



ePA exception process navigating the ePA workflow

First level for subtitle or speaker/s

Thursday, August 01, 2019





Executive summary

- ▶ **The electronic prior authorization (ePA) is a fully electronic solution that streamlines the PA process**
- ▶ **Prescribers access the CoverMyMeds portal or their EHR to easily initiate, request and receive determinations via ePA**
- ▶ **ePA supports both PA requests alongside formulary and quantity limit exceptions**
- ▶ **The ePA solution eases the ePA process, provides timely determinations, and avoids delays due to unnecessary outreach and incomplete information**

Agenda

- 1. Process Flow**
- 2. Additional Scenarios**
- 3. Recap**
- 4. Overview**

ePA overview

ePA overview: ePA streamlines PA process, providing timely determinations

Non-electronic prior authorization relies on fax-based communication and manual review, resulting in turn around time of hours-days



Prescriber requests
PBM to fax PA
question set



Prescriber receives
PA question set to
complete via fax



Prescriber completes
PA question set



Prescriber faxes
PA question set
answers back to PBM



PBM reviews
PA question set answers,
communicates decision or
returns to prescriber for
corrections or to acquire
additional information

Electronic prior authorization enables automated processing, resulting in turnaround time of minutes-hours



Prescriber requests
PA question set via their EHR
or online ePA portal



Prescriber completes
PA question set, submits via their
EHR or online PA portal



PBM auto-scores,
communicates decision via their EHR
or online ePA portal

Two key stages of ePA process: retrieve question set and render determination

Loop 1

Provider requests Question Set,
CVS Caremark returns to provider

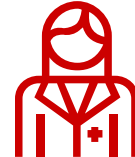


Provider
requests Qset

CVS Caremark
returns Qset to
provider

Loop 2

Provider returns Question Set answers,
CVS Caremark reaches determination



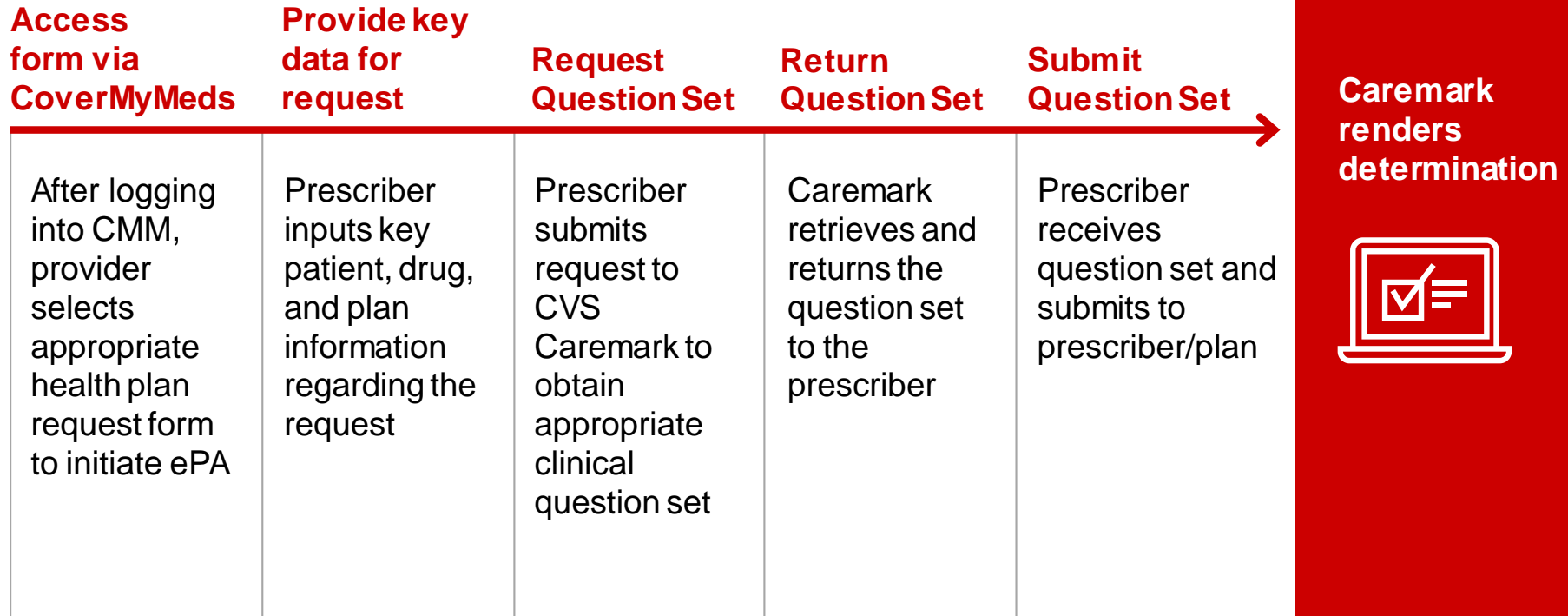
Provider sends
Qset answers

CVS Caremark
reaches
determination,
completes case



ePA process flow

High-level prescriber summary



Prescribers use ePA for both PAs and exceptions

Prescribers use ePA for both PAs and exceptions

Log into CMM portal

covermymeds®

About Solutions News & Insights Support Careers | Enter Key [CREATE A FREE ACCOUNT](#)

Welcome back!

Log into your CoverMyMeds account to create new, manage existing and access pharmacy-initiated prior authorization requests for all medications and plans.

Need help? [Visit our support page.](#)

Log in

Username

Password

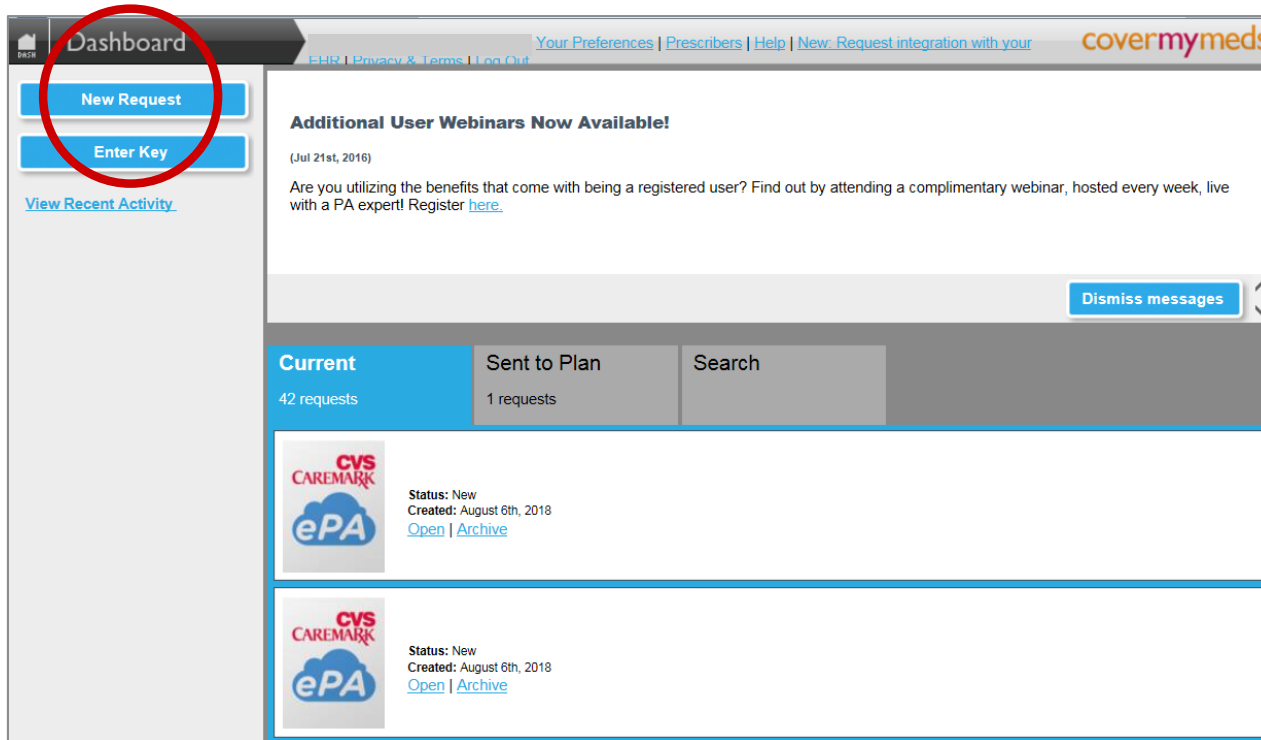
LOG IN

[FORGOT YOUR USERNAME OR PASSWORD?](#)

Prescriber proceeds to covermymeds.com and logs in using credentials.

