(A) Policy Statement

The Outcome Management (OTM) prescription fund is a limited fund available to assist patients who do not have prescription coverage and are experiencing financial hardship. Oral medications needed to safely discharge from the hospital will be considered for purchase through this fund.

(B) Purpose of Policy

Prescription purchase assistance will be available to facilitate the patient discharge and continuation of care when no other resources are available.

(C) Procedure

1. The OTM staff will work with pharmacy to determine if medication assistance can be provided through the University of Toledo Medical Center Pharmacy IMeds program, if the patient is not eligible they will proceed with the OTM fund for assistance.

2. The Discharge Planning Assessment form will be completed to determine base line information for discharge planning purposes. The OTM staff will conduct a thorough assessment of the patients insurance and financial situation to determine eligibility for product medication assistance programs and or discount retail prescriptions programs. Collaboration will occur with the SW, Resource Utilization Coordinator, Lead RN and other medical staff to identify the patient’s post discharge medication needs. When possible the feasibility of economic prescription substitutes will be discussed with the physician.

3. The outpatient prescription authorization form will be completed by Outcome Management Staff and forwarded to the Outcome Management Secretary and Outpatient Pharmacy.

4. Resources for on going medication needs will be identified and documented by the OTM staff. The patient will be provided information available to pursue on-going medication needs if available.

5. The OTM staff will document all pertinent information in the Discharge Planning tab of the patient’s medical record.

6. The outpatient pharmacy will process the prescription authorizations and bill the Outcome Management cost center on a monthly basis. The pharmacy will credit the budget for any reimbursements related to Medicaid or patient assistance programs.
7. This fund is not appropriate for injections, infusions, or pain medications of any type.

8. Needs to be approved by the Manager of Outcome Management if the Social Service cost of the drug is over $200.00.

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<tr>
<th>Approved by:</th>
<th>Review/Revision Date:</th>
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<tbody>
<tr>
<td>/s/ Monecca Smith, MSN, RN Date</td>
<td>8/99 8/02 1/05 4/08 4/11 10/14 10/17 3/21</td>
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<tr>
<td>AVP Patient Care Services/CNO</td>
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<tr>
<td>/s/ Angela Ackerman MBA, BSN, RN Date</td>
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<tr>
<td>Administrative Director of Orthopaedic Services and Outcome Management</td>
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Review/Revision Completed By: Angela Ackerman 3/21

Next Review Date: 3/1/2024

Policies Superseded by This Policy: 17-09 Discharge Prescription Authorization

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*