

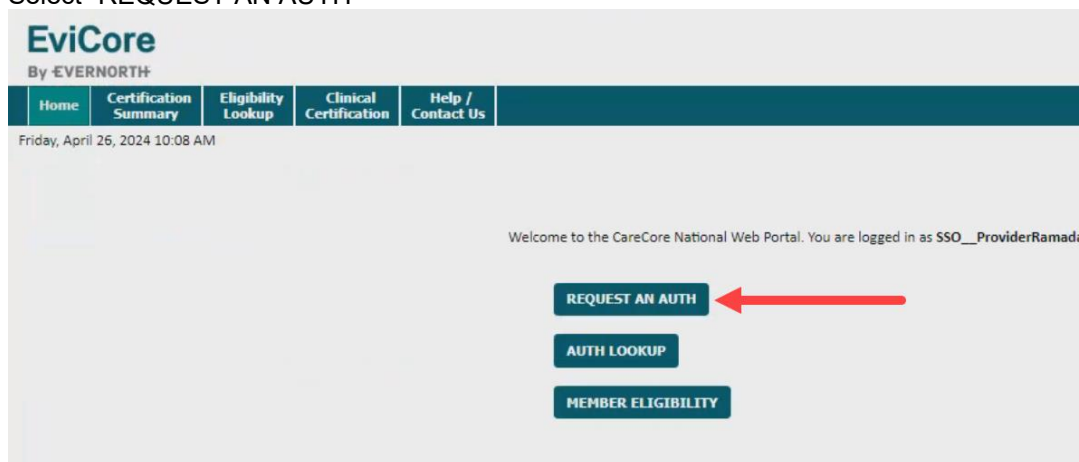


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Creating a Pharmacy Drug PA Request

1. Select "REQUEST AN AUTH"



Continued on next page



2. Select the radio dial "Pharmacy Drugs (Express Scripts Coverage)" and then click CONTINUE

EviCore
By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
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Thursday, August 01, 2024 4:39 PM

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Drug Management
- ☐ Medical Oncology Pathways
- ☐ Musculoskeletal Management
- ☒ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

3. Select/Enter the prescriber's information
Provider search will search only for providers that you have previously submitted a pharmacy drug PA request. If you have never submitted a pharmacy drug PA request for this particular prescriber, you will need to enter the provider's information manually.

Continued on next page



- a. Entering a provider – any field that has an “*” is required before continuing

Add Provider Information

Search for a provider below, or enter Provider details, to add a new one.

Provider Search:

NPI:*	<input type="text"/>
Suffix:	<input type="text"/>
First Name:*	<input type="text"/>
Last Name:*	<input type="text"/>
Street:*	<input type="text"/>
Address 2:	<input type="text"/>
City:*	<input type="text"/>
State:*	<input type="text" value="Select a state"/>
Zip:*	<input type="text"/>
Phone:*	<input type="text"/>
Fax:	<input type="text"/>

BACK

CONTINUE

Continued on next page

- b. Searching for a provider – Type in name and if you have submitted a case for that provider in the past, their information will populate. Click the record and all the fields will populate to allow you to continue.



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Home

Certification Summary

Eligibility Lookup

Clinical Certification

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Friday, April 26, 2024 10:04 AM

Add Provider Information

Search for a provider below, or enter Provider details, to add a new one.

Provider Search:

Allen

Allen J. [REDACTED]

[REDACTED]

NPI:*

Suffix:

First Name:*

Last Name:*

Street:*

Address Line 2:

City:*

State:*

Zip:*

Phone:*

Fax:

Select a state

BACK

CONTINUE

Prescriber's information that is populated from the search feature can be edited after selected. You will be asked to confirm the changes to either update the existing record or create a new one.

Continued on next page

4. Enter the patient's information – all fields are required, then click SEARCH



Patient Eligibility Lookup

Patient Pharmacy ID:*

Date Of Birth:* MM/DD/YYYY


Patient First Name:*

Patient Last Name:*

SEARCH

Search Results:

BACK **CONTINUE**

	Date of Birth must be entered as MM/DD/YYYY
---	---

Continued on next page




5. Enter the Drug Information

- a. In the “Search Pharmacy Drug” field, start typing the drug name to bring back options for selecting. Click on the drug from the list

Search Pharmacy Drug

Hum		
Drug Name	Dosage Form	Drug Strength
Humira	SYRINGEKIT	40MG / 0.8ML
Humira Pen	PEN IJ KIT	40MG / 0.8ML
Humira(CF)	SYRINGEKIT	40MG / 0.8ML



The search function engages after the 3rd letter is typed

Continued on next page



- b. Once the drug is selected, enter additional information about how the drug is to be taken. Any field with an asterisk is required before continuing to submit the PA Request. All other fields are optional.