- 1 Access Form in CMM
- 2 Input Key Data
- 3 Request Qset
- 4 Return Qset
- 5 Submit Qset
- 6 CVS Caremark Renders Decision

Click on 'new request'



Upon logging in, the prescriber's dashboard will appear that shows all active ePA requests.

To start a new request, the prescriber can click on the 'New Request' button on the upper left corner.

- 1 Access Form in CMM
- 2 Input Key Data
- 3 Request Qset
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Select drug

The screenshot shows the 'New request' form on the CoverMyMeds website. The 'Find the Request You Need' section has a search bar with the text 'Have a key? Enter it here'. Below this, the 'Drug' section is highlighted with a red circle. The 'Medication' field contains the text 'Jardiance' and a dropdown menu is open, showing two options: 'Jardiance 10MG tablets' and 'Jardiance 25MG tablets'. The 'Patient Insurance' section is also visible, with a search bar and a dropdown menu. The 'Forms' section is at the bottom, with a placeholder text 'Form results will display here'.

To start the new request, proceed to select the drug by typing its name in the 'Medication' field. Different dosages will appear for each listed drug.

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This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health.

Select patient insurance

Find the Request You Need Need help? Call us: (866) 452-5017

Have a key? [Enter it here](#)

Drug

Medication: **Jardiance 25MG tablets**

② Patient Insurance

Search using insurance plan or PBM name

Patient Insurance State: **Maryland**

Plan or PBM Name: [My patient has Medicare](#)

Forms

Form: **Prior Authorization Form for Maintenance Medication Exception Request** [More Information](#)

Start Request

Select correct form based by entering patient's insurance state and their plan. Then click 'Start Request.'

This ensures correct member will be selected and routed to the correct PBM.

- 1 Access Form in CMM**
- 2 Input Key Data**
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Review medication information

Request

Privacy & Terms | Log Out | Your Preferences | Prescribers | New Request integration with your EHR | Help | covermymeds

Jardiance 25MG tablets

Form
Caremark Electronic PA Form (NCPDP)

Created now **Sent to Plan** Determination

Request Not Sent
This PA has been accessed, but not sent to the plan. Please fill out the required fields below and click "Send to Plan."

Indication:
JARDIANCE is a sodium-glucose co-transporter 2 (SGLT2) inhibitor indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus,
- to reduce the risk of cardiovascular death in adult patients with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use:

- JARDIANCE is not recommended for patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

Cardiovascular Outcomes in Patients with Type 2 Diabetes Mellitus and Atherosclerotic Cardiovascular Disease

The effect of JARDIANCE on cardiovascular risk in adult patients with type 2 diabetes and established, stable, atherosclerotic cardiovascular disease was evaluated in the EMPA-REG OUTCOME study, a multicenter, multi-national, randomized, double-blind parallel group trial. The primary endpoint in EMPA-REG OUTCOME was the time to first occurrence of a Major Adverse Cardiac Event (MACE). The efficacy of JARDIANCE on cardiovascular death was generally consistent across major demographic and disease subgroups.

JARDIANCE significantly reduced the time to first occurrence of primary composite endpoint of cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke.

After starting the request, the prescriber will see medication information based on their selection.

Medication description, indications, and uses are provided prior to launching your ePA initiation request.

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Input patient information and 'Check Eligibility'

Request | [Your Preferences](#) | [Prescribers](#) | [New Request integration with your EHR](#) | [Help](#) | **covermymeds**

Send to Plan

Send to Prescriber

Save

Archive

Other Actions

Download / Print

Renew

Delete

Notes

less than a minute ago

Created by you

Add note

☐ Set reminder

1 business day **Add**

▼ Patient **▼ Patient address book** **Clear**

Name Prefix First Middle Last Suffix

Date of Birth

Gender ☒ Male ☐ Female

Member ID

Address Street Street 2 City State Zip

Phone

Did a pharmacy indicate that prior authorization is needed? ☒ Yes ☐ No

Free Eligibility Check Click the **Check Eligibility** button for free verification of patient coverage with this plan. **Required**

Check Eligibility **Clear Eligibility**

After scrolling down, the prescriber enters all required patient information.

Then, she clicks on 'Check Eligibility' button to select the correct member.

