

OnePA MDM Migration for Network Health

For the Prior Authorization of non-oncology
Medical Drug Management

Announcement

Network Health medical drug prior authorization requests for non-oncology specialty drugs will undergo a slight process change effective August 5, 2024. Providers will no longer initiate the non-oncology specialty drug requests through ExpressPAth. Instead they will initiate the web request through the EviCore portal which will bridge to Care Continuum (CCUM). This only applies to the ExpressPAth medical drugs prior authorizations.

The prior authorization requests will continue to be managed by CCUM.

Network Health non-oncology specialty drug prior authorization requests can also continue to be phoned into CCUM by calling 877-787-8705 or faxed to 877-860-8866.

Non-oncology specialty drug prior authorization overview

Effective August 5, 2024, Network Health providers will go through www.eviCore.com for medical drug prior authorization case initiation for non-oncology specialty drugs.

- Care Continuum (CCUM) will continue to manage the Specialty Drug program and utilization review.
- EviCore web portal will act as the 'doorway,' a single sign portal, allowing the provider to submit an electronic request to CCUM.

Web portal issues may be phoned (800) 646-0418 Option 2; or submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

Access: [ECRM Services](#)

ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)

Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

- Phone case initiation will continue to be through CCUM at 877-787-8705 or faxed to 877-860-8866.
- Case status or inquiries will be through the EviCore portal or call CCUM.
- Member eligibility will continue to be through Network Health.

Provider/Prescriber Prior Authorization Submission Options

What do I need?

Where do I go as of 8/5/2024?

Electronic

Phone

Fax

**Medical Drug PA
Non-Oncology**

(Medical Benefit / Buy & Bill)



EviCore.com
Available: 24/7

877-787-8705
(CCUM)
Available: 8am-7pm EST,
Mon-Fri

877-860-8866
(CCUM)

**Pharmacy Drug PA
Non-Oncology**

(Pharmacy Benefit / Retail Pharmacy)



ePA portal of providers
choice for example: Cover
My Meds
Available: 24/7

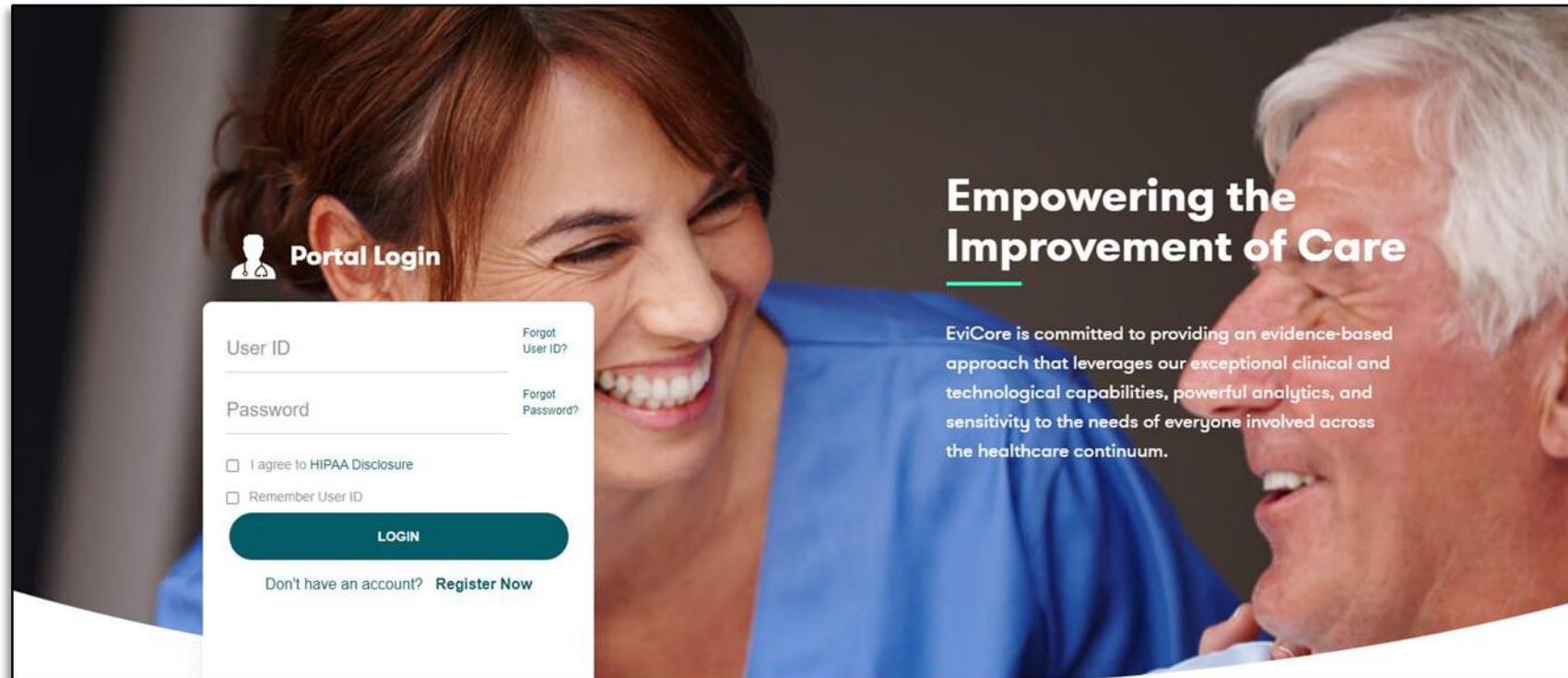
800-935-6103
(ESI Pharmacy)
Available: 24/7

