

University Health Alliance (UHA)OnePA MDM

**For the Prior Authorization of
Medical Specialty Drugs (Medical Drug
Management/MDM)**

Announcement

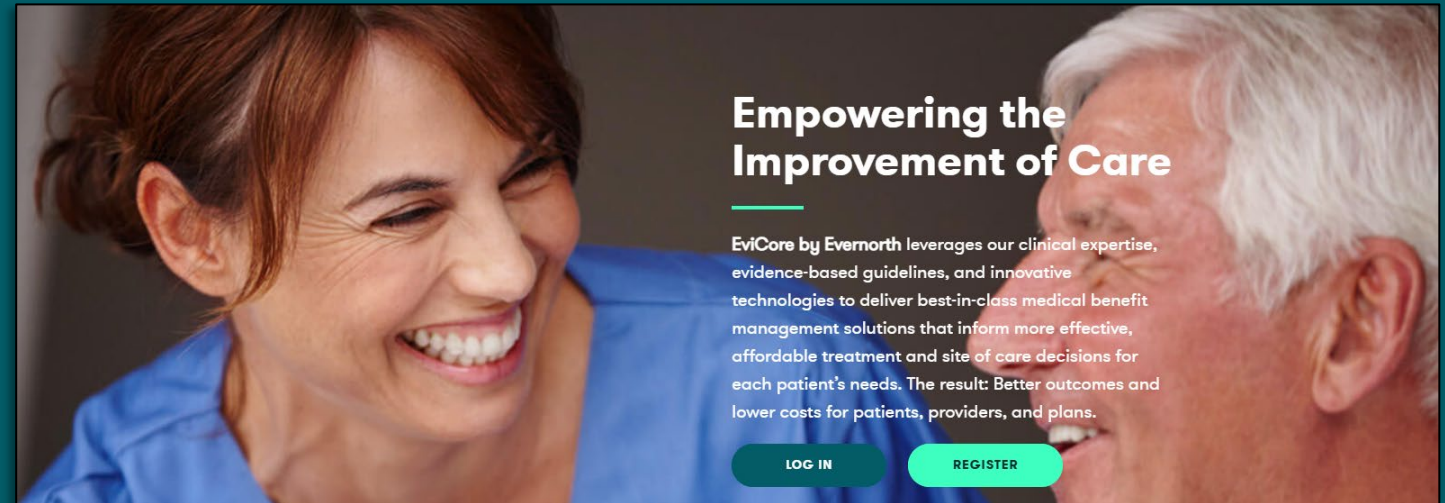
Effective **October 2021**, **UHA** providers will go through www.EviCore.com for Medical Specialty Drug/MDM (Medical Benefit/Buy&Bill) electronic prior authorization case initiation.

- Care Continuum (CCUM) will manage the Medical Specialty Drug (MDM) program and utilization review.
- Evicore.com acts as a single sign on portal, allowing the provider to submit an electronic request to CCUM.
- **Phone** cases can be initiated by calling CCUM 8AM-7PMEST, Mon-Fri at **866-877-7042**
- **Faxed** case can be initiated by faxing CCUM at **866-877-7179**
- **Electronic** portal requests can be submitted 24/7 via [EviCore](http://www.EviCore.com)
- Inquiries into case status and questions can be made by calling CCUM at **866-877-7042**
- Member eligibility will be through UHA.
- For UHA helpful resources, please use this link: [UHA Provider Resources | EviCore by Evernorth](#)
- Web portal issues may be addressed by the following methods:
 - Phone at 800-646-0418 (option 2)
 - Online chat with Web Support at [EviCore.com](http://www.EviCore.com)
 - Submitting inquiries via the [EviCore Communication Relationship Management application \(ECRM\)](#) application
 - The EviCore web team will triage the issue and guide the user with technical support.

Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

- Access resources on the EviCore Provider Portal at **EviCore.com/provider**
- Already a user?
Log in with User ID & Password
- Don't have an account?
Click **Register Now**.
- If you already have an account, please skip to **slide 7**.



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an Account

- Complete the User Information section in full, then **Submit Registration**.
- You will immediately be sent an email with a link to create a password.
- Once you have created a password, you will be redirected to the login page.