Search Pharmacy Drug

Search by Brand or Generic drug name

Selected Drug: **Humira Pen, 40MG / 0.8ML**

Drug Form:* Pen

Quantity:* Pen has been selected as the drug form. Please select your quantity in Pen(s).
[2]

Day Supply:* [2]

Date of Service: MM/DD/YYYY

Pharmacy: ☐ This medication is being dispensed from an MTF (Military Treatment Facility)

DAW:* Should this prior Authorization be reviewed for this branded medication (Dispense as Written)?
If not, it will be processed for a generic equivalent.
☒ Yes (drug will NOT be substituted)
☐ No (drug may be substituted for an available generic brand on PA request)

Primary Diagnosis: Select a Primary Diagnosis Code (Lookup by Code or Description)
[] **LOOKUP**
Trouble selecting diagnosis code? Please follow [these steps](#)

Secondary Diagnosis: Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary Diagnosis is optional for Radiology
[] **LOOKUP**

Click the "Submit PA Request" button to submit this information to Express Scripts (If it is disabled, be sure all required fields have been completed). This electronic submission does not require a signature.

Express Scripts will respond automatically with your next steps.

BACK **SUBMIT PA REQUEST**

Continued on next page


- c. The data entered thus far will be submitted to Express-Scripts and the prior authorization questions for the patient's benefit plan will be returned



CARRIERS.CARECORENATIONAL.COM says
Case Num: [REDACTED]

Your data has been sent to Express Scripts.

Please wait while we retrieve the question set required for this PA.
(This can take up to 60 seconds)



- d. If the questionnaire fails to return, you will be automatically directed to the dashboard. We will continue to work to obtain the questionnaire and you will be able to come back and answer the questions later.

CARRIERS.CARECORENATIONAL.COM says
Case Num: [REDACTED]

Please click OK to return to the Dashboard. Once the Request has been updated, you may continue your questionnaire at that time

OK

Continued on next page



6. Answer all questions presented

- a. To answer a question, select the corresponding radio dial

Questionnaire

Please provide all information requested. Failure to complete this form in its entirety may result in delayed processing or the PA request will be closed for lack of information. All questions required to submit.

Questions

Is the patient currently receiving the requested medication?

☐ Yes

☐ No

NEXT

- b. When a radio dial is selected, the NEXT will become active. Click

NEXT

Questionnaire

Please provide all information requested. Failure to complete this form in its entirety may result in delayed processing or the PA request will be closed for lack of information. All questions required to submit.

Questions

Is the patient currently receiving the requested medication?

☒ Yes

☐ No

NEXT

- c. Some questions will have free form entry – enter your answer by typing in the provided field

Continued on next page



- d. If need to go back and change an answer to a question, hit the PREVIOUS button

Questionnaire

Please provide all information requested. Failure to complete this form in its entirety may result in delayed processing or the PA request will be closed for lack of information. All questions required to submit.

Questions

Is the patient currently receiving the requested medication?

☒ Yes

☐ No

Is the customer's condition on or around the eyes, eyelids, axilla, or genitalia?

type answer here

PREVIOUS

NEXT

- e. Upload a document as needed
- Select "Choose File"
 - Select document to attach

Document Upload

Upload supporting documentation below. (Must be png, tiff, jpeg, or pdf format. Maximum file size: 10MB)

Choose File

- f. Continue answering questions until the "SEND TO PLAN" button activates by becoming darker in color.

CANCEL REQUEST

SAVE
(Finish Later)

SEND TO PLAN

CANCEL REQUEST

SAVE
(Finish Later)

SEND TO PLAN

Continued on next page

- g. Once all questions have been answered and an attachment has been uploaded (if necessary), select SEND TO PLAN



CARRIERS.CARECORENATIONAL.COM says
Case Num: [REDACTED]

Your data has been sent to Express Scripts.

Please wait while we retrieve the question set required for this PA.
(This can take up to 60 seconds)

- h. Sometimes submitted answers need time for review. In those situations, click “OK” to route to the dashboard

CARRIERS.CARECORENATIONAL.COM says
Case Num: [REDACTED]

Your request has been received and is under review.
This may take up to 72 hours to receive a response.