- 1 Access Form in CMM
- 2 **Input Key Data**
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Verify member and plan info

The screenshot shows the 'Request' form in the CoverMyMeds system. A modal window titled 'Eligibility Check' is open, displaying a list of member information: DOB, Gender: F, Member Number, Carrier Number, Account Number, and Group Number. A red circle highlights the 'Select' button within this modal. The background form includes a sidebar with actions like 'Send to Plan', 'Send to Prescriber', 'Save', 'Archive', 'Download / Print', 'Renew', and 'Delete'. The main form area has fields for Patient details and a 'Free Eligibility Check' section with 'Check Eligibility' and 'Clear Eligibility' buttons. A 'Drug' section is partially visible at the bottom.

Upon clicking on the 'Check Eligibility' button, the member information will appear. The prescriber will then verify the correct member, and then click 'select'.

- 1 Access Form in CMM
- 2 **Input Key Data**
- 3 Request Qset
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Enter drug quantity, days supply and Dx

The screenshot shows the 'Request' form in the CoverMyMeds system. The 'Drug' section is highlighted with a red circle. The form includes the following fields:

- Pharmacy Info (Optional):** A text field for 'Enter a pharmacy name and ZIP code, or the pharmacy's fax number' with an 'Important' label.
- Medication Name:** A text field containing 'Jardiance 25MG tablets'.
- Quantity:** A text field containing '25'.
- Confirm dosage form:** A dropdown menu showing 'Tablet'.
- Days Supply:** A text field containing '25'.
- Primary Diagnosis:** A text field containing 'E11.9 - Type 2 diabetes mellitus without complications'.
- Secondary Diagnosis:** A text field containing 'Begin typing diagnosis code or description and select from list'.

On the left side of the form, there are buttons for 'Send to Plan', 'Send to Prescriber', 'Save', 'Archive', 'Other Actions', 'Download / Print', 'Renew', and 'Delete'. Below these buttons is a 'Notes' section with a 'less than a minute ago' timestamp and a 'Created by you' note.

After scrolling down further, the prescriber enters relevant drug information, including quantity, days supply, and any pertinent diagnosis information the patient might have.

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Input prescriber information and send to plan

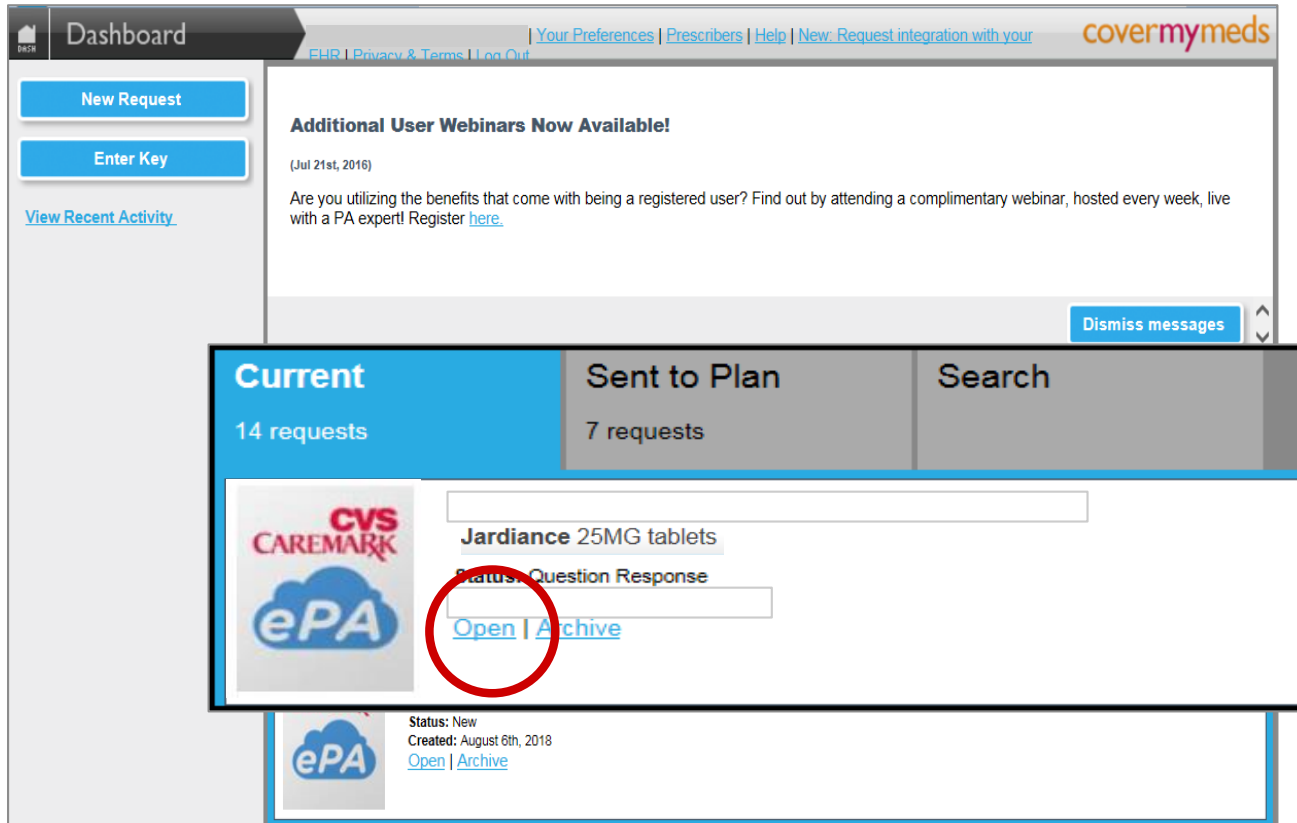
The screenshot shows the 'Request' form in the ePA system. On the left sidebar, the 'Send to Plan' button is circled in red. The main form area includes a 'Secondary Diagnosis' section with an ICD-10 code field, a 'Provider' section with fields for NPI, Name (First and Last), Address (Street, Address Line 2 (optional), City, and State), Phone, and Fax. A 'Provider address book' dropdown is also present. A callout box on the right side of the form contains the text: 'Upon entering all required fields across patient, medication, and prescriber sections, the prescriber can click **send to plan** to initiate ePA.' Below this text, the 'Send to Plan' button is also circled in red.