877-251-5896
(ESI Pharmacy)

EviCore by Evernorth Website

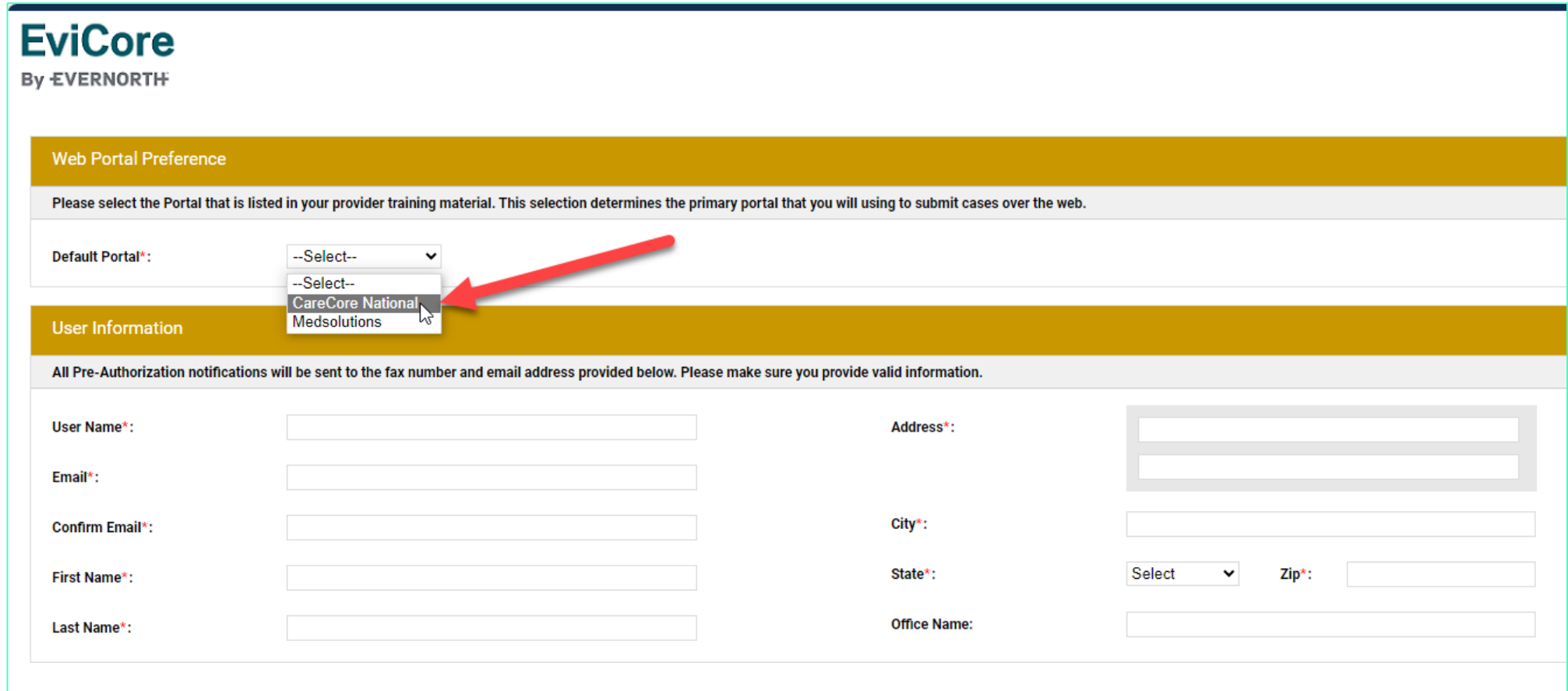
Medical drug prior authorization requests for non-oncology specialty drugs will be initiated through www.EviCore.com