The screenshot shows the 'User Information' registration form for EviCore By EVERNORTH. The form is divided into three main sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. Each section contains several input fields for user details. A 'Next' button is located in the top right corner of the form area.

EviCore
By EVERNORTH

User Information Next

First Name Last Name User Name

Contact Info

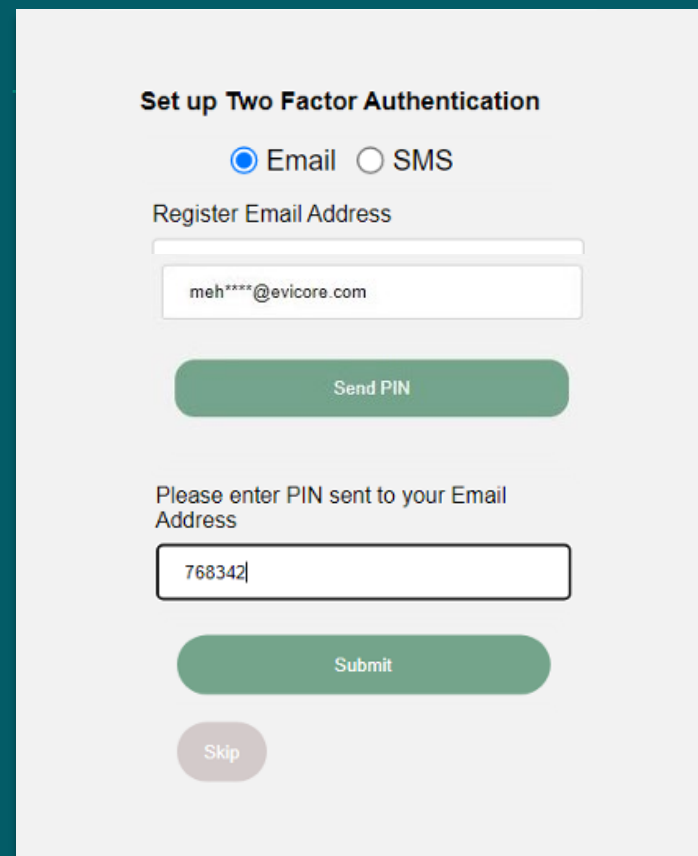
Email Confirm Email Phone Ext (optional)

Physician/Facility Information

Individual NPI Tax ID

Setting Up Multi-Factor Authentication (MFA)

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.
- Select Send PIN, and a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

Add Providers

- You can add providers and their NPI's to your account prior to case submission.
- Click the **Manage Your Account** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria
- You can click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

The screenshot displays the EviCore By EVERNORTH Provider Portal. The top navigation bar includes tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account (highlighted), MedSolutions Portal, and Help Contact. Below the navigation bar, the date and time 'Tuesday, June 25, 2024 8:56 AM' are shown, along with a 'Log Off' link. The main content area is titled 'Manage Your Account' and contains fields for Office Name (evicore), Address (work at home), Primary Contact (L. ... n), and Email Address (...@...). There are buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. Below these fields is an 'ADD PROVIDER' button. A table with the heading 'Click Column Headings to Sort' has two columns: 'Name' and 'NPI'. The table lists several providers with their names partially visible (B, F, A, P, S, T, Y) and a 'REMOVE NPI' button next to each. An 'Add Practitioner' modal is open, prompting the user to enter Practitioner information and find matches. It includes a note: '*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip'. The modal has input fields for Practitioner NPI, Practitioner State (a dropdown menu), and Practitioner Zip, along with 'FIND MATCHES' and 'CANCEL' buttons. A 'Feedback' button is visible on the right side of the page.

EviCore
By EVERNORTH

Manage Your Account

Office Name: evicore **CHANGE PASSWORD** **EDIT ACCOUNT**

Address: work at home

Primary Contact: L. ... n

Email Address: ...@...

ADD PROVIDER

Click Column Headings to Sort

Name	NPI
B	REMOVE NPI
F	REMOVE NPI
A	REMOVE NPI
P	REMOVE NPI
S	REMOVE NPI
T	REMOVE NPI
Y	REMOVE NPI

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI:

Practitioner State:

Practitioner Zip:

FIND MATCHES **CANCEL**

Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Welcome to the CareCore National Web Portal. You are logged in as

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

The requester/user will log into the EviCore portal using their existing login credentials, then select “Request an Auth” or “Clinical Certification.”