Prescriber enters all information, including NPI, address, phone, and fax numbers.

Then, once all required information is populated, the prescriber can send ePA request to CVS Caremark.

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Caremark returns question set



After submitting ePA, CVS Caremark uses patient, plan, and drug information to identify and return the question set to the prescriber.

Once in the CMM dashboard, click 'Open' to access the request.

- 1 Access Form in CMM
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Answer and submit the question set

Request | Your Preferences | Prescribers | New Request integration with your EHR | Help

Send to Plan
Send to Prescriber
Save
Archive
Other Actions ▼

Notes
Today, 7 hours, 17 minutes ago

Add note
☐ Set reminder
1 business day Add

▼ ACF Medical Necessity (Non-Covered Drugs) CMK STD 02-2018 **CAS W ...
ACF Medical Necessity (Non-Covered Drugs) CMK STD 02-2018 **CAS WEB** ePA Review

| | |
|---|---|
| ? | Is this an urgent request? <input checked="" type="radio"/> YES <input type="radio"/> NO |
| ? | The patient's drug benefit plan provides coverage for other drugs which may be considered for treating your patient. Can your patient's treatment be switched to a formulary drug? [If yes, provide your patient with a new prescription for the formulary product.] <input type="radio"/> YES <input checked="" type="radio"/> NO |
| ? | Is the requested drug being used for an FDA-Approved Indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)? <input checked="" type="radio"/> YES <input type="radio"/> NO |
| ? | Does the prescribed dose and quantity fall within the FDA approved labeling or within dosing guidelines found in the compendia of current literature? <input checked="" type="radio"/> YES <input type="radio"/> NO |
| ? | Has the patient tried and had an inadequate treatment response or intolerance to the required number of formulary alternatives below. If yes, then documentation is required for approval (Drug Name and Reason for Failure). Note: Formulary Alternatives should be prescribed first unless the patient is unable to use or receive treatment with the alternative. <input checked="" type="radio"/> YES <input type="radio"/> NO YES Patient has tried and failed Actos |

▼ Document Upload

| | |
|---|--|
| ? | Upload any supporting documentation below. Must be .jpg, .pdf, or .tiff file format. <input type="button" value="Choose File"/> No file chosen |
|---|--|

Send to Plan

1 Access Form in CMM **2 Input Key Data** **3 Request Qset** **4 Return Qset** **5 Submit Qset** **6 CVS Caremark Renders Decision**

The prescriber can provide all relevant clinical information to help CVS Caremark render a determination.

Upon answering the question set, the prescriber clicks 'send to plan' button.

Decision rendered and accessible in CMM

The screenshot shows a dashboard with a sidebar on the left containing 'New Request' and 'Enter Key' buttons, and a 'View Recent Activity' link. The main content area has tabs for 'Current' (135 requests), 'Sent to Plan' (8 requests), and 'Search'. Below the tabs, a list of prior authorization requests is displayed. The first request is for 'Jardiance 25MG tablets' with a status of 'PA Response - Approved', which is circled in red. Below it is a request for 'Voltaren 1% gels' with a status of 'PA Request'. Each request entry includes a thumbnail of the request form and links to 'Open' or 'Archive'.

