The focus of this guide is to assist with accessing the IEHP criteria for non-formulary medications. These medications require a prior authorization to be submitted to IEHP for review. The RxPA criteria is reviewed and updated quarterly by IEHP’s Pharmacy and Therapeutics Committee (P&T).

Definition of key terms:
- **Brand Name** – approved by FDA that is patent protected until the patent expires
- **Drug Classification** – a set of medications that have similar chemical structures and mechanism of action and are used to treat the same disease
- **Generic Name** – approved by FDA as having the same active ingredient as the brand name drug. Generic drugs are as effective and IEHP is a mandated generic plan
- **Medi-Cal** – California’s Medicaid program
- **Medicare** – federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease
- **Non-Formulary Medications** – refers to medications that are not initially covered by IEHP and requires a prior authorization
- **Prior Authorization** – a process in which to determine whether a prescription medication can be covered by IEHP
- **RxPA** – prescription drug prior authorization

How to access the PA Drug Treatment Criteria:
There are two ways of accessing the PA Drug Treatment Criteria.

Access from the IEHP Website
- Navigate to www.iehp.org
  - Hover over For Providers
o Click on Pharmacy Services

o Click on Clinical Information

o Click on Prior Authorization Drug Treatment Criteria
For Medical click on Medi-Cal PA drug Criteria Summary Table

For Medicare click on Medicare Dual Choice Cal MediConnect Plan

This will direct you to IEHP DualChoice Cal MediConnect Plan page
• **Click on More**

**IEHP DualChoice Cal MediConnect Plan**

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<tr>
<th>IEHP DualChoice</th>
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**What is IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)?**

IEHP DualChoice is a Cal MediConnect Plan. A Cal MediConnect Plan is an organization made up of Hospitals, Pharmacies, Providers of long-term services and supports, Behavioral Health Providers, Providers. It also has case coordinators and case teams to help you manage all your providers on all work together to provide the care you need.

**What is the goal of this program?**

The goal is to improve care by integrating the following healthcare services:
- Medicare and Medi-Cal benefits
- Long-term care
- Behavioral health
- Home and community-based services (HCBS) such as Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP)

**Related Resources**

- Grievances, Coverage Determination and Appeals Process
- Problems with Part C
- Problems with Part D
- Making Complaints
- Rights and Responsibilities
- Important Resources
- Prescription Drugs

• **Click on Prescription Drugs**

**IEHP DualChoice Cal MediConnect Plan**

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**Related Resources**

- Prescription Drugs

• **Click on Drugs Requiring Prior Authorization** for the applicable year

**Prescription Drugs**

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) has contracts with pharmacies that equals or exceeds CMS requirements for pharmacy access in your area. There are over 700 pharmacies in the IEHP DualChoice network. IEHP DualChoice network providers are required to comply with minimum standards for pharmacy practices as established by the State of California.

**What Prescription Drugs Does IEHP DualChoice Cover?**

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) has a List of Covered Drugs called a Formulary. It tells which Part D prescription drugs are covered by IEHP DualChoice. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the IEHP DualChoice Formulary.

Find a covered drug below:

- 2019 Formulary (PDF)
- 2019 Drugs Requiring Prior Authorization (PDF)
- 2019 Formulary Changes
Access from the Provider Portal

- Log in to the IEHP Provider Portal
  - [https://providers.iehp.org/account/login](https://providers.iehp.org/account/login)

- Click on Pharmacy

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![Secure Provider Web Portal](image-url)
• Click on Prior Authorization Criteria

Welcome to Inland Empire Health Plan's Secure Provider Portal
IEHP's secure Provider Portal will allow you to view your IEHP Members' Health Records, for eligible providers submit preventative care data through our Pay for Performance (P4P) program, review your claims status and remittance, obtain referrals for IEHP Direct and much more. Stay up to date on the latest IEHP updates and information right here and thank you for your partnership in caring for IEHP Members.

To enhance our Members' access to care after hours, IEHP expanded the 24-hour Nurse Advice Line (NAL) services to include MOLIEP on June 4, 2016. Our Registered Nurses will be able to schedule telephone visits with a Board Certified Doctor by telephone or virtual visit via video chat. Encourage your IEHP patients to access this service by calling the NAL Telephone number listed on the back of their IEHP Member ID card.

• Select criteria based on line of business

IEHP uses a drug formulary to provide access to clinically effective drugs. If a drug you prescribe is not on the IEHP Formulary, you may request authorization for the drug by submitting an IEHP Prescription Drug Prior Authorization/Coverage Determination Request Form to IEHP for review.

First line Formulary medications should be used instead of the Non-Formulary medications. Drugs with specific criteria / guidelines are listed here:

• Medi-Cal PA Drug Criteria Summary Table
• Medicare PA Drug Criteria Summary Table

The medications requiring Prior Authorization are subject to change.
Interpreting the PA Table Criteria:

- Once the table opens, search for a specific medication by using [Ctrl] + F to prompt the search box.

- Type in the name of the medication and hit Enter until the desired medication is found.

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Criteria</th>
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</table>
| abaloparatide | Tymlos| Covered Uses: Osteoporosis Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:  
a. Documentation of a T-score less than -2.5 at the lumbar spine, hip (total hip or femoral neck), or radius (one-third radius site).  
b. Documented inadequate response (e.g. greater than 3 percent decrease in bone mineral density from baseline, fracture from minimal trauma) while receiving the following, or clinically significant adverse effects to all of the following:  
i. An oral bisphosphonate (e.g. alendronate)  
j. An Intravenous bisphosphonate (e.g. zoledronic acid)  
k. Prolia  
l. Patient is concurrently receiving calcium and vitamin D supplement.  
m. The combined duration of treatment with any parathyroid hormone analogs has not exceeded a lifetime maximum of 24 months (i.e. abaloparatide and teriparatide)  
Age Restrictions: N/A  
Prescriber Restrictions: N/A |
| labetalol      |  
| acyclovir 5% topical cream | Dynport | Covered Uses: Herpes labialis or herpes genitalis (cold sore) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:  
a. Failure or clinically significant adverse effects to the alternative: Abreva  
Age Restrictions: Must be age 12 or older  
Prescriber Restrictions: N/A |
| Ivalbuterol    |  
|  
| Covered Uses: Bronchospasm: asthma Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:  
a. Failure or clinically significant adverse effects to the following: albuterol sulfate HFA or Ventolin  
Age Restrictions: N/A  
Prescriber Restrictions: Pulmonologist or Allergist |
• Review the clinical information specified on the table
  
  o **Generic**: Generic name of a medication
  o **Brand**: Brand name of a medication
  o **Criteria**:
    ▪ **Covered Uses**: FDA approved diagnosis
      • If a member’s diagnosis is off label, please attach all supporting information to the request for use of the medication in treating the member’s diagnosis
    ▪ **Exclusion Criteria**: FDA approved diagnosis excluded from the criteria due to CCS eligibility or Non-Covered Benefit
    ▪ **Required Medical Information**: Criteria that needs to be met prior to approval
    ▪ **Age Restrictions**: Age limit that medication can be prescribed for
    ▪ **Prescriber Restrictions**: Specific specialist that can prescribe medication

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