Select Program

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

- Select **Medical Specialty Drugs** from the program list and continue.
- **Following the Medical Specialty Drugs program is essential. Choosing any other radio button on the left will lead the user down an alternate prior authorization program that does not relate to UHA.**

Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

Select the provider who is referring the patient for medical drug treatment.

Select Health Plan and Provider Address

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

UHA

▼

▼



BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- **Select the health plan and the referring practitioner address.**
- **If UHA is not an option in the first dropdown box, you may have chosen the wrong PROGRAM on a previous screen. Navigate back to the “Select a Program” screen, then choose MEDICAL SPECIALTY DRUGS.**

Click OK to Proceed

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

UHA

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an aut

Message from webpage

Please click OK to proceed.

OK

CANCEL

Case Create

OnePA™

EXPRESS SCRIPTS

Log Off

OnePA (OPA-1009284)

Actions

▼ Contact Information

Medium of Interaction

First Name *

Last Name *

Caller Phone No

Caller

Comments

ePA

PSO

ESI

Doctors Office

This case is created with request from Evicore Portal

Request Received *

Case Urgency *

3/28/2024 3:13 PM

☐ Urgent ☐ Not Urgent

▼ Date Of Service

Date of Service *

3/28/2024

▼ Member Information

Member Search By

Member ID *

Search

Member ID

Member ID

First + Last Name + DOB

First + Last Name + ZipCode

- Complete Contact information (case urgency), Date of Service and Member information: Search by Member ID, Member Name & DOB or Member Name and Zip.
- Fields with * are required fields.

EviCore

By EVERNORTH

Case Create

▼ Member Information

Member Search By

Member ID ★

Member ID ▼

testtdngie

Search

Patient Information

LastName

FirstName

Date Of Birth

02/01/

Full address

Medical Coverage

Member ID

TESTTDNGIE

Group ID

M

Start Date

01/01/2020

Client ID

Carrier Name

End Date

12/31/2050

> Additional Info



PATIENT CONTACT DETAILS ★

Number not provided/verified ▼

Select Phone ...

Alternate Patient Phone

Number not provided/verified

- Member information search – displays patient information and medical coverage.
- Patient contact details: Provide patient phone using alternate patient phone if applicable. If no phone number, select number not provided/verified.

Case Create

▼

Diagnosis information

Code Type

Search By

Diagnosis Code

Primary ▼

Code ▼

Search

Primary

Code

Secondary

Description

Code Type

Search By

Diagnosis Code

Primary ▼

Code ▼

r60

Search

Primary Diagnosis Codes

Code	Description
☐ R60	Edema, not elsewhere classified
☐ R60.0	Localized edema
☐ R60.1	Generalized edema
☐ R60.9	Edema, unspecified

Add

Code Type

Search By

Diagnosis description

Primary ▼

Description ▼

edema

Search

Primary Diagnosis Codes

Code	Description
☐ J81.0	Acute pulmonary edema
☐ T78.3	Angioneurotic edema
☐ T78.3XXA	Angioneurotic edema, initial encounter
☐ T78.3XXS	Angioneurotic edema, sequela
☐ T78.3XXD	Angioneurotic edema, subsequent encounter

Add

- Enter Diagnosis information by code or diagnosis description.
- Must have primary, can add up to 24 secondary codes, if needed.

Case Create

▼ Drug Information

Drug Search By

Drug Name

Drug Name ▼

remicade

☒ One Drug Per GCN ☐ Drug is Compound Ingredient

Search

Drug Name

NDC

GCN

HCPCS

	GCN	Drug Strength	Dosage form	Drug Type	
X7480	57894003001	61501	100 MG	VIAL	Single-Source

Drug Name

REMICADE 100 MG VIAL

HCPCS Description

Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)

Continue

- Drug information can be searched by HCPC, NDC or Drug name.
- DO NOT search or select CPT codes. (example: 90283 & 90284)
- Select **Continue** to proceed.

