALE

PHONE (877) 826-5488  
FAX (866) 920-1597  
www.clinicalsolutionspharmacy.com  
cswholesale@cspmeds.com

Bill To	Ship To
	

Packing List						
Invoice #	Issue Date	Pmt Term	Due Date	Salesperson	Order #	Reference
63085	04/24/2025	30th of next	05/30/2025		41988	
SKU	Product				Size	Qty
0121077001 NDC: 00121-0770-01	Lorazepam Concentrate 2mg/mL Solution Batch: 4B86 Exp. Date: 10/31/2026 S/Ns: A00013426917				30	1

## Notes

UPS Next Day Air  
#1: 1Z86W3F22491997586

## PRACTITIONER DATA RECORD

It is the facility's responsibility to notify Clinical Solutions of additions, deletions or change of a prescriber at your facility within 24 hours. Your assistance is required to ensure we have the most up to date information for prescribers at your facility. This will assist us in maintaining a current prescriber database at your facility.

Please report to us the prescriber's full name, professional degree, and title, if any. Also, include the name of the facility or the facilities that the prescriber is associated with (refer to the Practitioner Data Record on the next page).

If the prescriber is newly employed at your facility, please photocopy their Federal DEA certificate and the prescriber's state license and fax or email to:

**Amanda Ramzy, Clinical Solutions Regulatory Affairs**

**Fax: 866-920-1597**

**Email: [Amanda.Ramzy@cspmeds.com](mailto:Amanda.Ramzy@cspmeds.com)**

If the prescriber does not have a Federal DEA certificate or will not be prescribing controlled substances, please let us know this as well. Please be aware that federal law prohibits dispensing controlled substances without valid DEA information on file.

If a prescriber is no longer employed at your facility, please let us know the prescriber's full name and facility or facilities for which they were associated.

## PRACTITIONER DATA RECORD FORM



### PRACTITIONER DATA RECORD

<b>Facility Code:</b> _____	The pharmacy is required to maintain a means of identifying the signatures of physicians, as well as their DEA numbers. Please provide the data requested below and return this form to Clinical Solutions Pharmacy. Fax number: (866) 920-1597
 <b>Prescriber Name:</b> _____ <small>(Print Last Name, First Name)</small>	
<b>Prescriber Signature:</b> _____	
<b>Prescriber Type:</b> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DDS <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other: _____	
<b>Prescriber Title:</b> _____ <small>(Print)</small>	
<b>Facility Name:</b> _____ <small>(Print)</small>	
<b>Facility Address:</b> _____ <small>(Print Street)</small>	
_____ <small>(Print City, State, Zip)</small>	
<b>Prescriber Contacts:</b> _____ <small>(Office number)</small> _____ <small>(Cell number)</small>	
<b>DEA Number:</b> _____	
<b>NPI Number:</b> _____	
<b>Supervising Physician:</b> _____ <small>(Print Last Name, First Name)</small>	
<b>Person Completing Form:</b> _____ <small>(Print Last Name, First Name)</small>	
<b>Signature:</b> _____ <small>(Signature)</small> <b>Date:</b> _____	

**\*A COPY OF THIS FORM MUST BE FAXED TO CLINICAL SOLUTIONS PHARMACY TO FILE FOR RECORD PURPOSES.\***



## BACKUP PHARMACY PROCEDURE

In the event a patient must begin a medication immediately and the medication is not available through facility stock, a backup pharmacy process is available to obtain these medications.

Please refer to the Backup Pharmacy Procedure Form on the next page. This form contains processor information as well as specific instructions on how to utilize the backup pharmacy. The actual medication order can be called in as a verbal order on behalf of the provider or faxed to the pharmacy.

Backup pharmacy benefits are limited to a 5-day supply for legend medications and \$500 maximum cost. (If the medication exceeds the limits, please have the backup pharmacy call Clinical Solutions at 877-826-5488, Option 2.)

