



Inland Empire Health Plan

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## Pharmacy Policy Non-Formulary Drug

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**Line of Business:** Medicaid

**P&T Approval Date:** May 15, 2019

**Effective Date:** July 1, 2019

*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 Therapeutic Subcommittee.*

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### I. Policy:

1. The IEHP drug formulary is reviewed continuously by the P&T subcommittee based on safety data, clinical efficacy and cost analysis. IEHP mandates the use of formulary medications in order to assure the quality and cost-effectiveness of drug use.
2. If a drug specific IEHP prior authorization criteria does not currently exist (e.g. newly FDA approved drug or formulation), requests of a non-formulary medication will be reviewed based on the following guidelines:
  - a. Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy.
  - b. The indication is FDA approved or supported by standard pharmacopeias [e.g. DrugDex Information system, American Hospital Formulary Service Drug Information (AHFS)]
  - c. Failure or clinically significant adverse effects to:
    - i. All formulary alternatives that are FDA approved or supported by standard pharmacopeias (e.g. DrugDex, AHFS, etc.) for the patient's specific diagnosis.  
OR
    - ii. No other alternative that has the medically accepted use for the patient's specific diagnosis (e.g. orphan drug)  
OR
    - iii. FDA approved or Compendia supported (at least IIB level of evidence) non-formulary alternatives
  - d. The dosage requested is appropriate based on age and indication (e.g. FDA labeling, DrugDex).
  - e. Chart note documentation or lab results may be required
  - f. For re-authorization requests, must meet all of the following requirements:
    - i. Recent pharmacy claims within 180 days of request
    - ii. Confirmed stability or no disease progression
    - iii. Duration of re-authorization: Based on clinical practice guidelines for each specific medication
  - g. Pharmacist to conduct final clinical review and determination for both denial and approval.
3. Please refer to Brand Name Drug Policy for brand-name non-formulary drug request
4. The Non-Formulary Drug Policy will not apply to the following:
  - a. Drug excluded from the plan benefit
  - b. DHCS carve out medications
  - c. Drug that is already covered by California Children Services benefits (CCS)



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*Pharmacy Policy*  
**Non-Formulary Drug**

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Change Control		
Date	Change	Author
05/15/2019	<ul style="list-style-type: none"> <li>• Add “Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy”</li> <li>• All formulary alternatives that are FDA approved or supported by standard pharmacopeias</li> </ul>	JT
02/20/2019	<ul style="list-style-type: none"> <li>• Reformatted document</li> <li>• Added requirement for lab results as needed (along with chart note)</li> </ul>	ND/HC
02/21/2018	<ul style="list-style-type: none"> <li>• Added additional criteria for drug criteria that doesn’t exist:               <ul style="list-style-type: none"> <li>○ Failure or clinically significant adverse effects to non-formulary drugs that are FDA approved OR compendia supported (at least IIB level of evidence) for the approved indications.</li> </ul> </li> <li>• Pharmacist to conduct final clinical review and determination for both denial and approval.</li> </ul>	CT
08/16/2017	<ul style="list-style-type: none"> <li>• Renewed with no updates/changes</li> </ul>	CT