EviCore

By EVERNORTH

Case Create

The screenshot displays the OnePA Express Scripts Case Create form. A validation error message is shown at the top: "onepaclient-qa.express-scripts.com says Please correct flagged fields before submitting the form!". The form is titled "OnePA (OPA-583382)". It includes sections for "PATIENT CONTACT DETAILS" (with a dropdown menu showing "Number not provided/verified"), "Drug Information" (with a search bar and a "Selected Drug" table), and "1. General Information" (with a "Contact Information" section). The "Contact Information" section contains fields for "Medium of Interaction" (ePA), "First Name" (Provider), "Last Name" (Demo), "Caller Phone No", and "Caller" (Doctors Office). It also has a "Request Received" field (2/7/2023 3:43 PM) and a "Case Urgency" section with radio buttons for "Urgent" and "Not Urgent". A red error message "Value cannot be blank" is visible next to the "Urgent" option. The "Date Of Service" section is partially visible at the bottom.

OnePA EXPRESS SCRIPTS

onepaclient-qa.express-scripts.com says
Please correct flagged fields before submitting the form!

OK

09/01/2012 12/31/2999

> Additional Info

PATIENT CONTACT DETAILS ★

Number not provided/verified

Drug Information

Drug Search By Drug Name

Drug Name remicade

☒ One Drug Per GCN ☐ Drug is Compound Ingredient

Search

Selected Drug

HCPCS	NDC	GCN	Drug Strength	Dosage form	Drug Type
X7480	57894003001	61501	100 MG	VIAL	Single-Source

Drug Name
REMICADE 100 MG VIAL

HCPCS Description
Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)

OnePA EXPRESS SCRIPTS

OnePA (OPA-583382)

1. General Information 2. Coverage Engine Decision

Contact Information

Medium of Interaction First Name ★ Last Name ★ Caller Phone No Caller

ePA Provider Demo

Request Received ★ Case Urgency ★

2/7/2023 3:43 PM

☐ Urgent ☐ Not Urgent

Value cannot be blank

Date Of Service

Date of Service ★

Continue

- If all required fields are not populated, will see message “Please correct flagged fields before submitting the form!”
- Fields that need data will be highlighted in red.

Case Create

Medical Case Information

Order Information

Weight

UOM

Lbs

Oz

Lbs/Oz

0

Height

UOM

Feet

Inches

Feet/Inches

0

Review Type

★

Select...

Patient BMI Information

Patient Age

27 years

Start Date

3/28/2024

End Date

3/27/2025

Duration in Days

365

Dosage

★

Dosage UOM

MG

Frequency

★

Frequency UOM

Day

Administrations

★

NDC Quantity (in Units)

★

HCPCS Quantity (in Units)

★

Route Description

★

Intravenous

HCPCS Modifier

Direction

★

Remaining: 400 characters

+ Add Additional Doses/Durations

Drug Information		
Drug Name	NDC	NDC Strength
REMICADE 100 MG VIAL	57894003001	100 MG
Strength Measure	Package Quantity	Package Description
100.0	1	—
Volume Measure	HCPCS Description	
0.0	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	

- Order Information: Enter height and weight, especially for weight-based drugs for dosing and Review Type (Prospective, Retrospective or Concurrent)
- Enter Start Date, End Date, Dosage UOM, Frequency UOM, Administrations, NDC/ HCPCS QTY units, HCPCS Modifier (if applicable), Route Description, and Directions. Add additional Doses/Duration, if applicable.

Case Create

Medical Case Information

Order Information

Weight

UOM

Lbs

Oz

Lbs/Oz

135

0

Unit Conversion: 61.29 Kgs

Height

UOM

Feet

Inches

Feet/Inches

5

10

Unit Conversion: 177.80 cm

Review Type

Prospective

Patient BMI Information

Patient Age	Body Mass Index (Kg/M2)	Body Surface Area (M2)
27 years	19.39	1.74

Start Date

3/28/2024

End Date

3/27/2025

Duration in Days

365

Dosage

100.000

Dosage UOM

MG

Frequency

3.000

Frequency UOM

Week

Administrations

18

NDC Quantity (in Units)

18.0000000000

HCPCS Quantity (in Units)

180.0000000000

Route Description

Intravenous

HCPCS Modifier

Direction

Take 100mg every 3 weeks as directed.