- If the claim is processed properly, the co-pay should be \$0.00.
- Should you have any issues, contact the pharmacy at 877-826-5488, Option 2

**Please refer to the next two (2) pages for examples of the backup pharmacy sheet and IV back up form.**

## SAMPLE BACKUP PHARMACY FORM

# Back-Up Pharmacy/Release Form

<u>Backup Pharmacy Options:</u>		
HIJKLM Pharmacy 1234 Fake St Nomansland, AB 12345 Pharmacy Phone: 555-555-5555 Pharmacy Fax: 555-555-5551 Monday – Friday: 9AM-9PM Saturday: 9AM-6PM Sunday: 10AM-6PM	XYZ Pharmacy 321 Fake Ave Nomansland, AB 12345 Pharmacy Phone: 555-555-1111 Pharmacy Fax: 555-555-1112 Monday – Friday: 9AM-9PM Saturday: 9AM-6PM Sunday: 10AM-6PM	
<b>Order For: ABC Detention Center (ABCD)</b> 5555 Not Real Main St Nomansland, AB 12345 Facility Phone: 555-555-0000      Facility Fax: 555-555-0001		

*Please circle backup or release group number*

**GROUP NUMBER (for Backup meds):** ABCD

**BIN:** 019298

**GROUP NUMBER (for Release meds):** ABCD-R

**PCN:** THSRX

**Patient ID:**

ABCD + Fill Date + First letter of patient's first name + First 4 letters of patient's last name

(Example: ABCD011923JSMIT)

**Pharmacy Help Desk:** 262-649-2514

### Order Details

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drug & Strength: \_\_\_\_\_ Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Verbal Order on Behalf of Prescriber: (Prescriber Name) \_\_\_\_\_

Prescriber (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

DEA # (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

RN/LPN Signature: \_\_\_\_\_ Generic Substitution: \_\_\_\_YES\_\_\_\_NO

**Pharmacist:** Please call Clinical Solutions at 877-826-5488 option 2 (24/7) for questions regarding rejected claims and overrides

Effective 02.01.2023

## SAMPLE IV BACKUP PHARMACY FORM

IV orders can be emailed directly to FirstCall Pharmacy at [customer.service@firstcallpharmacy.net](mailto:customer.service@firstcallpharmacy.net) using the form provided. Please call FirstCall Pharmacy at (800) 877-5705 after submitting form to ensure order was received.



### IV/SPECIALTY BACKUP ORDER FORM



\*Email this to IV/Specialty Backup to  
[customer.service@firstcallpharmacy.net](mailto:customer.service@firstcallpharmacy.net)

800-877-5705  
[www.firstcallpharmacy.net](http://www.firstcallpharmacy.net)

\*\*Call 800-877-5705 to verify email was successful\*\*

<b>Date:</b> _____ <b>Facility ID:</b> ABC Detention Center (ABCD) <b>Unit:</b> Medical/Pharmacy	
<b>Facility Address:</b> 555 Not Real Main St <b>City/State/Zip:</b> Nomansland, AB 12345	
<b>Facility Phone:</b> (555) 555-0000	
<b>Patient Name:</b> _____ <b>Inmate ID#:</b> _____ <small>(Print Last, First, Middle Initial)</small>	
<b>DOB:</b> _____ <b>Height:</b> _____ <b>Weight:</b> _____	
<b>DIAGNOSIS</b> <b>ICD-9 / ICD-10</b>	<b>ALLERGIES</b>
<b>Drug/Strength:</b> _____ <b>Route:</b> _____ <b>Rate (if applicable):</b> _____	
<b>Directions:</b> _____ X _____ days	
<i>*Please also send prescribers original order along with this order</i>	
<b>Please attach any pertinent lab results.</b>	
<b>Prescriber/Medical Director:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="text-align: center;"> <small>(Print Last, First)</small> </div> <div style="text-align: center;"> <small>Signature</small> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> <div style="text-align: center;"> <small>Date</small> </div> <div style="text-align: center;"> <small>Telephone</small> </div> </div>	
<b>Deliver to:</b> ABC Detention Center Attn: Medical/Pharmacy 5555 Not Real Main St Nomansland, AB 12345	
<b><u>First Call: Please direct bill to Clinical Solutions Pharmacy</u></b>	
<b>**DO NOT FILL MORE THAN A 30 DAY SUPPLY FOR ANY MEDICATION. **</b>	