- Login or Register



To create a new portal account, select “Register Now”.
If already registered, skip to slide 16.

Creating an Account



EviCore
By EVERNORTH

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:		Address*:	
Email*:			
Confirm Email*:		City*:	
First Name*:		State*:	Select ▼ Zip*:
Last Name*:		Office Name:	

Under “Default Portal”, select “CareCore National” and fill in the user registration form.

User Registration Continued

EviCore

By EVERNORTH

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to access the system.

Default Portal*: CareCore National

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Registration

UserName: testname

Email: testname@healthservices.com

Account Type: Physician

First Name: test

Last Name: name

Phone: 800-555-1212

Ext:

Fax: 800-555-2121

Individual NPI: 1730396904

Legal Disclaimers

Contact Us

USER REGISTRATION

User Access Agreement

*Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)).

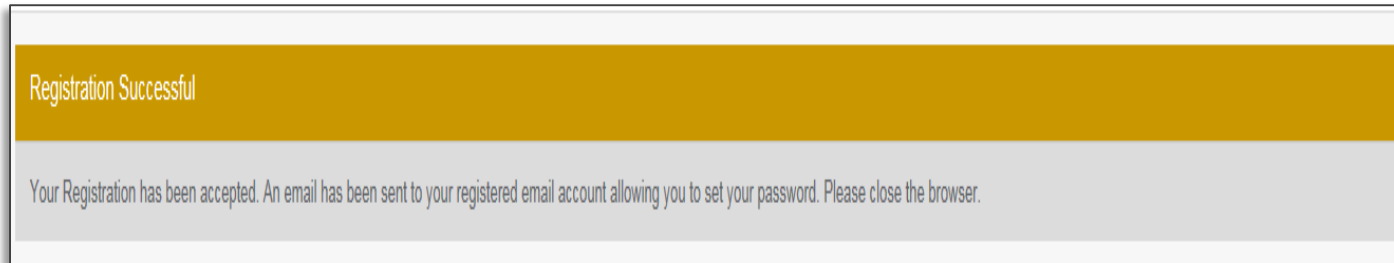
☒ Accept Terms and Conditions *

Submit

Cancel

Accept the Terms and Conditions, and click “Submit”.

