



---

*Pharmacy Policy*  
**IEHP Drug Prior Authorization Policy**

---

**Line of Business:** All lines of business

**P&T Approval Date:** November 3, 2023

**Effective Date:** December 1, 2023

*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:**

---

1. 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.
  
2. 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. A completed Prescription Drug Prior Authorization Form or Referral Form
  - b. A complete drug treatment plan
  - c. Relevant laboratory results
  - d. Contraindications, intolerance, or failure to IEHP preferred drugs or conventional therapies with documentation of dosing regimen and timeframe of failure
  - e. Reasons for changes in therapy, drug, or dose
  - f. Reasons to exclude generally accepted medical practice standards such as duplicate therapy, max dose, drug-to-drug interactions, or other safety concerns
  - g. Rationale for treatment not listed in drug compendia (E.g., American Hospital Formulary Service Drug Information, DRUGDEX® Information System) or beyond the standards of practice
  
3. Requests that do not include all relevant clinical information to support the request can be dismissed or denied.

4. 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))]

**References:**

1. Medicare Prescription Drug Benefit Manual Chapter 6 -Part D Drugs and Formulary Requirements. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>
2. Coverage Determinations | CMS.[www.cms.gov](https://www.cms.gov). Accessed October 5, 2023. <https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/CoverageDeterminations->

Change Control		
Date	Change	Author
10/05/2022	<ul style="list-style-type: none"> <li>• Updated LOB</li> <li>• Minor format change</li> </ul>	SV
12/09/2022	<ul style="list-style-type: none"> <li>• Added drug compendia approved for reference by CMS</li> <li>• Added references</li> <li>• Updated P&amp;T Approval Date and Effective Date</li> </ul>	NQ, CK
12/13/2021	<ul style="list-style-type: none"> <li>• Updated P&amp;T Approval Date and Effective Date</li> </ul>	JM
11/22/2021	<ul style="list-style-type: none"> <li>• Updated the policy to provide additional information when the IEHP Prior Authorization Policy will not apply</li> </ul>	TL
06/25/2021	<ul style="list-style-type: none"> <li>• Line of Business updated to include Medicare</li> </ul>	SV
05/07/2021	<ul style="list-style-type: none"> <li>• Updated the policy to include physician-administered drugs</li> </ul>	ND
02/19/2020	<ul style="list-style-type: none"> <li>• Renewed with no changes</li> </ul>	JT
11/20/2019	<ul style="list-style-type: none"> <li>• Name change from "IEHP Medi-Cal Treatment Criteria and Policy" to IEHP Drug Prior authorization Policy.</li> </ul>	JT