

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

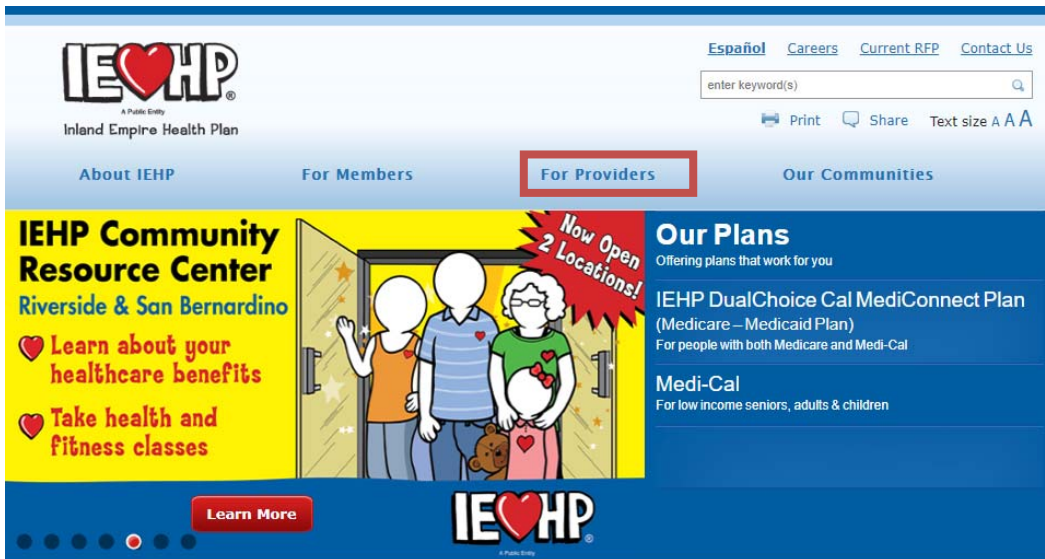
Therapeutic Class - a set of medications that have similar chemical structures and mechanism of action and are used to treat the same disease

## How to access the Formulary Criteria:

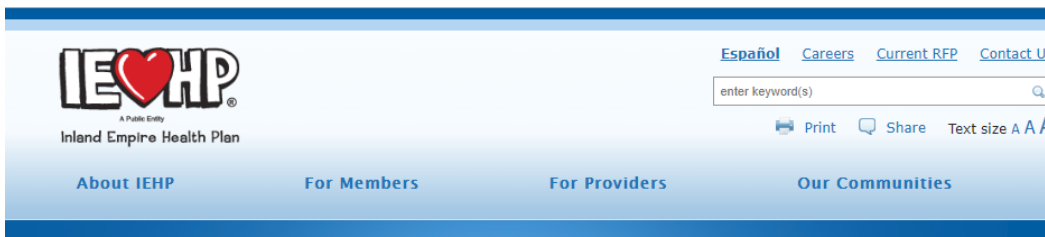
There are two ways of accessing the formulary.

### Access from the IEHP Website

- Navigate to [www.iehp.org](http://www.iehp.org)
  - Click on **For Providers**



- Click on **Pharmaceutical Services**



IEHP Home » Providers

### Providers

[Provider Portal](#)

[Provider Manual](#)

[EDI Manual](#)

[Benefits Manual](#)

[Correspondence](#)

**[Pharmaceutical Services](#)**

[Compliance](#)

[Special Programs](#)

[P4P Program](#)

[Forms](#)

## Providers

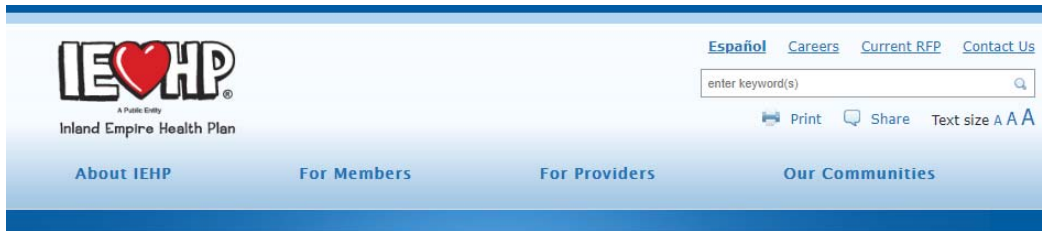
**NEW!** WE PREVIOUSLY INFORMED YOU that our existing Members IDs that end in 01 will now end in 00.  
**WE ALSO WANT YOU TO KNOW** that brand new IEHP Members will receive an auto numbered ID beginning with 4XXXXXXXXXX00.