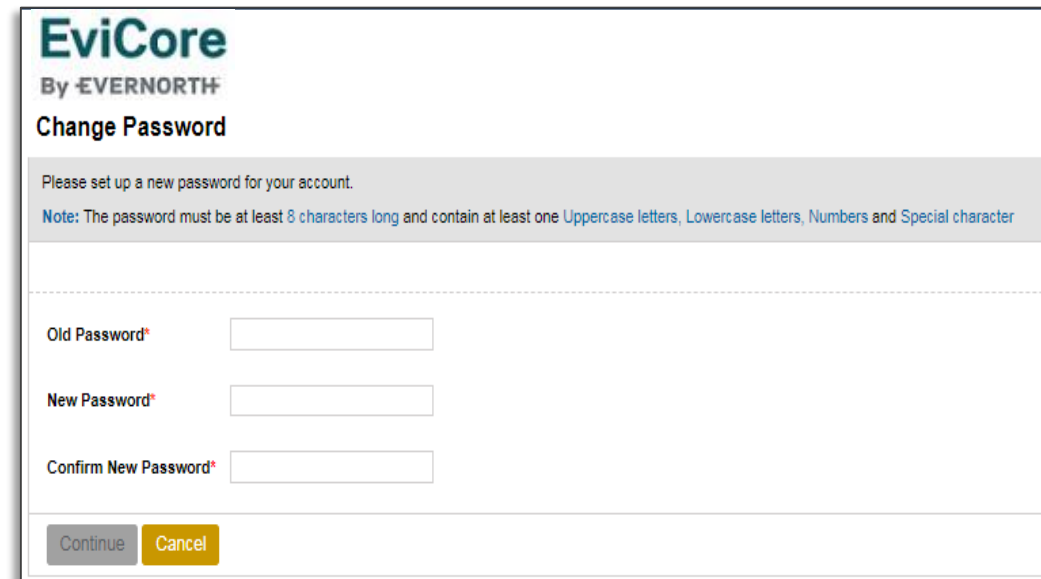
User Registration Continued



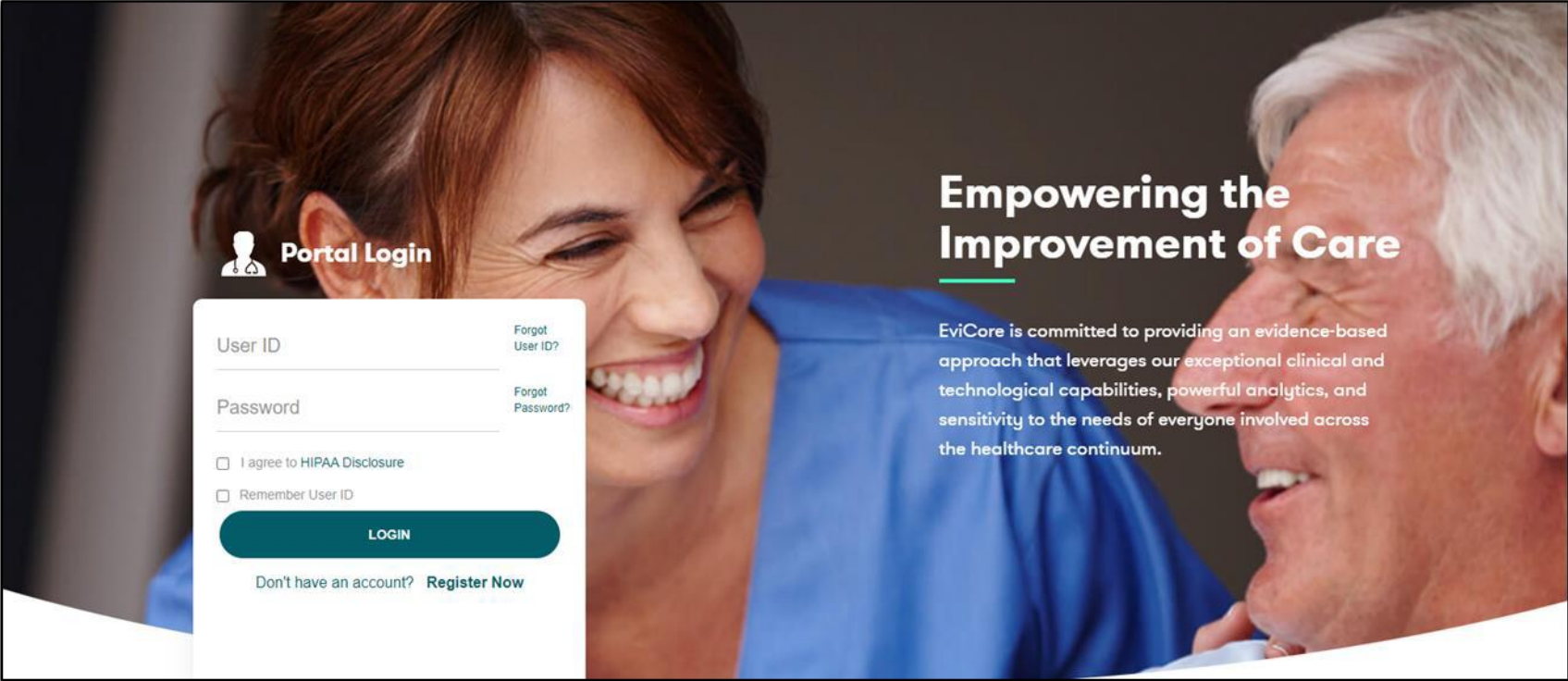
**You will receive a message on the screen confirming your registration is successful.
An email will be sent to your inbox with instructions on how to create a password.**