Remaining: 363 characters

+ Add Additional Doses/Durations

Drug Information

Drug Name	NDC	NDC Strength
REMICADE 100 MG VIAL	57894003001	100 MG
Strength Measure	Package Quantity	Package Description
100.0	1	—
Volume Measure	HCPCS Description	
0.0	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used)	

- Order Information: Populated with data.
- Patient BMI information populated when height and weight data provided.

Case Create

Prescriber Information

Search By

NPI

NPI

Last + First + State

Last + First + Zip

Phone #

Search

Provider Information

Provider and Prescriber are same

Site Of Care *

Physician Requestor *

☐

Select...

☐ Prescriber ☐ Provider

Search By

NPI

NPI

Search

Back

Create

- Prescriber Information: Must match prescriber information registered via EviCore portal during the case request.
- Search by NPI, Name and state or zip or phone to locate.

Case Create

Add New Location

	Address	City	State	Zip code	Phone#	Fax#
☐	40 [REDACTED]	A [REDACTED]	[REDACTED]	[REDACTED]	510-433-1000	51 [REDACTED]
☐	[REDACTED] 200U	[REDACTED] Y	NY	[REDACTED]		

Prescriber Information

NPI
10 [REDACTED]

First Name Middle Name Last Name Suffix

S [REDACTED]

Specialty Network Status

Add / Edit Prescriber Address

Address *

Address 1 Address 2

City State... Zipcode Ext

Phone Number Fax Number

Phone Fax

Skip Address Validation ☐

[Validate Address](#)

[Cancel](#) [Submit](#)

- Prescriber Information: NPI search results.
- Select the appropriate address with associated phone/fax.
- Add new location, if applicable.

Case Create

▼ Provider Information

Provider and Prescriber are same ☐ Site Of Care ★ Physician Requestor ★ ☐ Prescriber ☐ Provider

Search By

Attention: Provider Information MUST be selected at this point. If Provider Information is not selected, system will auto assign the Prescriber as the servicing Provider.

- Provider Information: If same as prescriber, select radio button.
- If not the same, search by NPI, facility name, name, and state or zip or phone.
- Selection of requestor is required when provider and prescriber are NOT the same.

Case Create

The screenshot displays the 'Case Create' form. At the top, there are three main sections: a toggle for 'Provider and Prescriber are same', a 'Site Of Care' dropdown menu, and a 'Physician Requestor' section with radio buttons for 'Prescriber' and 'Provider'. Below these is a table titled 'Add New Location' with columns for Address, City, State, Zip code, Phone#, and Fax#. The table contains two rows of data. A modal window titled 'Add / Edit Provider Address' is open, showing fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number. It also includes a 'Skip Address Validation' toggle and a 'Validate Address' button. The modal also shows a 'Provider Information' section with fields for NPI, Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status.

Provider and Prescriber are same ☐ Site Of Care ★ Physician Requestor ★ ☐ Prescriber ☐ Provider

Add New Location

	Address	City	State	Zip code	Phone#	Fax#
☐	4	N				
☐	P	S				

Provider Information

NPI
1 4

Facility Name
C

First Name Last Name Suffix

Specialty Network Status

Add / Edit Provider Address

Address ★
Address 1 Address 2

City State... Zipcode Ext

Phone Number Fax Number
Phone Fax

Skip Address Validation ☐

- Provider information: NPI search results.
- Select the appropriate address with associated phone/fax.
- Add New Location, if applicable.

EviCore

By EVERNORTH

Case Create

Provider and Prescriber are same ☐ **Site Of Care *** Select... **Physician Requestor *** ☐ Prescriber ☐ Provider

Provider Information

NPI
152827

Facility Name
[Redacted] IC

First Name Last Name Suffix

Specialty Network Status
PHARMACY: ____

Provider address

Address	City Desc	State Desc	ZipCode
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Phone Number Fax Number
(615) 252-2500 (615) 252-2500

[Back](#) [Create](#)

- Site of Care Selection: Select Home Health, Hospital Outpatient Facility or Providers Office/Ambulatory Center.
- Fields with * are required and system will alert if information is needed.
- Select **Create** to proceed.

