The focus of this guide is to assist you with accessing the IEHP criteria for formulary medications. Formulary medications generally do not require a prior authorization. However, some medications have an associated restriction, such as Quantity Limit, Code 1, or Step Therapy.

Definition of key terms:

**Age Restriction** – medications that are formulary if a Member is within a certain age

**Claim Rejection** – pharmacy does not receive a paid claim when billing a medication through the Member’s insurance, reasons such as prior authorization needed, generic required, or quantity limit.

**Code 1** – refers to criteria for a medication that if met, would allow the medication to be covered at the pharmacy level without a prior authorization

**DHCS** – Department of Health Care Services

**Floor Stock** – medication that does not require pre-approval prior to administration. Physician can administer medication and submit a manual claim for reimbursement

**Formulary Medication** – medication that is approved by the health plan to reflect the most appropriate, high quality, and cost-effective drug therapies

**Maintenance Drug** – a drug that can be processed for a maximum of a 3-month supply

**Non-Capitated or Carve-Out Medication** – a medication that is not reimbursed by managed care plans, such as IEHP, and should be billed to Fee-for-service (FFS) Medi-Cal for payment

**Not Covered** – refers to a medication that does not qualify for reimbursement under IEHP

**Office Stock** – medication that is available in the medical office without the need for a pharmacy to dispense

**Prior Authorization** – a process for requesting more information in which to determine whether a medication can be covered by IEHP

**Quantity Limit** – quantity of a drug that can be filled without needing a prior authorization during a specific period

**Search Tool** – a utility that is available on the internet to help find specific information in a database

**Step Therapy** – a type of criteria, often associated with trials of certain types of medications, that needs be filled before a medication can be considered formulary

**Therapeutic Class** - a set of medications that have similar chemical structures and mechanism of action and are used to treat the same disease
How to access the Formulary Criteria:
There are two ways of accessing the formulary.

Access from the IEHP Website
- Navigate to www.iehp.org
  - Hover over For Providers
- Click on Pharmacy Services
- Click on Formulary
• Click on the Medi-Cal Formulary Search Tool or Dual Choice Cal MediConnect Formulary Search Tool based on line of business.

IEHP Medi-Cal Formulary Items:
- Medi-Cal Formulary Book (PDF)
- Code List (PDF)
- Medi-Cal PA Drug Criteria Summary (PDF)
- Grievances
  - Medi-Cal Formulary Search Tool
- IEHP Medi-Cal Formulary Maintenance Drug List (PDF)
- IEHP Medi-Cal Floor Stock List (PDF)
- Medi-Cal DHCS Co-re Medication List (PDF)

IEHP DualChoice Cal MediConnect (Medicare-Medicaid Plan) Items:
- DualChoice Cal MediConnect Formulary Book (PDF)
- Coverage Determination and Appeal Process
  - DualChoice Cal MediConnect Formulary Search Tool
- IEHP DualChoice Cal MediConnect Formulary Maintenance Drug List (PDF)

Access from the Provider Portal

• Log in to the IEHP Provider Portal
  o https://providers.iehp.org/account/login
• Click on **Pharmacy**

• Click on **Medi-Cal & Healthy Kids Formulary** or **CMC Formulary**, based on line of business
Interpreting the Formulary Criteria:

- A medication can be searched for by using an **Alphabetical Search**, **Brand & Generic Name Search** and the **Therapeutic Class Search**.
  - **Alphabetical Search**
    - Click on a letter in the alphabet to filter medications that start with the corresponding letter
  - **Brand & Generic Name Search**
    - Enter the brand or generic name of a drug in the **Brand & Generic Name Search**. If a drug cannot be located, then the drug is not on IEHP’s formulary

<table>
<thead>
<tr>
<th>Drug Search</th>
<th>IEHP Medi-Cal Formulary Search</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alphabetical Search</strong></td>
<td></td>
</tr>
<tr>
<td>A B C D E F G H I J K L M N O P Q R S T U V W X Y Z</td>
<td></td>
</tr>
<tr>
<td><strong>Brand &amp; Generic Name Search</strong></td>
<td></td>
</tr>
<tr>
<td>Metformin Search</td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic Class Search</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Select the desired drug from the list

<table>
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<tr>
<th>Drug Search</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Over</strong></td>
<td></td>
</tr>
<tr>
<td>Please select a drug from the list below to continue.</td>
<td></td>
</tr>
<tr>
<td>Amfert (FP) 1300C 12,500 IU-15-3MG Solution</td>
<td></td>
</tr>
<tr>
<td>magnesium citrate oral solution</td>
<td></td>
</tr>
<tr>
<td>magnesium oxide 250 mg tablet</td>
<td></td>
</tr>
<tr>
<td>magnesium oxide 400 mg tablet</td>
<td></td>
</tr>
<tr>
<td>magnesium oxide 420 mg tablet</td>
<td></td>
</tr>
<tr>
<td>magnesium oxide 500 mg tablet</td>
<td></td>
</tr>
<tr>
<td>malathion 0.5% lotion</td>
<td></td>
</tr>
<tr>
<td>Matulane 50 mg Capsule</td>
<td></td>
</tr>
</tbody>
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- **Brand & Generic Name Search**
  - Enter the brand or generic name of a drug in the **Brand & Generic Name Search**. If a drug cannot be located, then the drug is not on IEHP’s formulary

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<td></td>
</tr>
</tbody>
</table>
Select appropriate strength desired.