**NEW!** We apologize that IEHP is currently experiencing technical issues that have prevented verifying Member eligibility and authorizations status for IEHP Members in some cases. We are working diligently to resolve the issue.

During this time, if you have an IEHP Member with scheduled appointments or procedures and are unable to obtain eligibility status, [please proceed with the appointment or procedure](#) so that patient care is uninterrupted due to this current IEHP system issue.

**On April 2, 2018** Inland Empire Health Plan (IEHP) will transition to our new claims and customer relationship management system. We apologize in advance for any intermittent system issues or other difficulties you may experience during

- Click on **Formulary**



IEHP Home » Providers » Pharmaceutical Services

## Providers

[Provider Portal](#)

[Provider Manual](#)

[EDI Manual](#)

[Benefits Manual](#)

[Correspondence](#)

## Pharmaceutical Services

[Clinical Information](#)

[Drug MAC](#)

[Cal MediConnect](#)

**[Formulary](#)**

[PA Submission Tool](#)

[Pharmacy Forms](#)

[Pharmacy Manuals](#)

[Pharmacy Network Lists](#)

[Pharmacy P4P Program](#)

[Pharmacy Quality Ratings](#)

[Pharmacy PA Universal Form](#)

[Provider Communications](#)

## Pharmaceutical Services

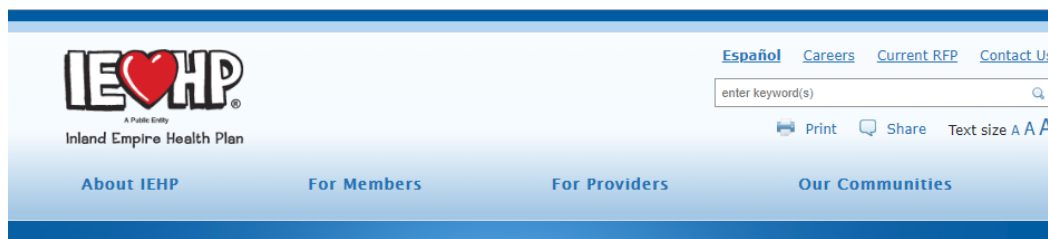


All IEHP Pharmacy related information for Physician and Pharmacist can be found in this section.

If you are an IEHP Member, please go to the Member Section for Pharmacy Provider and Formulary information.

Here, you will find links to the Pharmacy Program Manual, Communications, DTM Program, Prior Authorization Criteria, Clinical Practice Guidelines, Forms, IEHP Formulary, and Safety Resources with drug recall information.

- Click on the **Medi-Cal Formulary Search Tool** or **Dual Choice Cal MediConnect Formulary Search Tool** based on line of business.



IEHP Home » Providers » Pharmaceutical Services » Formulary

## Pharmaceutical Services

[Clinical Information](#)

[Drug MAC](#)

[Cal MediConnect](#)

## Formulary

[Formulary Book](#)

[Medi-Cal Code 1 List](#)

**[Medi-Cal Formulary Search Tool](#)**

**[DualChoice Cal MediConnect](#)**

**[Formulary Search Tool](#)**

[PA Submission Tool](#)

## Formulary

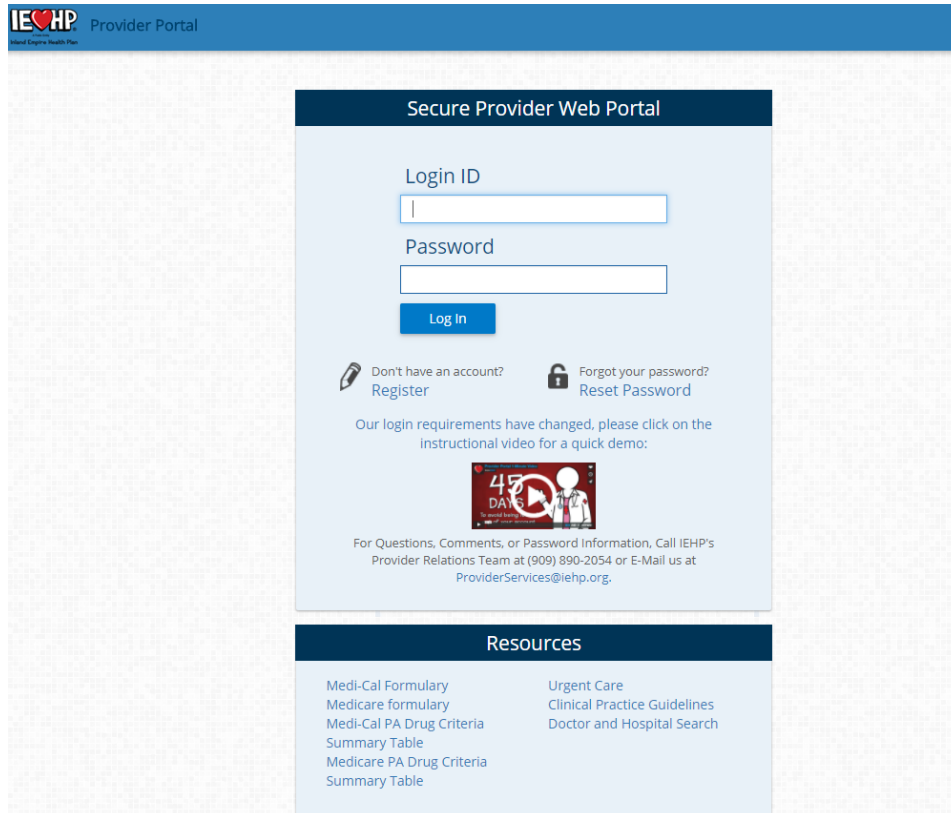
The IEHP Formulary is a continually updated list of drug products designed to reflect the most appropriate, high quality and cost-effective drug therapies...

