



Inland Empire Health Plan

Pharmacy Policy Drug Trial and Failure

Line of Business: All line of business

P & T Approval Date: February 19, 2020

Effective Date: April 1, 2020

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.

Medicaid Policy:

- I. IEHP defines trial of a drug as:
 1. Pharmacy claim history (i.e. PBM)
 2. External drug data sources (i.e. CURES)
 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

 - III. A Prescriber's statement will be accepted for both trial and failure of a medication if supported by chart notes, documentations, and lab results as appropriate.

 - IV. If failure cannot be established, clinical review by IEHP pharmacist(s) is required
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Medicare Policy:

- 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.

| Change Control | | |
|-----------------------|--|------------|
| Date | Change | RPH |
| 02/19/2020 | <ul style="list-style-type: none"> • Renew with no changes | JT |
| 02/20/2019 | <ul style="list-style-type: none"> • Added requirement for supporting documentation, chart notes and lab results as appropriate for prescriber's statement of trial and failure (Medicaid only) | ND |