### Drug Search
Main Content
IEHP Medi-Cal Formulary Search

Start Over
Please select a drug from the list below to continue.
- alogliptin 12.5 mg-metformin 1,000 mg tablet
- alogliptin 12.5 mg-metformin 500 mg tablet
- glipizide 2.5 mg-metformin 250 mg tablet
- glipizide 2.5 mg-metformin 500 mg tablet
- glipizide 5 mg-metformin 500 mg tablet
- glyburide 1.25 mg-metformin 250 mg tablet
- glyburide 2.5 mg-metformin 500 mg tablet
- glyburide 5 mg-metformin 500 mg tablet
- metformin 1,000 mg tablet
- metformin 500 mg tablet
- metformin 850 mg tablet
- metformin er 500 mg tablet, extended release 24 hr
- metformin er 750 mg tablet, extended release 24 hr

- **Therapeutic Class Search**

Select a desired drug from the list.

### Drug Search
IEHP Medi-Cal Formulary Search

Alphabetical Search
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Brand & Generic Name Search

<table>
<thead>
<tr>
<th>Metformin</th>
<th>Search</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapeutic Class Search</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Select a subclass category from the list provided to view the list of drugs within that class.

**Drug Search**
**IEHP Medi-Cal Formulary Search**

**Start Over**

**Please select a subclass from the list below to continue.**

- Agents To Treat Hypoglycemia (Hypoglycemics)
- Androgen - Single Agents
- Antidiuretic And Vasopressor Hormones
- Antihyperglycemic - Alpha-Glucosidase Inhibitors
- Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors
- Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations
- Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors
- Antihyperglycemic - Sulfonylurea And Biguanide Combinations
- Antihyperglycemic - Sulfonylurea Derivatives
- Antihyperglycemic - Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide
- Antithyroid Agents, Thionamides - Iridazol Derivatives
- Antithyroid Agents, Thionamides - Thioracil Derivatives

- All formulary medication within the selected therapeutic class will populate

## Search Results

**Start Over**

**Selection**
Therapeutic Class Search: analgesic, anti-inflammatory or antipyretic/analgesic or antipyretic non-narcotic
14 drug(s) found
To view other medications in a therapeutic class, click any class hyperlink in your search results.

### Results

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Therapeutic Class Sub-class</th>
<th>Dose/Strength</th>
<th>Status</th>
<th>Notes &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen 120 mg rectal suppository</td>
<td>Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</td>
<td>SUPPOSITORY 120 mg</td>
<td>🍼</td>
<td>more info</td>
</tr>
<tr>
<td>acetaminophen 160 mg/5 ml (5 ml) oral solution</td>
<td>Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</td>
<td>SOLUTION 160 mg/5 mL (5 mL)</td>
<td>🍼</td>
<td>more info</td>
</tr>
<tr>
<td>acetaminophen 160 mg/5 ml oral elixir</td>
<td>Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</td>
<td>ELIXIR 160 mg/5 mL</td>
<td>🍼</td>
<td>more info</td>
</tr>
<tr>
<td>acetaminophen 160 mg/5 ml oral liquid</td>
<td>Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</td>
<td>LIQUID 160 mg/5 mL</td>
<td>🍼</td>
<td>more info</td>
</tr>
</tbody>
</table>
Once the desired medication has been selected, you will be navigated to the formulary table. The Formulary table is comprised of the following sections:
  - Brand Name
  - Therapeutic Class
  - Dose/Strength
  - Status

**Formulary without Prior Authorization:** If the Notes & Restrictions field is empty, the medication is covered without a prior authorization needed.

**Formulary with Prior Authorization:** Please consult the Medi-Cal PA Drug Criteria Summary Table for additional criteria information.

**Formulary with Code 1:** Click on “more info” under Notes & Restrictions field to view the Code 1 criteria. The pharmacy can override the rejection without needing a prior authorization if Code 1 criteria is met.

**Notes & Restrictions:** Click on “more info” to view details of various restrictions and prescriber notes.

When submitting an authorization for a medication that has a restriction, please address the restriction upon submission. If a pharmacy is still receiving a claim rejection for a medication that does not have a restriction, please submit the authorization with documentation of the type of rejection the pharmacy is receiving.

If the strength desired is not available, please consult the Medi-Cal PA Drug Criteria Summary Table. If it is still not available, please submit authorization with justification of need versus using the available formulary strengths.

For all questions, comments, or concerns regarding the PA Drug Treatment Criteria table, please call (888) 860-1297.