- i. To save all progress, including any questions answered thus far, click “SAVE (Finish Later)”. You will be directed to the dashboard where you can come back later and resume activity where you stopped.
- j. To cancel all progress, including any questions answered thus far, click CANCEL REQUEST. You will be directed to the dashboard and will see that the request has been cancelled.

Status	PA Note	Case Initiation Date	Updated Status Date	Upl
Cancelled				X
				Vi
				Vi

CaseId : 2 [REDACTED] 24; Status : Cancelled; Explanation : HU [REDACTED] A
4 [REDACTED] T;

Continued on next page



Dashboard (Certification Summary)

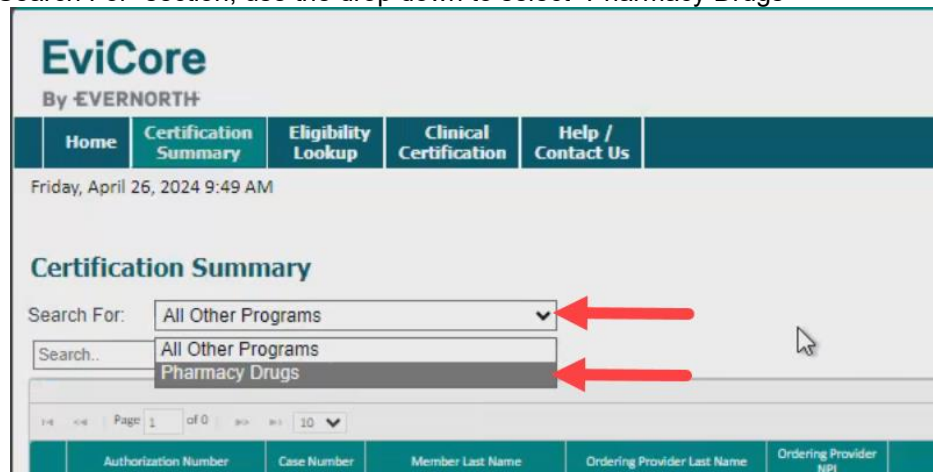
The Dashboard is where you can see both see the status of all cases you have submitted, search for other cases, or start another New Drug PA request. You can also view documents uploaded for a PA Case.

Navigating to Pharmacy Drugs Dashboard without building a case

1. From the home screen, click "Certification Summary"



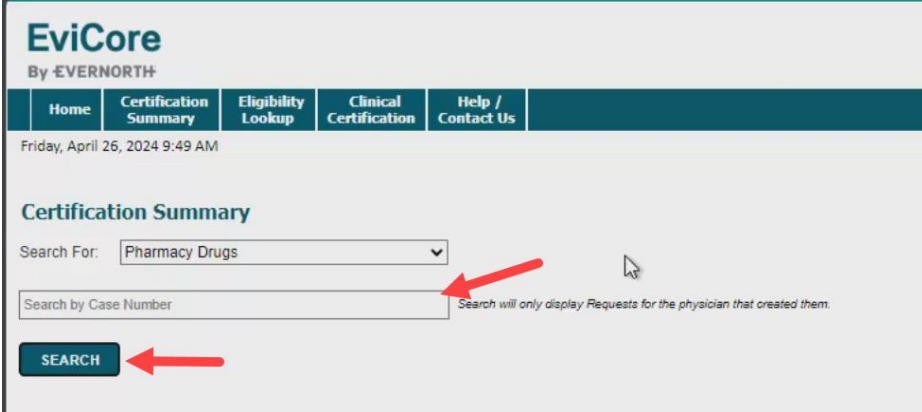
2. In the "Search For" section, use the drop down to select "Pharmacy Drugs"



Continued on next page

Searching for a pharmacy Case

1. In the Pharmacy Drugs Dashboard, type in the case number and select “SEARCH”



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Home Certification Summary Eligibility Lookup Clinical Certification Help / Contact Us

Friday, April 26, 2024 9:49 AM

Certification Summary

Search For: Pharmacy Drugs

Search by Case Number

SEARCH

Search will only display Requests for the physician that created them.

Definition of Status of cases:

1. Approved cases will show a status of “Approved PA”
 - a. Can hover mouse over the blue icon under the column of PA Note to see more details around that approval.