CVS Caremark's rendered decision appears in CMM.

The prescriber can access the decision from their dashboard.

CVS Caremark will also send a fax notification to both patient and prescriber.

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- 5 Submit Qset
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Additional scenarios

PA not needed – member already has access

Request | Your Preferences | Users | Groups | Help | Privacy & Terms | Log Out | covermymeds

MERTES QUAM Key: [Redacted] | Need help? Call us at (866) 452-5017

Outcome

Additional Information Required
Your PA has been resolved, no additional PA is required. For further inquiries please contact the number on the back of the member prescription card. (Message 1005)

Prescriber Instructions

This is an Caremark Electronic Prior Authorization form (ePA).
Complete the fields below, then click the "Send to Plan" button to submit.

Patient

Name | Prefix | First | Middle | Last | Suffix

Date of Birth

Gender | ☐ Male | ☒ Female

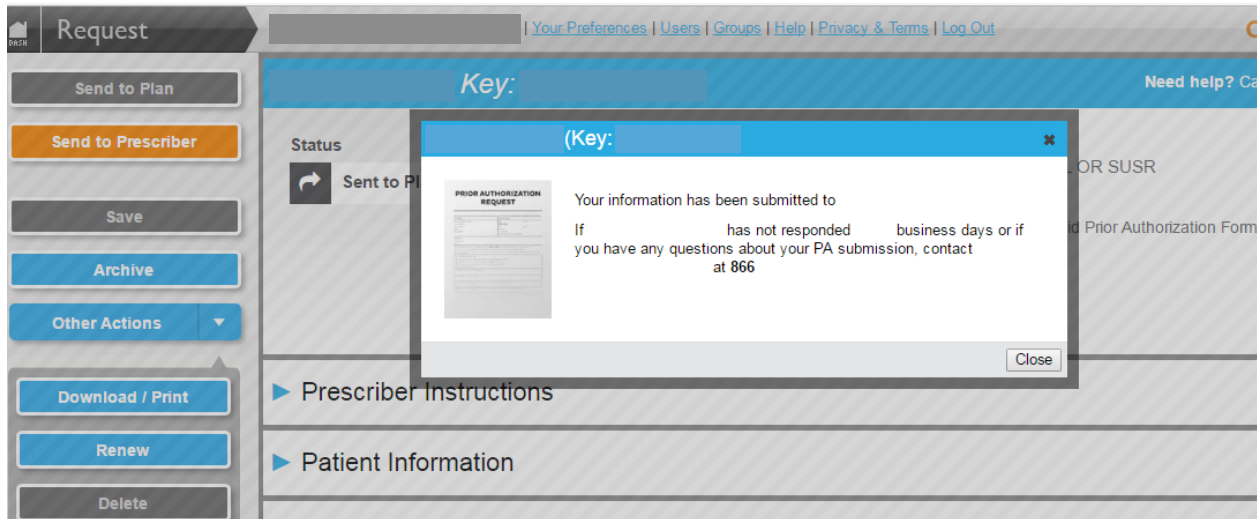
Member ID

Address | Street | Street 2 | City | State | Zip

Click to Chat with CoverMyMeds

ePA logic evaluates whether PA is needed and then will inform prescriber if no PA is needed.

Acknowledgment when PA request is submitted



Upon submitting a request to the payer/PBM, an acknowledgement of receipt will appear for the prescriber.



ePA recap

ePA improves provider and patient experience

Non-Electronic Prior Authorization (PA)

Prescriber must communicate with the PBM by fax or phone

Requests are reviewed manually and decisions can take several days

Frequently, the prescriber must provide additional information before a decision can be reached

- Often requires multiple phone calls and/or faxes to the prescriber
- Often results in delays in receiving a decision

Electronic Prior Authorization (ePA)

Prescriber can communicate with the PBM electronically

Requests are processed automatically yielding responses within minutes/hours

ePA solution can render near real-time decisions for certain approval scenarios

Requires prescriber to submit all necessary information for a decision prior to submission

Formulary/quantity (post) limit exceptions are ePA enabled

- Tier exceptions **not** ePA compatible



**Prescribers
recognize the
benefits of ePA
and adoption is
growing**