



Inland Empire Health Plan

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*Pharmacy Policy*  
**Drug Trial and Failure**

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**Line of Business:** Medicare

**P & T Approval Date:** December 21, 2021

**Effective Date:** January 1, 2022

*This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.*

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- I. IEHP defines trial of a drug as:
    1. Pharmacy claim history (i.e., PBM)
    2. External drug data sources (i.e., CURES, CCI history, etc.)
    3. Provider provides drug history that includes duration of therapy and/or specific date(s)
  
  - II. IEHP defines failure of a drug as:
    1. Discontinuation due to:
      - a. Allergy
      - b. Intolerance or adverse drug reaction
      - c. Contraindication
      - d. Sub-therapeutic outcome despite use of an optimal therapeutic dosage over a clinically appropriate duration based on clinical guidelines or practice
        - i. Lack of improvement
        - ii. Worsening of clinical condition
        - iii. Not meeting treatment goals
  
  - VI. A Prescriber's statement will be accepted for both trial and failure of a medication
  
  - VII. If failure is not provided on the request for a Coverage Determination, outreach to the physician office is to be made to obtain the information.
  
  - VIII. If failure cannot be established, clinical review by IEHP pharmacist(s) is required.
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Change Control		
Date	Change	RPH
12/13/2021	<ul style="list-style-type: none"><li>• Updated dates to reflect ad hoc meeting date and correct effective date</li></ul>	JM
10/30/2021	<ul style="list-style-type: none"><li>• Updated to Medicare-specific policy only</li><li>• Removed policy specific to Medicaid for Medi-Cal Rx Transition</li></ul>	TL
04/16/2021	<ul style="list-style-type: none"><li>• Renew with no changes</li></ul>	JM
02/20/2019	<ul style="list-style-type: none"><li>• Added requirement for supporting documentation, chart notes and lab results as appropriate for prescriber's statement of trial and failure (Medicaid only)</li></ul>	ND