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Case Create

Click to go back (Alt+Left arrow), hold to see history

Errors:

- "A request for the drug/service you are requesting has already been made. Please contact the plan sponsor for more information."

OnePA (OPA-583382) Actions

Medical Case Information D Demo, Provider

▼ Duplicate Cases

Case ID	Member ID	HCPID	Drug Name	Modifier	Start Date	End Date
54754	37	J3380	ENTYVIO 300 MG VIAL		12/08/2023	12/06/2024
54636	37	J3380	ENTYVIO 300 MG VIAL		12/07/2022	12/06/2023
54635	37	J3380	ENTYVIO 300 MG VIAL		12/06/2023	12/10/2026
54622	37	J3380	ENTYVIO 300 MG VIAL		12/07/2023	12/05/2024
54578	37	J3380	ENTYVIO 300 MG VIAL		12/06/2023	12/04/2024

▼ Diagnosis information

- If this message appears after you click create, this means there is a case for the same patient/drug within the same start and end date. (i.e., duplicate case).
- Duplicate cases will display for review.
- If additional details are needed, please contact Care Continuum at **866-877-7042** or fax request to **866-877-7179**.

EviCore

By EVERNORTH

Case Create

Errors:

- Provider Information: Provider Phone is invalid. Please use the pencil icon to edit/add information
- Provider Information: Provider Fax is invalid. Please use the pencil icon to edit/add information
- Prescriber Information: Prescriber Phone is invalid. Please use the pencil icon to edit/add information
- Prescriber Information: Prescriber Fax is invalid. Please use the pencil icon to edit/add information

Prescriber Information				Prescriber Address				
NPI	1[redacted]			Address Line 1	Address line 2	City Dsc	State Desc	ZipCode
First Name	Middle Name	Last Name	Suffix	1[redacted]	S	BIRMINGHAM	AL	35205
JEF	F	J		Phone Number	Fax Number			
Specialty	Network Status							
EMERGENCY MEDICINE: UNKNOWN								

Add / Edit Prescriber Address

Address *

1[redacted] Address 2

BIRMINGHAM AL 35205 Ext

Phone Number Fax Number

Phone Fax

Skip Address Validation ☐

Validate Address

Cancel Submit

Enter phone/fax and click Submit

- Errors for invalid phone or fax for prescriber or provider will present when this information is missing.
- Use the pencil icon to enter the information and rectify the error.

Case Processing

OnePA

EXPRESS SCRIPTS

Log Off

Medical - Make Determination Case ID (94017) | Primary |

Actions

Case Information

Member ID

TESTTDNGIE

Patient Name

Gender F

Date Of Birth

Age 27Y 1M

Patient address

Patient Phone

Primary Diagnosis

J81.0 (ACUTE PULMONARY EDEMA)

Drug Name

REMICADE 100 MG VIAL

Urgency

NOT URGENT

Prescriber/Provider Name

Network Status

IN

Phone

(804) 341-3800

Fax

Review Type

PROSPECTIVE

Carrier

TH-ALL MDW-10- WESN

LOB

Group

Regulatory Status

State

Funding Type

Complete Criteria

Please answer the below criteria to finalize case.

Will the requested medication be used in combination with a BIOLOGIC or with a targeted synthetic disease-modifying antirheumatic drug (DMARD) used for an inflammatory condition?

☐ Biologic DMARD- Please note: examples of biologic DMARDs Cimzia, Cosentyx (IV or SC), etanercept products (Enbrel, biosimilars), adalimumab products (Humira, biosimilars), Kevzara, Simponi Aria, Simponi SC, Actemra (IV or SC), Kineret, a rituximab product (Rituxan, biosimilars), Siliq, Stelara (IV or SC), Taltz, Ilumya, Tremfya, Entyvio (IV or SC), Omvoh, Bimzelx, Zymfentra, Skyrizi (IV or SC), or Orencia (IV or SC)

☐ Targeted synthetic DMARD (such as Otezla, Rinvoq, Xeljanz/XR, Sotyktu, or Olumiant)

☒ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)

Comments

Is the requested medication being prescribed by or in consultation with a rheumatologist?

☐ Yes

☒ No

Comments

Save Answers

Submit

- Case is created and moves into the criteria collection phase. After answering the criteria questions, Select submit.
- There is a **Save Answers** option, if unable to answer criteria question. Choosing this option will allow you to obtain the answers and come back to the question later.