Status	PA Note	Case Initiation Date	Updated Status Date	Uploaded Documents
Approved (PA)				View Documents
				View Documents

Your request has been approved. Please refer to this PA in the dashboard for the Case details.

Continued on next page

2. Denied cases will show a status of “Denied PA”.
 - a. Can hover mouse over the blue icon under the column of PA Note to see more details around that denial and how to create an appeal



Status	PA Note	Case Initiation Date	Updated Status Date	Uploaded Documents
Denied (PA) - Appeal				View Documents
<div> <div>Caseld : ██████████ Status : Denied; Review Type : Prior Auth; Appeal Information : Attention : ATTN : CLINICAL APPEALS DEPARTMENT EXPRESS SCRIPTS PO BOX 66588, ST. LOUIS, MO, 63166-6588 Phone : 800-753-2851 Fax : 877-852-4070; Important - Please read the below note on eAppeals : Please reference the denial letter for information on the rights for an appeal, rationale for the denial, and how to submit an appeal including if any information is needed to support the appeal. Note about urgent situations - Generally, an urgent situation is one which, in the opinion of the provider, the health of the patient may be in serious jeopardy or may experience pain that cannot be adequately controlled while waiting for a decision on the appeal.;</div> <div>X</div> </div>				

3. Waiting: ESI to send Question Set
 - a. This happens when the questionnaire fails to return after you have entered all the provider, patient and drug information and have submitted the PA Request. Express Scripts will be working to obtain the plan's PA Question Set so that you can complete the PA Questionnaire.

Patient Name	Drug Name	Status	PA Note	Cas
██████████	██████████	Waiting: ESI to send Question Set		04

- b. When the benefit plan's PA Question Set has been returned, the status will change to “Waiting: Physician to submit answers – Start”

Patient Name	Drug Name	Status	PA Note	Cas
██████████	██████████	Waiting: Physician to submit answers - Start		0

Continued on next page



4. Waiting: Physician to submit answers – Start
 - a. This is the notification that the PA Questionnaire is ready to be started when the questionnaire failed to return after you have entered all the provider, patient and drug information and have submitted the PA Request. Click on Start to begin answering the PA Questions.

Status	PA Note
Waiting: Physician to submit answers - Start	

5. Waiting: Physician to submit answers – Finish
 - a. This is the notification that the PA Question was left incomplete and needs to be finished in order for a PA determination.
 - b. Click Finish to complete the PA questions

Status	PA Note
Waiting: Physician to submit answers - Finish	

If a PA is no longer needed:

1. Click Finish to open the PA Question Set.
2. Click "Cancel Request"

CANCEL REQUEST

SAVE
(Finish Later)

SEND TO PLAN

6. Waiting: Decision response from ESI
 - a. This is when ESI has received all the answers submitted but may take up to 72 hours to provide a response.

Status
Waiting: Decision response from ESI


- b. Once a response from ESI is obtained, the status will be updated on the case. You will see that updated status when you log back into the portal.

Continued on next page

7. Closed



- a. Refer to PA note what close code was received by hovering over the blue note icon

	Status	PA Note	Case Initiation Date	Updated Status Date	Uploaded Documents
	Closed		04/26/2024	04/26/2024	View Documents

Start another New Drug PA Request from Pharmacy Drugs Dashboard


1. Click on “NEW DRUG PA REQUEST”
2. You will be automatically directed to where you can enter the provider information

Certification Summary

Search For:

Search by Case Number Search will only

SEARCH




NEW DRUG PA REQUEST

Viewing uploaded documents

1. Click View Documents to view documents that were uploaded as part of a PA Request

Page of 13 | > >>

PA Note	Case Initiation Date	Updated Status Date	Uploaded Documents
	04/04/2024	04/04/2024	 View Documents

Continued on next page


Appeals



Starting an Appeal

Appeals can be electronically submitted for a previously denied request from the dashboard.

1. Click the blue Appeal link next to the denied case

Status	Re-note	Case Initiation Date	Updated Status Date	Uploaded Documents
Denied (PA) - Appeal				View Documents
<div> CaseId : Status : Denied; Review Type : Prior Auth; Appeal Information : Attention : ATTN : CLINICAL APPEALS DEPARTMENT EXPRESS SCRIPTS PO BOX 66588,ST. </div>				

2. The appeal questionnaire section will open. Enter all necessary information and click SEND TO PLAN

Appeal a Decision

Appeal Request

Are you requesting an URGENT review?
Will not receiving this drug seriously jeopardize the enrollee's life, health, or ability to regain maximum function?

