



Inland Empire Health Plan

Pharmacy Policy
IEHP Drug Prior Authorization Policy

Line of Business: Both Lines of Business

P&T Approval Date: December 21, 2021

Effective Date: January 1, 2022

This policy has been developed through review of IEHP-Medi-Cal contract, benefits, medical literature, consideration of medical necessity, generally accepted medical practice standards, and has been approved by the IEHP Pharmacy and Therapeutic Subcommittee.

Policy/Criteria:

Drugs (including physician-administered drugs) may be reviewed for coverage by submitting a Prescription Drug Prior Authorization Form or Referral Form. IEHP requires the request to be submitted on the Prescription Drug Prior Authorization Form or Referral Form and the request must include at minimum, but not limited to, the following:

A completed Prescription Drug Prior Authorization Form or Referral Form

- A complete drug treatment plan
- Relevant laboratory results
- Contraindications, intolerance, or failure to IEHP preferred drugs or conventional therapies with documentation of dosing regimen and timeframe of failure
- Reasons for changes in therapy, drug, or dose
- Reasons to exclude generally accepted medical practice standards such as duplicate therapy, max dose, drug-to-drug interactions, or other safety concerns
- Rationale for treatment not listed in drug compendia or beyond the standards of practice

Requests that do not include all relevant clinical information to support the request can be dismissed or denied.

Clinical Justification:

IEHP strives to provide great medication outcomes for every patient for every request submitted. A complete request with clear medical justification is needed to ensure member safety and efficient delivery of pharmaceutical care.

The IEHP Drug Prior Authorization Policy will not apply to the following:

- a. Drugs excluded from the plan benefit
- b. DHCS carve out medications
- c. Drugs that are already covered by other benefits [e.g., California Children Services benefits (CCS, Vaccines for Children (VFC)]

Change Control		
Date	Change	Author
12/13/2021	<ul style="list-style-type: none"> • Updated P&T Approval Date and Effective Date 	JM
11/22/2021	<ul style="list-style-type: none"> • Updated the policy to provide additional information when the IEHP Prior Authorization Policy will not apply 	TL
06/25/2021	<ul style="list-style-type: none"> • Line of Business updated to include Medicare 	SV
05/07/2021	<ul style="list-style-type: none"> • Updated the policy to include physician-administered drugs 	ND
02/19/2020	<ul style="list-style-type: none"> • Renewed with no changes 	JT
11/20/2019	<ul style="list-style-type: none"> • Name change from “IEHP Medi-Cal Treatment Criteria and Policy” to IEHP Drug Prior authorization Policy. 	JT