The Inland Empire Health Plan Pharmacy and Therapeutics (P & T) Subcommittee develops and monitors the Formulary. The P & T is composed of the IEHP Chief Medical Officer, Medical Directors, Director of Pharmaceutical Services, physicians from various medical specialties, local community and clinical pharmacists. This panel reviews the medications in all therapeutic categories based on safety, clinical efficacy, and cost-effectiveness and selects the most appropriate drugs in each class.

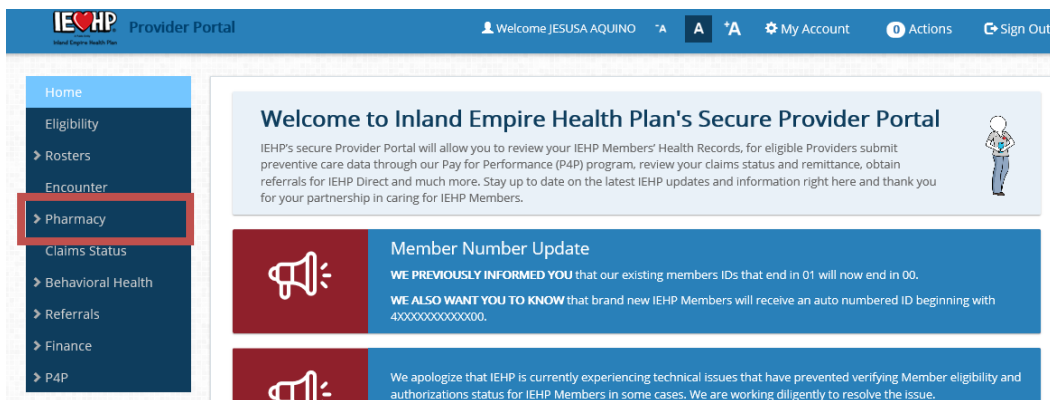
Formulary development and maintenance is a dynamic process. The IEHP P & T Subcommittee is responsible for developing, managing, updating and administering the Formulary. The Subcommittee also ensures that the IEHP Formulary remains responsive to the needs of our members and providers.

## Access from the Provider Portal

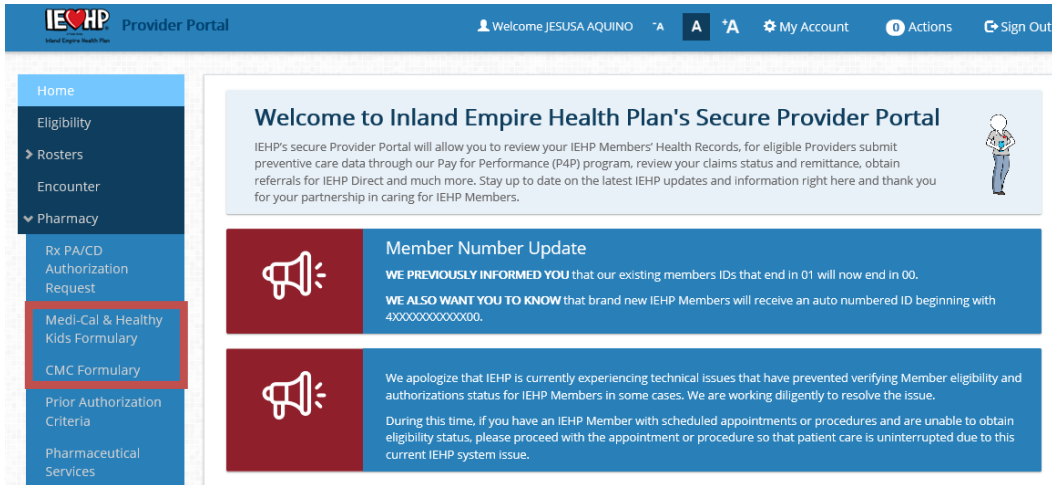
- Log in to the IEHP Provider Portal
  - <https://providers.iehp.org/account/login>