EviCore

By EVERNORTH

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Case Processing

OnePA[™]

EXPRESS SCRIPTS

Log Off

Medical - Make Determination Case ID (58964) | Primary | 15 days, 12:33:58

Case Information

Member ID	3711	Drug Name	BOTOX 200 UNIT VIAL	Review Type	PROSPECTIVE
Patient Name	SP	Urgency	NOT URGENT	Carrier	
Date Of Birth	11/1/1975 Age 47Y 3M	Prescriber Name	() Network Status	LOB	
Patient address	1	Phone	(111) 111-1111 Fax (111) 111-1111	Regulatory Status	State
Patient Phone	NUMBER NOT PROVIDED	Provider Name		Funding Type	
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Network			
		Phone	(615) 352-2500 Fax (615) 352-2500		

Your request has been submitted. Please reference Case ID :58964

Thank you! The next step in this case has been routed to Make Determination Work Basket.

Coverage Criteria

Decision

Authorization

Finalize

Add Documents

Criteria completion: Request is submitted, and Case ID referenced documentation can be added or **Log Off** to exit.

Case Processing

Add Document

Document Type ★
Select... ▼

Medium ★
Select... ▼

Source/Recipient ★
Select... ▼

Attach File ★
Choose File No file chosen

Documentation Date/Time ★
2/8/2023 11:28 AM

Comments
Remaining: 2500 characters

Cancel Submit

Add Document

Document Type ★
Medical Records ▼

Medium ★
ePA ▼

Source/Recipient ★
Prescriber ▼

Attach File ★
Choose File 000693...bit

Documentation Date/Time ★
2023 11:28 AM

Comments
attaching additional Medical records
Remaining: 2464 characters

Cancel Submit

- Select Add Document, if applicable. Fill out required fields* and browse desktop to attach file. Comments may be entered as well.
- Once finished, select **Submit**.

Case Processing

Add Document

Document Type ★

Medical Records

Medium ★

ePA

Source/Recipient ★

Prescriber

Attach File ★

Choose File

000693...bits.pdf

Documentation Date/Time ★

2/8/2023 11:28 AM

Comments

attaching additional Medical records

Remaining: 2464 characters

Cancel

Submit

Your request has been submitted. Please reference Case ID :58964

Thank you! The next step in this case has been routed to Make Determination Work Basket.

Add Documents

Case 360 View

Case Summary

Case Documents

User Documents

Document name	Document ID	Document Type	Recipient	Generation Date/Time	Comments
0006938_healthyHabits.pdf	{A0E03186-0000-CB1D-98A1-0A14E992E7F2}	Medical Records	Prescriber	2/8/23 11:28 AM	attaching additional Medical records

- Once document added viewable under **User Document** section.

Case Processing

OnePA™

 EXPRESS SCRIPTS

Log Off

Medical - Clinician Review  Case ID (93805) | Primary | 02 days, 23:59:15

✓ Case Information

EviCore

By EVERNORTH

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Add Provider

MedSolutions Portal

Unified Dashboard

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Thursday, January 08, 2026 2:20 PM

Welcome to the CareCore National Web Portal. You are logged in as MMCCCLUREMORGAN.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

HORIZON PILOT PROGRAM

- **Log Off** once done, then the user is taken back to the EviCore submission page.

Additional Portal Features

Access a case via the Authorization Lookup Feature on the EviCore Portal

EviCore

By EVERNORTH

Home

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Thursday, May 30, 2024 2:20 PM

Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

Provider NPI:

SUBMIT

PRINT

[Click here for help](#)

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- Select “Authorization Lookup” to search authorization by case ID.
- Select “OnePA Prior Authorization Portal for Providers” tab, Choose Health Plan and Provider NPI.
- Click OK to continue.

