Q: How do I access the formulary table for IEHP Medi-Cal members?

A:

Go to IEHP.org → Click on "For Providers" → Click on "Pharmacy Services" → Click on "Formulary" → Click on "Medi-Cal Formulary Search Tool" → Use "Search" bar to look up medication
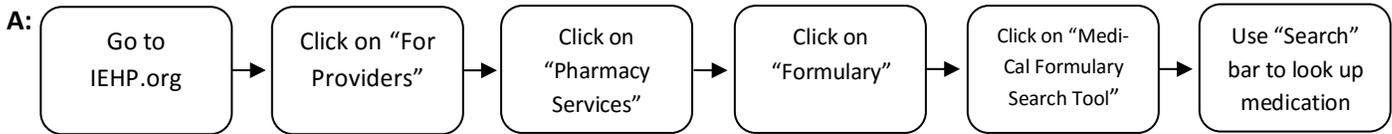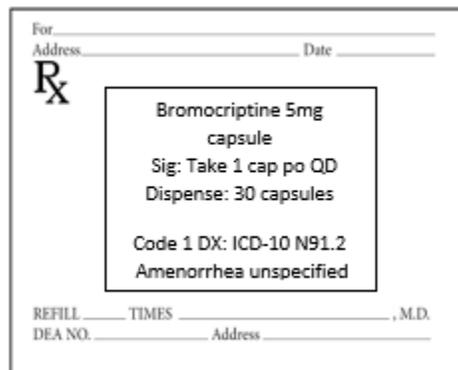
Q: What is a Code 1 medication?

A: Code 1 medication is a formulary drug with restrictions that can be processed at the pharmacy level without an authorization if restrictions are met. These medications are restricted to specific criteria such as age, quantity, drug therapy, drug duration and type of illness. Please see example below:
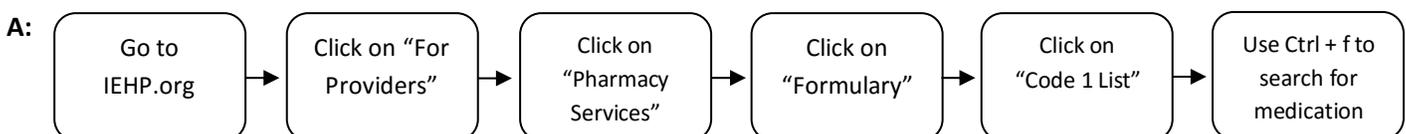
Parlodel	Bromocriptine	5 mg capsule	Reserved for the treatment of amenorrhea, galactorrhea and acromegaly

Q: Why does a provider need to write on the prescription that code 1 requirements have been met?

A: Code 1 drugs are restricted to certain medical conditions or specific circumstances. If the prescribed medication meets the Code 1 description, providers are encouraged to document the Code 1 description on the prescription. If the provider does not submit appropriate documentation on the prescription, the dispensing pharmacist is responsible for verifying that Code 1 requirements are met prior to dispensing the drug. The pharmacist must document the applicable Code 1 requirements have been satisfied and make available all such records for onsite audits. If Code 1 requirements are not met, provider will need to submit a "Prescription Drug Prior Authorization Form" for the prescribed medication for review. Please see example below on how to document Code 1:
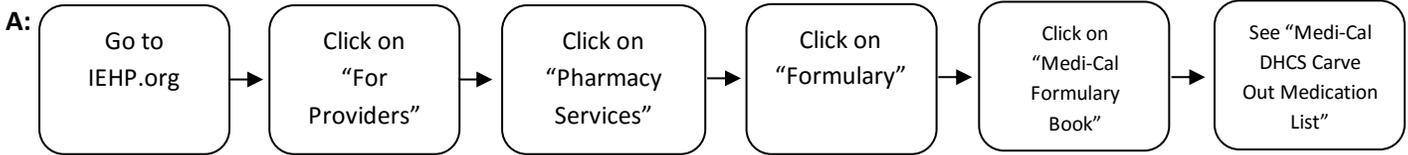
For_____
Address_____ Date _____

℞

Bromocriptine 5mg
capsule
Sig: Take 1 cap po QD
Dispense: 30 capsules

Code 1 DX: ICD-10 N91.2
Amenorrhea unspecified

REFILL _____ TIMES _____, M.D.
DEA NO. _____ Address _____

Q: Where can I access the Code 1 medication list?

