

60-DAY RELEASE MEDICATIONS

For the purpose of continuity of care, providers shall prescribe a 60-day supply of authorized medications for patients releasing directly from a CDCR institution or community correctional facility to a re-entry program or the community through parole, probation, or discharge.

Authorized Medications:

Authorized medications are those necessary to protect life, prevent significant illness or disability, alleviate severe pain, or mitigate side effects of other essential medications. These include medications prescribed to treat chronic or acute illness, scheduled to be taken on a routine or PRN basis and may occasionally include prescribed over-the-counter (OTC) medications.

Exceptions:

Drug Categories	Reason	Action
OTC medications and supplies for minor ailments (e.g., seasonal allergies, dandruff, acne) or items such as shampoos, moisturizing lotion, antacids, sunscreen	Do not meet definition of authorized medications	Do not include in release packet
As needed (PRN) medications	Not expected to use around the clock	Provide 50 percent of a 60-day supply
Glucose oral tablets/gel	Rescue medication	Provide one container
Naloxone	Emergency help (911 and higher level of care) should be accessed upon use	Provide one box containing 2 sprays
Controlled substances	Potential for abuse and adverse events	Provide 30-day supply
Clozapine	Follow-up labs needed	Provide up to a 30-day supply based on current ANC monitoring frequency
Risk Evaluation and Mitigation Strategies (REMS) drugs with dispensing limitations (e.g., isotretinoin)	REMS restrictions	Follow REMS requirements
Some commercially packaged medications (e.g., oral contraceptives)	A one-month supply may be for 28 days	Provide quantity closest to 60 days
Medications needing refrigeration (e.g., insulin)	Transport and storage limitations	Provide 30-day supply
Antibiotics or other medications with a limited course	Limited duration of therapy	Provide to the end of course
Public health regimens with a defined limited duration (e.g., tuberculosis, hepatitis C virus)	Limited duration of therapy	Provide to the end of course
Medications needing additional monitoring before 60 days (e.g., warfarin with an unstable INR)	Follow-up labs needed	Provide based on clinical judgment

Medications procured by a specialty pharmacy	Not available from CCHCS	Provide available supply and any information to help patient get access (e.g., Patient Assistance Program)
IM injectables (excluding Epi-Pen and other auto-injectors or if patient has demonstrated ability to self-administer)	Usually must be administered by health care provider	Do not include in release packet. Coordinate an injection just prior to release if appropriate.
IV injectables	Usually must be administered by health care provider	Do not include in release packet. Coordinate an injection just prior to release if appropriate
Long-acting injectables	Usually must be administered by health care provider	Consider short-acting alternatives where appropriate, or coordinate community care for follow-up if possible. Do not include in release packet. Coordinate an injection just prior to release if appropriate

Potential Exceptions:

Bulky medications (e.g., lactulose, mesalamine rectal enemas)	May be equivalent to cases of medications and unfeasible for patient to carry	Discuss with patient on feasibility of transport; give patient the Pharmacy Benefit Manager (PBM) enrollment information to obtain remaining supply of medication
Insufficient inventory at pharmacy	Out of stock	Give patient the Pharmacy Benefit Manager (PBM) enrollment information to obtain remaining supply of medication