- Click on **Pharmacy**

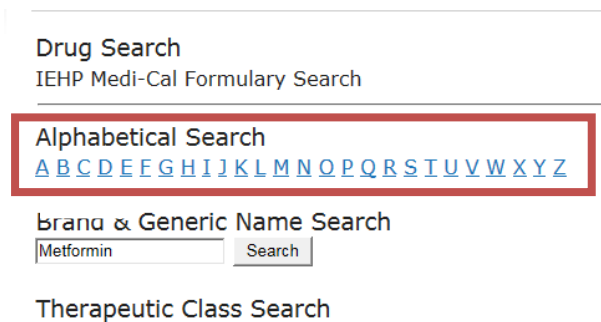


- Click on **Medi-Cal & Healthy Kids Formulary** or **CMC Formulary**, based on line of business

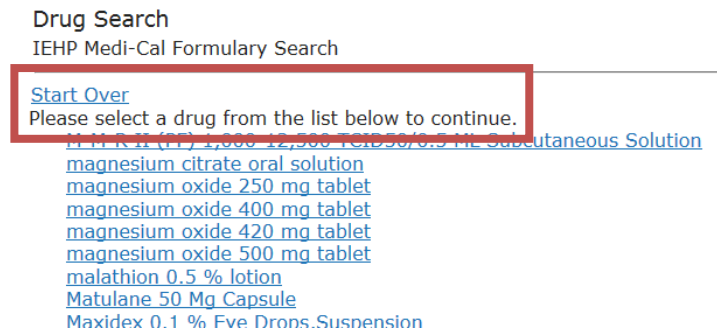


## Interpreting the Formulary Criteria:

- 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



- Select the desired drug from the list



- 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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Drug Search  
IEHP Medi-Cal Formulary Search

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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**

Therapeutic Class Search

- Select appropriate strength desired.

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Drug Search [Main Content](#)  
IEHP Medi-Cal Formulary Search

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[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.

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Drug Search  
IEHP Medi-Cal Formulary Search

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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

**Therapeutic Class Search**

- 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 \(Hyperglycemics\)](#)
- [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 - Imidazole Derivatives](#)
- [Antithyroid Agents, Thionamides - Thiouracil Derivatives](#)

- All formulary medication within the selected therapeutic class will populate





Search Results [Main Content](#)

[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.

Brand Name <small>Generic Name</small>	Therapeutic Class <small>Sub-class</small>	Dose/Strength	Status	Notes & Restrictions
acetaminophen 120 mg rectal suppository 	<a href="#">Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</a>	SUPPOSITORY 120 mg		 <a href="#">more info</a>
acetaminophen 160 mg/5 ml (5 ml) oral solution 	<a href="#">Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</a>	SOLUTION 160 mg/5 mL (5 mL)		 <a href="#">more info</a>
acetaminophen 160 mg/5 ml oral elixir 	<a href="#">Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</a>	ELIXIR 160 mg/5 mL		 <a href="#">more info</a>
acetaminophen 160 mg/5 ml oral liquid 	<a href="#">Analgesic, Anti-Inflammatory Or Antipyretic Analgesic Or Antipyretic Non-Narcotic</a>	LIQUID 160 mg/5 mL		 <a href="#">more info</a>






- 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.

Brand Name <small>Generic Name</small>	Therapeutic Class <small>Sub-class</small>	Dose/Strength	Status	Notes & Restrictions
Januvia 100 Mg Tablet	<a href="#">Endocrine</a> <a href="#">Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</a>	TABLET 100 mg	 Formulary	 <a href="#">more info</a>  <a href="#">more info</a>  <a href="#">more info</a>

### Definition of Status

Icon	Status	Definition
 Formulary	Formulary	Formulary without Prior Authorization
 Formulary	Formulary - Prior Authorization	Formulary with Prior Authorization
 Cl	Formulary - Code 1 Drug	Formulary with Code 1

### Definition of Restrictions

Icon	Restriction	Definition
 AL	Age Restriction	Age Restriction
 G	Generic Indicator	Generic Indicator
 P	Prescriber Note	Prescriber Note
 PA	Prior Authorization	Prior Authorization
 QL	Quantity Limit	Quantity Limit
 SP	Specialty Pharmacy	Specialty Pharmacy
 ST	Step Therapy	Step Therapy

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.