Effective 05/01/2025

## MEDICATION RETURNS

Clinical Solutions Pharmacy will comply with the Tennessee Board of Pharmacy regulations and the Oklahoma Board of Pharmacy regulations for returning medications for credit. Medications to be returned should be separated and placed in a segregated area called “Returns” or Quarantined”. As returns, discontinued medications, and expired medications are collected, you may log into the CSP Portal to scan them in before returning to Clinical Solutions Pharmacy. **To begin this process, please refer to the Clinical Solutions AMI Guide.**

In case of emergency, returns may be recorded manually on the Facility Return/Destruction Form. Please contact Clinical Solutions if this form is needed. Be sure to record the quantity of each medication being returned. Also, date the form and add facility name at top of the form. At the bottom of the form record the name, signature, and date of the licensed individual preparing the return. Once all paperwork is complete, place all returns, discontinued, and expired medications in a box to be returned. Keep copies of all return forms for your records. These files must be kept on-site and readily retrievable for at least three (3) years. Check your state regulations for a specific length of time.

In accordance with all State and Federal laws, Clinical Solutions will provide protocols for the return of viable pharmaceutical products for destruction. Items in a blister pack or labeled bottles with NDC numbers are considered viable pharmaceutical products, including hazardous pharmaceuticals. Once all returns are evaluated and determined to be a non-creditable item for your facility, it becomes waste and we dispose of it accordingly using a 3rd party.

Return medications to:

**CLINICAL SOLUTIONS PHARMACY  
ATTENTION: RETURNS DEPARTMENT  
416 MARY LINDSAY POLK DRIVE  
SUITE 515  
FRANKLIN, TN 37067**

**Please Note: CONTROLLED SUBSTANCES ARE NOT TO BE RETURNED TO THE PHARMACY.**

Your facility will receive credit for returned medications provided the returned medication meets the following criteria:

## MEDICATION RETURNS

- The prescription did not leave the control of the nursing staff responsible for administration and security of the prescription
- Labeling and packaging of the prescription have not been tampered with or altered in any way. Do not write on the blister card.
- The prescription was dispensed in unit dose blister cards or in original manufacturer's unit dose packaging
- If tamper resistant tape or seal is on the product when it is received, it must be returned intact in order to receive credit
- The prescription is not: a controlled substance, exceeds ninety (90) days from fill date, damaged or deteriorated, contaminated or compromised environment, or has been improperly stored
- Any liquids being returned should be enclosed in a sealed plastic bag.
- The prescription has not been billed to a private insurance or Medicaid
- The medication was not packaged with multiple units per bubble in a blister card or in multi-dose strip packaging.

Return shipping labels may be requested from the AMI stock portal. When a box is full and ready to return, please give to your regular UPS driver or call Clinical Solutions at 1-877-826-5488 to schedule a UPS pick-up.

Medication returns received by Clinical Solutions Pharmacy will then be scanned into our Pharmacy Information Software System for documentation, accountability, and for providing credit to be used on the next billing cycle. We utilize barcode scanners to record medications returned to the pharmacy which are eligible for credit.

The monthly report will record:

- |                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| • Return Date         | • Fill Date              | • Reason for Return      |
| • Patient Name        | • Drug Name and Strength | • Original Cost          |
| • Prescription Number | • Quantity Returned      | • Amount of Credit Given |

Credit will be given monthly for all medications returned meeting the above list criteria. Credits given will not expire and will be deducted from the payment of the oldest outstanding invoice. Only medications that comply with all State and Federal regulations will be credited. Credits will be given for 100% of the medication cost to your facility. Credits for returns will be separately identified on the monthly invoice.