☐ YES, it will jeopardize, so I am requesting an EXPEDITED appeal
☐ NO, it will not jeopardize, so I am requesting a STANDARD appeal

Reason for appealing the denied drug.*
Review your plan's reasons for denial in their determination letter. Please utilize that information to provide specific, detailed clinical information/rationale of your patient's health status to address their denial reasons.

Document Upload

Upload supporting documentation below. (Must be png, tiff, jpeg, or pdf format. Maximum file size: 10MB)

No file chosen


3. If don't want to submit an appeal, click "BACK TO DASHBOARD"

Continued on next page

The dashboard will show you status of your appeal




1. Approved Appeal

NEW				
Status	PA Note	Case Initiation Date	Updated Status Date	U
Approved (Requested Appeal)				

CaseId : 2 ; Status : Approved; Review Type : Prior Auth; Coverage Start Date : 09/12/2023; Coverage End Date : 10/11/2024;

2. Denied Appeal

NEW				
Status	PA Note	Case Initiation Date	Updated Status Date	U
Denied (Requested Appeal)				

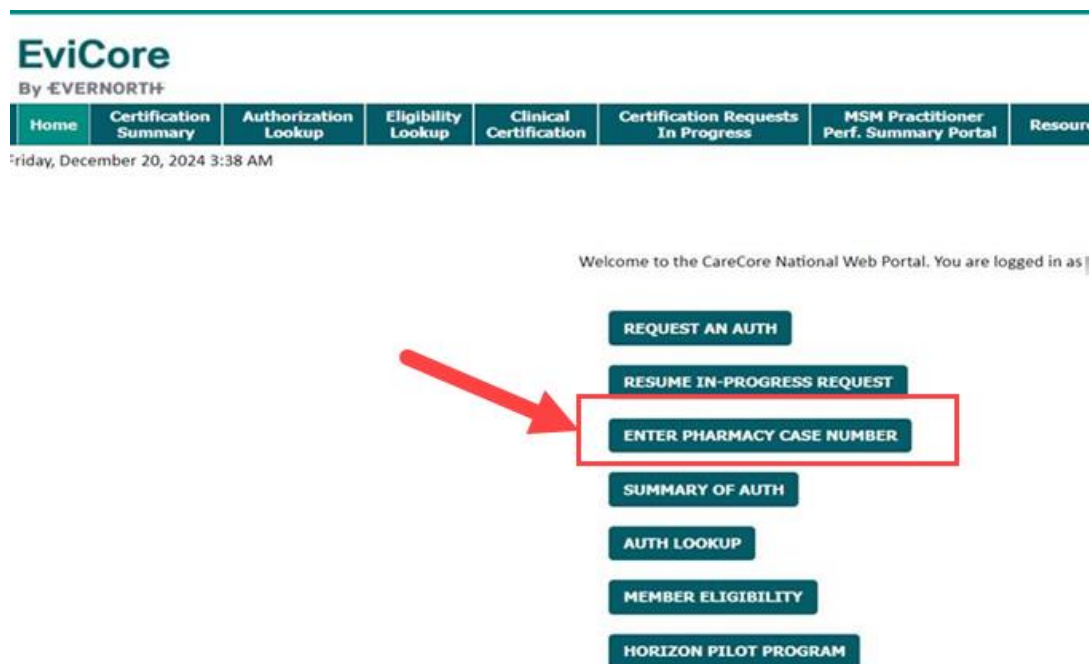
CaseId : 2 ; Status : Denied; Review Type : Prior Auth;

Continued on next page

Express Scripts Pharmacy Initiated Prior Authorization

To respond to either an email or fax informing you that Express Scripts has initiated a prior authorization for you on a prescription you submitted to Express Scripts

1. Log into your EviCore account
2. Select "ENTER PHARMACY CASE NUMBER"



Continued on next page

3. You will be directed to the Certification Summary Page. Enter the pharmacy case number from the fax or email in the “Search by Case Number” field and click SEARCH



4. Click on “Start” in the status field

5. Answer all questions presented
 - a. To answer a question, select the corresponding radio dial

Questionnaire

Please provide all information requested. Failure to complete this form in its entirety may result in delayed processing or the PA request will be closed for lack of information. All questions required to submit.

Questions

Is the patient currently receiving the requested medication?

