



**To:** DualChoice IPAs, PCPs, Specialists and BH Providers  
**From:** IEHP – Pharmaceutical Services  
**Date:** July 19, 2021  
**Subject:** **Prescription Drug Prior Authorization Request Form Updates for IEHP DualChoice Members**

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To align with the Model Coverage Determination Form published by CMS, Inland Empire Health Plan (IEHP) has made the following updates to the Prescription Drug Prior Authorization Request Form for **IEHP DualChoice Members** on the IEHP Secure Provider Portal at [www.iehp.org](http://www.iehp.org).

Please submit these requests electronically for optimal turnaround time and response.

- **Updated Additional Medicare Coverage Determination Information section:**
  - Selection choices streamlined *to remove those not applicable* to IEHP DualChoice Members.
- **Three (3) medical information sections added:**
  - **Drug Safety**
    - Any **FDA NOTED CONTRAINDICATIONS** to the requested drug?
    - Any concern for a **DRUG INTERACTION** with the addition of the requested drug to the enrollee's current drug regimen?
  - **High Risk Management of Drugs in the Elderly**
    - If the enrollee is over the age of 65, do you feel that the benefits of treatment with the requested drug outweigh the potential risks in this elderly patient?
  - **Opioids**
    - What is the daily cumulative Morphine Equivalent Dose (MED)?
    - Are you aware of other opioid prescribers for this enrollee?
    - Is the stated daily MED dose noted medically necessary?
    - Would a lower total daily MED dose be insufficient to control the enrollee's pain?

**Providing the information requested in these sections (when applicable) will assist with timely and accurate review of prescription drug requests.**

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > Providers > Plan Updates > Correspondences.

If you have any questions, please do not hesitate to contact the IEHP Pharmaceutical Services Department at (909) 890-2049.