The focus of this guide is to assist with accessing the IEHP criteria for non-formulary medications. These medications require a prior authorization to be submitted to IEHP for review. The RxPA criteria is reviewed and updated quarterly by IEHP’s Pharmacy and Therapeutics Committee (P&T).

Definition of key terms:
- **Brand Name** – approved by FDA that is patent protected until the patent expires
- **Drug Classification** – a set of medications that have similar chemical structures and mechanism of action and are used to treat the same disease
- **Generic Name** – approved by FDA as having the same active ingredient as the brand name drug. Generic drugs are as effective and IEHP is a mandated generic plan
- **Medi-Cal** – California’s Medicaid program
- **Medicare** – federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease
- **Non-Formulary Medications** – refers to medications that are not initially covered by IEHP and requires a prior authorization
- **Prior Authorization** – a process in which to determine whether a prescription medication can be covered by IEHP
- **RxPA** – prescription drug prior authorization

How to access the PA Drug Treatment Criteria:
There are two ways of accessing the PA Drug Treatment Criteria.

Access from the IEHP Website
- Navigate to www.iehp.org
  - Hover over For Providers
Prior Authorization (PA) Drug Treatment Criteria Guide

- Click on Pharmacy Services

- Click on Clinical Information

- Click on Prior Authorization Drug Treatment Criteria
For Medical click on Medi-Cal PA drug Criteria Summary Table

For Medicare click on Medicare Dual Choice Cal MediConnect Plan

This will direct you to IEHP DualChoice Cal MediConnect Plan page
• Click on More

• Click on Prescription Drugs

• Click on Drugs Requiring Prior Authorization for the applicable year
Access from the Provider Portal

- Log in to the IEHP Provider Portal
  - https://providers.iehp.org/account/login

- Click on Pharmacy

Welcome to Inland Empire Health Plan’s Secure Provider Portal

IEHP’s secure Provider Portal will allow you to review your IEHP Members’ Health Records, for eligible Providers submit preventive care data through our Pay for Performance (P4P) program, review your claims status and remittance, obtain referrals for IEHP Direct and much more. Stay up to date on the latest IEHP updates and information right here and thank you for your partnership in caring for IEHP Members.

To enhance our Member’s access to care after hours, IEHP expanded the 24-hour Nurse Advice Line (NAL) services to include MDUVE on June 4, 2018. Our Registered Nurse will be able to triage Members to speak with a Board-Certified Doctor by telephone or virtual visit via video chat. Encourage your IEHP patients to access this service by calling the NAL telephone number listed on the back of their IEHP Member ID card.
• Click on **Prior Authorization Criteria**

• Select criteria based on line of business
Interpreting the PA Table Criteria:

- Once the table opens, search for a specific medication by using [Ctrl] + F to prompt the search box.

- Type in the name of the medication and hit Enter until the desired medication is found.
- Review the clinical information specified on the table
  - **Brand**: Brand name of a medication
  - **Generic**: Generic name of a medication
  - **Criteria**:
    - **Covered Uses**: FDA approved diagnosis
      - If a member’s diagnosis is off label, please attach all supporting information to the request for use of the medication in treating the member’s diagnosis
    - **Exclusion Criteria**: FDA approved diagnosis excluded from the criteria due to CCS eligibility or Non-Covered Benefit
    - **Required Medical Information**: Criteria that needs to be met prior to approval
    - **Age Restrictions**: Age limit that medication can be prescribed for
    - **Prescriber Restrictions**: Specific specialist that can prescribe medication

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
<th>Criteria</th>
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| Lyrica | pregabalin | Covered Uses: Seizure
Exclusion Criteria: CCS eligible
Required Medical Information: Must meet the following requirement:
  a. Documented concurrent use with at least one other anticonvulsant medication
Age Restrictions: N/A
Prescriber Restrictions: Neurologist
Covered Uses: Neuropathic pain associated with spinal cord injury
Exclusion Criteria: CCS eligible
Required Medical Information: Must meet the following requirement:
  a. Confirmed diagnosis
Age Restrictions: N/A
Prescriber Restrictions: Neurologist |

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