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INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

April 20, 2011

IMPORTANT CHANGES REGARDING CONTRACEPTIVE DEVICES (INTRA-UTERINE DEVICE (IUDs) & SUBDERMAL IMPLANTS)

This communication provides important information regarding IEHP policy and criteria for all intra-uterine contraceptive devices (IUDs) and contraceptive subdermal implants. IEHP coverage will be based on FDA approved indication for the durations specified on the package insert. IEHP will only cover one product at a time for the specified time duration. Once authorized, if the member fails to report back to providers office for insertion the member will **NOT** be able to request another product for the specified duration (please see table below). Members are also required to sign and submit with the Pharmacy Exception Request (PER) the attached acknowledgment form indicating that they have been counseled on the risks and benefits of the products and IEHP coverage policy.

In the event the member fails to get the product inserted, please contact IEHP Pharmaceutical services immediately at 909-890-2049. IEHP Case Manager will attempt to contact the member directly and inform them of our coverage policies.

Drug	Type	Duration
Mirena (levonorgestrel)	IUD	Provides efficacy up to 5 years
Paraguard (copper)	IUD	Provides efficacy up to 10 years
Implanon (etonogestrel)	Subdermal Implant	Provides efficacy up to 3 years

If you have any questions or comments regarding this change, please call IEHP Pharmaceutical Services Department at 909-890-2049.



Member Acknowledgement Form Intrauterine Device (IUD) & Subdermal Implant

The following payment policy applies to Inland Empire Health Plan (IEHP) contracted ancillary providers and physicians rendering services using IUD and Subdermal Implants, which will now be collectively referred to as IUD, provided by IEHP contracted pharmacy.

Instructions for Provider:

1. Discuss the risks and benefits of IUD as a contraceptive method with the Member
2. Explain the IEHP coverage policy for IUDs to the Member
3. Please have Member sign this acknowledgement form and submit via fax along with the Pharmacy Exception Request (PER) including the insertion date

General Benefit Information:

Services and subsequent payment are based on the member's benefit plan document. Providers are required to use self-service channels to verify effective dates and medication authorization prior to initiating services. All requests must be submitted to IEHP using the PER form or Manual Claim billing form.

- Providers are required to review with IEHP members the following medication policy regarding IUD prescription coverage and submit the signature of the member as acknowledgement that this information has been reviewed with any new request
- Providers must include the insertion date along with any request

Member information regarding medication policy:

- The member will be allowed to receive one intrauterine device per the effective life of the device. (Example: If the member were to request early removal of Mirena 1 year after the insertion date, the member would not be eligible to receive another device until 5 years after the original insertion date has elapsed)
- Once dispensed, the IUD cannot be returned to the pharmacy. The quantity limitation applies to IUD that has been ordered but not inserted
- **Please fax this Acknowledgement and PER forms to IEHP at 909-890-2058**
- All Intrauterine devices listed below are covered under the IEHP formulary:

Drug/Device	Type	Duration
Mirena (levonorgestrel)	IUD	Provides efficacy up to 5 years
ParaGard (copper)	IUD	Provides efficacy up to 10 years
Implanon (etonogestrel)	Subdermal Implant	Provides efficacy up to 3 years

I hereby indicate I have been instructed and understand the IEHP medical policy criteria regarding intrauterine devices:

Member Name (Print): _____ Member ID: _____

Member Signature: _____ Date: _____ DOB: _____