

# Quick Guide to Requesting Pharmacy Prior Authorization (RxPA)

Submit requests through the IEHP Secure Provider Portal to improve accuracy and ensure Members receive the care and coverage they need as soon as possible. Log on to access the Formulary, PA criteria and more.

**Instructions:**

- 1) Log in at [www.iehp.org](http://www.iehp.org)
- 2) Click the **Pharmacy** Tab
- 3) Select the **Rx PA/CD Authorization Request**  
(Link to the Prescription Drug Prior Authorization/Step)

**All submissions:**

- One NDC per submission
- Fields marked with red asterisk (\*) are required



If you have any questions or need assistance, please contact Pharmacy Services at (909) 890-2049.

REQUIRED FIELD	DESCRIPTION
Member Search	Enter Member *IEHP I.D. #
Prescribing Provider	Select the *Prescribing Provider and office address.
Member Information	Confirm pre-populated Member's demographic information. Enter the Member's *Allergy information.
Member's Insurance Information	*Is IEHP the Primary Insurance for Member?
Prescriber Information	*Prescriber's Full Name must be populated even if it matches the information that was pre-populated. If prescriber information is different than pre-populated information, please notate the correct information under the *Medical Justification free-form field below.
Medication and Dispensing Information	*Select Submission type, NDC Search by numeric NDC Code or NDC Name *Brand Only - must provide why Brand Only is being requested in Medical Justification section *SIG - enter directions, including frequency *# of Refills - enter number of additional refills *Quantity - total quantity needed to dispense *Therapy: New Therapy if medication is new to Member Renewal of Therapy if Member was previously on medication - Selecting Renewal of Therapy form will prompt you to enter *Date Initiated, *From and *Through date - Step Therapy Exception Request - select if selecting an exception to Step Therapy.
Patient Medications	*Has the patient ever tried any other medication for this condition? If Yes, enter *Medication/Therapy, *Duration From, *Duration Through and Response/Reason of Failure/Allergy. Medications can be added by clicking Add+, max of 10 medications.
ICD Codes	Enter ICD Codes in *Primary Diagnosis then click Add ICD Code. When applicable add Secondary Dx and Tertiary Dx.
Medical Justification	*Please provide all relevant clinical information to support a prior authorization review. Enter any changes to pre-populated prescriber office information. Enter any justification for off label diagnosis.
Additional Medi-Cal	Select the priority - Urgent Request, Non-Urgent Request • Urgent Request - Urgent (exigent circumstance) or Urgent Concurrent • Non-Urgent Request - Pre-Service or Post Service
Legal Agreements	Read and confirm understanding of: *Attestation and *Confidentiality Notice Statement
Attach Supporting Documents	Click Add Files and attach files (PDF and MS Word files only). Please do not submit files that are password protected. Review all information prior to submitting.
Submit Authorization Request	System will generate Prescription Identification Number.

# Quick Guide to Requesting Coverage Determination Authorization (CD)

Submit requests through the IEHP Secure Provider Portal to improve accuracy and ensure Members receive the care and coverage they need as soon as possible. Log on to access the Formulary, PA criteria and more.

**Instructions:**

- 1) Log in at [www.iehp.org](http://www.iehp.org)
- 2) Click the **Pharmacy** Tab
- 3) Select the **Rx PA/CD Authorization Request**  
(Link to the Prescription Drug Prior Authorization/Step)

**All submissions:**

- One NDC per submission
- Fields marked with red asterisk (\*) are required



If you have any questions or need assistance, please contact Pharmacy Services at (909) 890-2049.

REQUIRED FIELD	DESCRIPTION
Member Search	Enter Member *IEHP I.D. #
Prescribing Provider	Select the *Prescribing Provider and office address.
Member Information	Confirm pre-populated Member's demographic information. Enter the Member's *Allergy information. Enter Patient's Authorized Representative. Enter Authorized Representative's Phone Number.
Member's Insurance Information	*Is IEHP the Primary Insurance for Member?
Prescriber Information	*Prescriber's Full Name must be populated even if it matches the information that was pre-populated. If prescriber information is different than pre-populated information, please notate the correct information under the *Medical Justification free-form field below.
Medication and Dispensing Information	*Select Submission type, NDC Search by numeric NDC Code or NDC Name *SIG - enter directions, including frequency *# of Refills - enter number of additional refills *Quantity - total quantity needed to dispense *Therapy: New Therapy if medication is new to Member Renewal of Therapy if Member was previously on medication - When selecting Renewal of Therapy form will prompt you to enter *Date Initiated, *From and *Through date
Patient Medications	*Has the patient ever tried any other medication for this condition? If Yes, enter *Medication/Therapy, *Duration From, *Duration Through and Response/Reason of Failure/Allergy. Medications can be added by clicking Add+, max of 10 medications.
ICD Codes	Enter ICD Codes in *Primary Diagnosis then click Add ICD Code. When applicable add Secondary Dx and Tertiary Dx.
Medical Justification	*Please provide all relevant clinical information to support a prior authorization review. Enter any changes to pre-populated prescriber office information. Enter any justification for off label diagnosis.
Additional Medicare Information	Check statement(s) that apply to Member Medical Justification. Read the Request for Expedite Request, check only when 72-hour standard review timeframe would jeopardize Member's health.
Legal Agreements	Read and confirm understanding of: *Attestation and *Confidentiality Notice Statement
Attach Supporting Documents	Click Add Files and attach files (PDF and MS Word files only). Please do not submit files that are password protected. Review all information prior to submitting.
Submit Authorization Request	System will generate Prescription Identification Number.