## MEDICATION RETURNS

Per DEA regulations, controlled substances are not eligible to be returned to the pharmacy provider. All controlled substances will be destroyed in accordance with individual state regulations. Controlled substances for destruction should remain behind a double lock and key until the time of destruction. Refer to your Health Services Administrator for proper method of destruction at your facility.

Credit will only be given on manufacturer unit dose dispensed products after the member facility has received them. Controlled medication and open partial stock medication cannot be credited per Federal regulations. Specialty drugs, biologicals, and medications for which efficacy requires an un-breached original manufacturer's packaging upon opening will not be eligible for credit.

## ON-SITE MEDICATION DESTRUCTION

Non-hazardous loose pills may be stored in a Rx Destroyer. **Upon request**, Clinical Solutions can supply the facility with an Rx Destroyer eco-friendly pharmaceutical "disposal in a bottle". The Rx Destroyer bottle contains a ready-to-use chemical digestion solution. Simply load unused or unwanted loose pills into the bottle. Invert bottle mix and wash digestion solution over the medications. Drugs start to dissolve permitting the active medication ingredients to be adsorbed and neutralized by the active charcoal ingredients. The active medication ingredients permanently bond to the activated charcoal and the process is irreversible.



Your facility may store and keep using the bottle until it becomes full. Once full, facilities may discard the bottle, containing contents, into common trash. Upon request, Clinical Solutions will supply a replacement Rx Destroyer to your facility. Please refer to the next page for detailed instructions for using Rx Destroyer.



## Rx Destroyer™ ALL-PURPOSE Formula Directions:

1. Load medications into the bottle\*
  2. Tightly replace cap
  3. Gently shake to mix solution over medications
  4. Store and use again
  5. Bottle is full when contents are within 2 inches from cap – DO NOT OVERFILL
  6. Discard bottle and its contents into common trash.
  7. Always follow institutional policies, state, local and federal disposal regulations for compliance.
- \*Note: The outer shell of capsules and patch material will NOT dissolve.

## CAPACITY BY PRODUCT:

- **64oz:** holds approximately **1500 pills/patches** or **32oz of liquid**
- **16oz:** holds approximately **300 pills/patches** or **8oz of liquid**
- **4oz:** holds approximately **50 pills (not to be used for patches or liquid)**

## USES:

- All non-hazardous medications (**DEA-controlled & Non-controlled**).
- Pills, Capsules, Tablets, Liquids, Lozenges, Transdermal Patches, Fentanyl Lollipops, Suppositories.
- **Do not add gassing items such as effervescent, antacid medications, syringes (hardware) or drugs known to react with one another such as sodium bicarbonate and aspirin. Combinations of medications added to Rx Destroyer™ are limitless. Always consult your Pharmacist or staff supervisor with questions regarding combinations which may produce gasses prior to use.**
- Check Federal & State Guidelines on how to determine if medications are hazardous waste.

**DO NOT** place choral hydrate or phentermine in container.

**DO NOT** add effervescent or antacid or gassing medications.

**IMPORTANT:** If bottle swells, effervescent or gassing additives have been inadvertently introduced, do not open container. Review internal process and or consult supervisor.

## QUICK FACTS:

- Rx Destroyer™ pharmaceutical disposal system is a ready-to-use product.
- System requires no additives or special training to use.
- **Easy as 1-2-3: 1) Load 2) Shake 3) Discard**
- System contains patent pending solution that begins dissolving medications on contact. Active medication ingredients are adsorbed or neutralized by activated charcoal.
- Each container contains a carefully formulated balance of ingredients that will destroy to medication capacity.
- **Rx Destroyer™ patent pending formula controls:**
  - Resists mold growth
  - Resists bacteria development
  - System automatically controls internal pressure

**DO NOT REMOVE LIQUID FROM BOTTLE**