A:

Go to IEHP.org → Click on "For Providers" → Click on "Pharmacy Services" → Click on "Formulary" → Click on "Code 1 List" → Use Ctrl + f to search for medication

Pharmaceutical Services-Academic Detailing

Q: What are Medi-Cal DHCS carve-out medications?

A: Drugs that are non-capitated (not IEHP's responsibility) or carved out of Managed Care Plans. Carve-out medications may pay at the pharmacy under Medi-Cal Fee-for-service (FFS) benefit. Please not that these medications are updated often by Medi-Cal. Drugs may be added or deleted. For questions about a benefit or service listed as a Medi-Cal DHCS carve out, please call Medi-Cal Support at 1-800-541-5555.

Q: Where can I access the Medi-Cal DHCS Carve-out medication list?

A:

Go to IEHP.org → Click on "For Providers" → Click on "Pharmacy Services" → Click on "Formulary" → Click on "Medi-Cal Formulary Book" → See "Medi-Cal DHCS Carve Out Medication List"

Q: What does Formulary <u>without</u> Prior Authorization mean?

A: Formulary without a Prior Authorization means the drug will pay at the pharmacy if the medication prescribed is within formulary quantity limits and day supply. You will not have to submit a prior authorization for review.

Q: What does Formulary <u>with</u> Prior Authorization mean?

A: Formulary with a Prior Authorization means the prescribed medication will not pay at the pharmacy and will require a Prior Authorization to be submitted to IEHP for review. Please go to www.IEHP.org or the Provider Portal to submit.
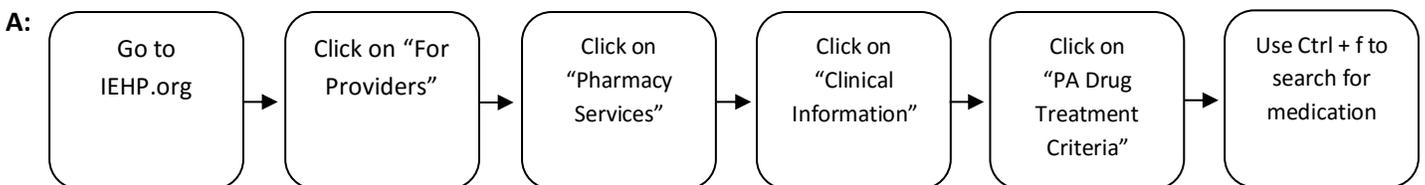
Q: What is a Step Therapy medication?

A: Step Therapy is a formulary medication that requires the Member to try one or more drugs. Once Step Therapy criteria has been met; the drug will pay at the pharmacy level <u>without</u> a Prior Authorization at the pharmacy. Please see example below:

Steglatro	Ertugliflozin	15 mg Tablet	Step Therapy Applies: Tried or clinically significant adverse effect to a metformin-containing product

Q: How often are the Formulary table and PA table updated for Medi-Cal line of business?

A: The IEHP Formulary and PA table are continually updated to reflect the most appropriate and cost-effective drug therapies. IEHP Pharmacy and Therapeutics (P & T) Subcommittee develops and monitors the Formulary. Although P&T meets quarterly, we make monthly changes to the formulary.

Q: How can I access the Prior Authorization criteria for Medi-Cal members?

A:

Go to IEHP.org → Click on "For Providers" → Click on "Pharmacy Services" → Click on "Clinical Information" → Click on "PA Drug Treatment Criteria" → Use Ctrl + f to search for medication

Q: How do I know if a Prior Authorization has been approved?

A: You can log into the provider portal click on Claims Status under the Referrals tab and then click on Status. You will enter the Members' IEHP ID, Social Security Number (SSN), Client Identification Number (CIN), or Referral number to check status.