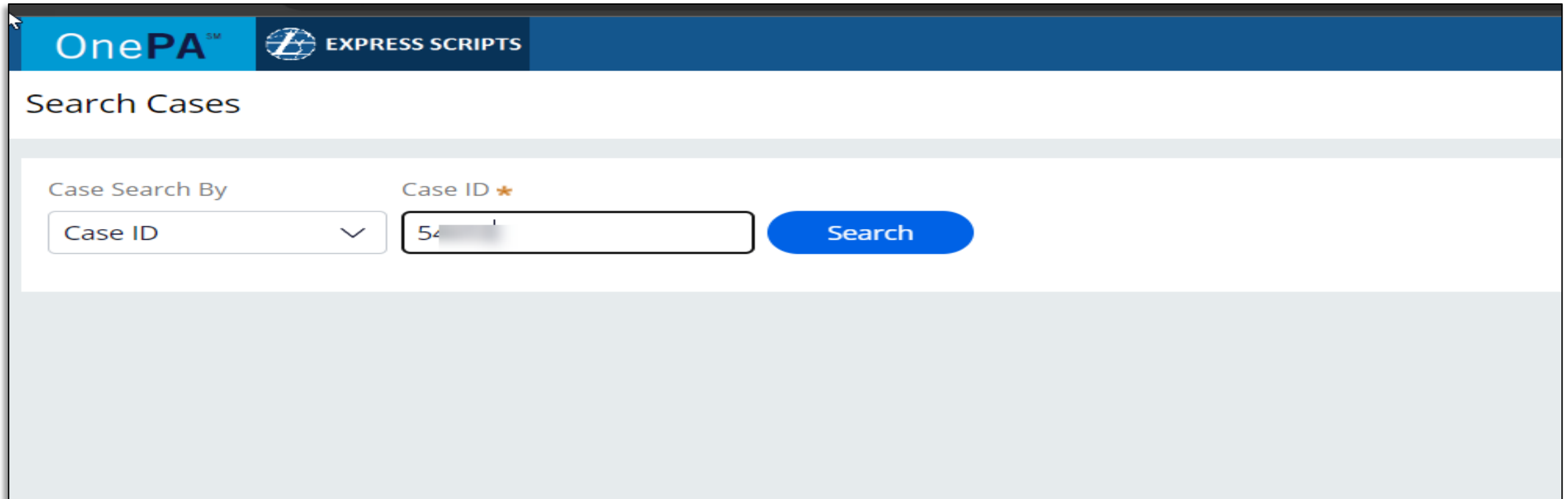
Message from webpage

Please click OK to proceed.

OK

CANCEL

Case Look Up



The screenshot shows the 'OnePA EXPRESS SCRIPTS' header. Below it is a 'Search Cases' section. On the left, there is a 'Case Search By' dropdown menu currently set to 'Case ID'. To the right of the dropdown is a text input field containing '54'. Further right is a blue 'Search' button. The entire interface is set against a light blue background.

- Case Search by Case ID: Enter case ID and click Search.

Case Look Up

OnePA

EXPRESS SCRIPTS

My Work List

Refresh list

Case ID	Patient's Name	Patient's DOB	Prescriber NPI	Prescriber Name	Provider NPI	Provider Name
5453	SHRY R		10	EROM L	15	

- Work List of cases unique to Prescriber will display.
- Click applicable row for selection.

Case Completion

OnePASM

 EXPRESS SCRIPTS

Medical - Make Determination Case ID (5) | Primary |

Actions

Case Information

Member ID	37	Drug Name	BOTOX 200 UNIT VIAL	Review Type	PROSPECTIVE
Patient Name	S RG Gender F	Urgency	NOT URGENT	Carrier	L ID 2B
Date Of Birth	11/1/1975 Age 47Y 3M	Prescriber Name	Network Status	LOB	COMMERCIAL Group
Patient address		Phone (111) 111-1111 Fax		Regulatory Status	State
Patient Phone	NUMBER NOT PROVIDED	Provider Name	Network Status UNKNOWN	Funding Type	
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Phone Fax			

Complete Criteria

Please answer the below criteria to finalize case.

Is the medication being requested Botox COSMETIC?

Yes

No

Comments

Save Answers

Submit

- User provided page to complete criteria.

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Issues experienced during case creation
- Reports of system issues
- Support for EviCore's provider portal
 - You can also speak with Web Support at 800-646-0418 (option 2), or
 - Chat with Web Support online at www.EviCore.com Monday-Friday, 7AM-7PM ET.

ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [ECRM Resources site](#).





Thank You