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## Pharmacy Utilization Management Policy Discharge Medication

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**Line of Business:** All lines of business

**P & T Approval Date:** February 2, 2024

**Effective Date:** March 1, 2024

*This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.*

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### COVERAGE POLICY

- A. IEHP considers it medically necessary for Members recently discharge from an acute care hospital, when all of the following are met:
  - 1. The requested drug(s) or drug product(s) are ordered as part of discharge planning, AND,
  - 2. One of the following:
    - a. The requested drug(s) or drug product(s) dose and indication are clinically appropriate as listed in drug compendia or accepted as part of standard practice, OR,
    - b. Rationale provided for treatment not listed in drug compendia or beyond the standards of practice that demonstrate medical necessity of treatment.
- B. The request is approvable for a maximum of ten (10) days following discharge date from the acute care hospital.
- C. Any continuation request to extend treatment beyond the above ten (10) days post-discharge would be subjected to a regular clinical review process.

### COVERAGE LIMITATION AND EXCLUSIONS

- A. Drug(s) or drug product(s) used for maintenance treatment can be approved for ten (10) days post-discharge. Continuation of coverage would require a Referral Request and will be subject to clinical review.
- B. This policy does not apply to drug(s) or drug product(s) scheduled to be initiated 1 or more days after the day of discharge.

### ADDITIONAL INFORMATION

None

### CLINICAL/REGULATORY RESOURCE

None

## DEFINITION OF TERMS

Discharge medications are defined as either (1) treatment started inpatient, prior to discharge, and the same treatment (drug/dose/route) to be continued post discharge to finish the course of medications (i.e., IV antibiotics); or (2) new treatment to be initiated after discharge.

## REFERENCES

1. Medi-Cal Provider Manual. Intravenous or Intra-arterial Solutions: Special Billing (iv-sol spec). [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/57EA5165-4BD0-4004-8627-D6ABA9F4DFBF/ivsolspec.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/57EA5165-4BD0-4004-8627-D6ABA9F4DFBF/ivsolspec.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO). Revision date November 2023. Accessed January 12, 2024.

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Change Control		
Date	Change	Author
01/12/2024	<ul style="list-style-type: none"><li>• Update line of business to reflect all lines of business</li><li>• Updated hyperlink in the references</li></ul>	SV
07/05/2023	<ul style="list-style-type: none"><li>• Renew with minor format updates</li></ul>	SV
07/21/2022	<ul style="list-style-type: none"><li>• Renewed with no changes</li></ul>	TL
06/28/2021	<ul style="list-style-type: none"><li>• Line of Business updated to include Medicare</li></ul>	SV
04/15/2021	<ul style="list-style-type: none"><li>• Document Created, reviewed</li></ul>	JM/SV