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

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.

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 > Providers > Plan Updates > Correspondences.

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