



Inland Empire Health Plan

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

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**Line of Business:** Medicaid

**P&T Approval Date:** February 19, 2020

**Effective Date:** April 1, 2020

*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 approved by the IEHP Pharmacy and Therapeutic Subcommittee.*

**Policy/Criteria:**

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Drugs may be reviewed for coverage by submitting a Prescription Drug Prior Authorization Form. IEHP requires the Prescription Drug Prior Authorization Form to include, but not limited to the following:

- A completed Prescription Drug Prior Authorization Form
- A complete drug treatment plan
- Relevant laboratory results
- Contraindications, intolerance or failure to IEHP preferred drugs with dosing regimen and timeframes documented
- Reasons for changes in therapy, drug or dose.
- Reasons to exclude generally accepted medical practice standards such as duplicate therapy, max dose, drug-to-drug interactions or other safety concern.
- Rationale for treatment not listed in drug compendia or beyond the standards of practice.

Requests that do not include all relevant clinical information to support the request can be dismissed or denied.

**Clinical Justification:**

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.

Change Control		
Date	Change	RPH
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