- ☐ Yes
☐ No

NEXT

Continued on next page



- b. When a radio dial is selected, the NEXT will become active. Click NEXT

Questionnaire

Please provide all information requested. Failure to complete this form in its entirety may result in delayed processing or the PA request will be closed for lack of information. All questions required to submit.

Questions

Is the patient currently receiving the requested medication?

☒ Yes

☐ No

NEXT

- c. Some questions will have free form entry – enter your answer by typing in the provided field
- d. If need to go back and change an answer to a question, hit the PREVIOUS button

Questionnaire

Please provide all information requested. Failure to complete this form in its entirety may result in delayed processing or the PA request will be closed for lack of information. All questions required to submit.

Questions

Is the patient currently receiving the requested medication?

☒ Yes

☐ No

Is the customer's condition on or around the eyes, eyelids, axilla, or genitalia?

type answer here

PREVIOUS



NEXT

- e. Upload a document as needed
- Select "Choose File"
 - Select document to attach

Document Upload

Upload supporting documentation below. (Must be png, tiff, jpeg, or pdf format. Maximum file size: 10MB)

Choose File

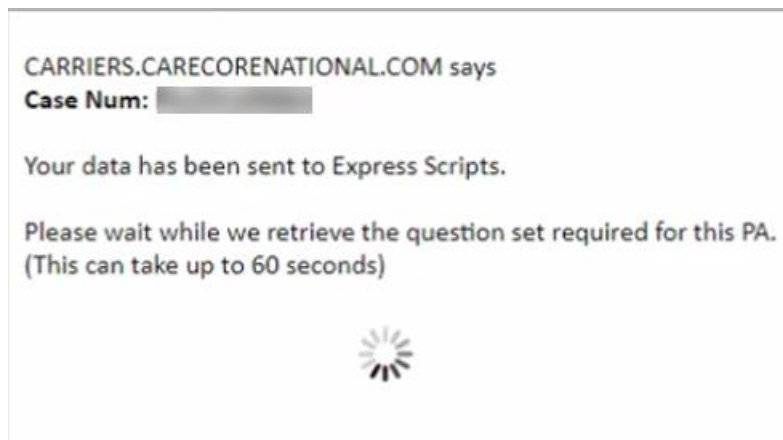
Continued on next page



- f. Continue answering questions until the “SEND TO PLAN” button activates by becoming darker in color.

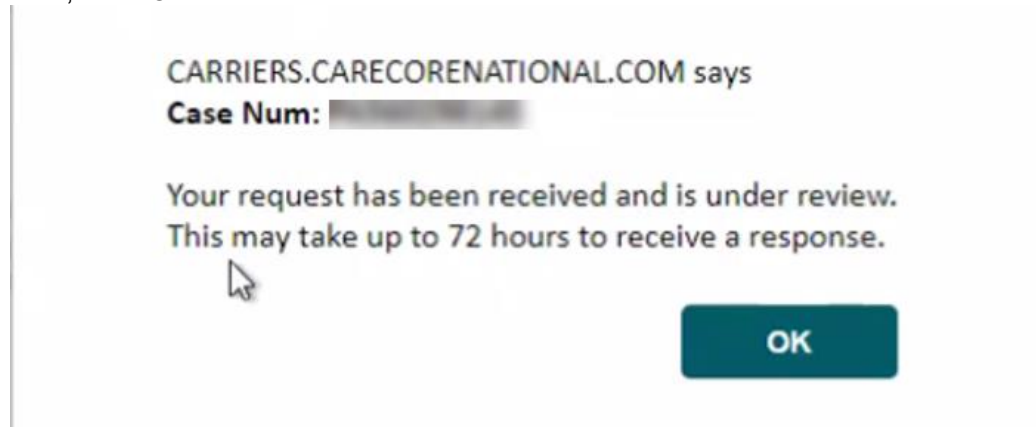


- g. Once all questions have been answered and an attachment has been uploaded (if necessary), select SEND TO PLAN



Continued on next page

- h. Sometimes submitted answers need time for review. In those situations, click “OK” to route to the dashboard



- i. To save all progress, including any questions answered thus far, click “SAVE (Finish Later). You will be directed to the dashboard where you can come back later and resume activity where you stopped.
- j. To cancel all progress, including any questions answered thus far, click CANCEL REQUEST. You will be directed to the dashboard and will see that the request has been cancelled.

Status	PA Note	Case Initiation Date	Updated Status Date	Uplo
Cancelled				
		CaseId : 2 24; Status : Cancelled; Explanation : HU A		
		4		

END