



Inland Empire Health Plan

Pharmacy Utilization Management Policy Discharge Medication

Line of Business: Medi-Cal, Medicare

P & T Approval Date: August 6, 2021 (pending)

Effective Date: July 1, 2021

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.

COVERAGE POLICY

- A. IEHP considers the following treatment medically necessary for Members recently discharge from an acute care hospital:
 - 1. The requested drug(s) or drug product(s) are ordered as part of discharge planning.
 - 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.
 - 3. The request is approvable for a maximum of ten (10) days following discharge date from the acute care hospital.
 - 4. 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. August 2020. Intravenous or Intra-arterial Solutions: Special Billing (iv sol spec). <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/ivsolspec.pdf>.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, view of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

Change Control		
Date	Change	Author
06/28/2021	<ul style="list-style-type: none">Line of Business updated to include Medicare	SV
04/15/2021	<ul style="list-style-type: none">Document Created, reviewed	JM/SV