**Your password must be at least
eight (8) characters long and
contain the following:**

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)

A screenshot of the "EviCore By EVERNORTH Change Password" form. The form has a header with the EviCore logo and the text "By EVERNORTH". Below the header, the title "Change Password" is displayed. The main content area contains the instruction "Please set up a new password for your account." followed by a note: "Note: The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character". There are three input fields: "Old Password*", "New Password*", and "Confirm New Password*". At the bottom of the form, there are two buttons: "Continue" and "Cancel".

Account Log-In



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

[Don't have an account? Register Now](#)

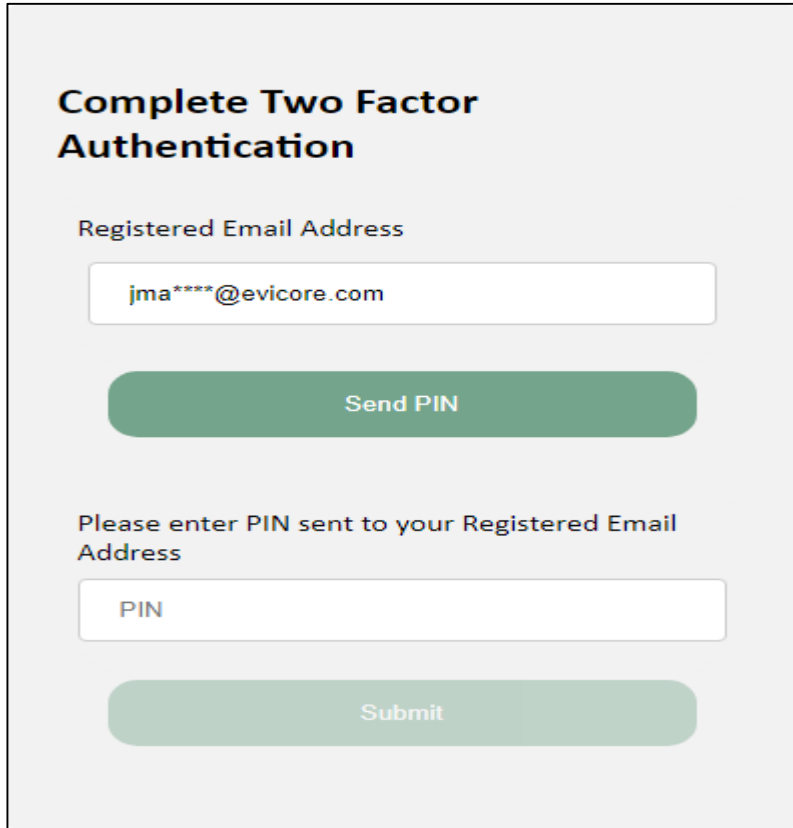
Empowering the Improvement of Care

EviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

Now that you have completed the one time registration for the portal, you are ready to log-in to your account, enter your User ID and Password.

Agree to the HIPAA Disclosure, and click “LOGIN”.

Two Factor Authentication



The screenshot shows a web form titled "Complete Two Factor Authentication". It contains two main sections. The first section is for sending a PIN, with a label "Registered Email Address", a text input field containing "jma****@evicore.com", a "Send PIN" button, and a label "Please enter PIN sent to your Registered Email Address". The second section is for entering the PIN, with a text input field containing "PIN" and a "Submit" button.

Complete Two Factor Authentication

Registered Email Address

jma****@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

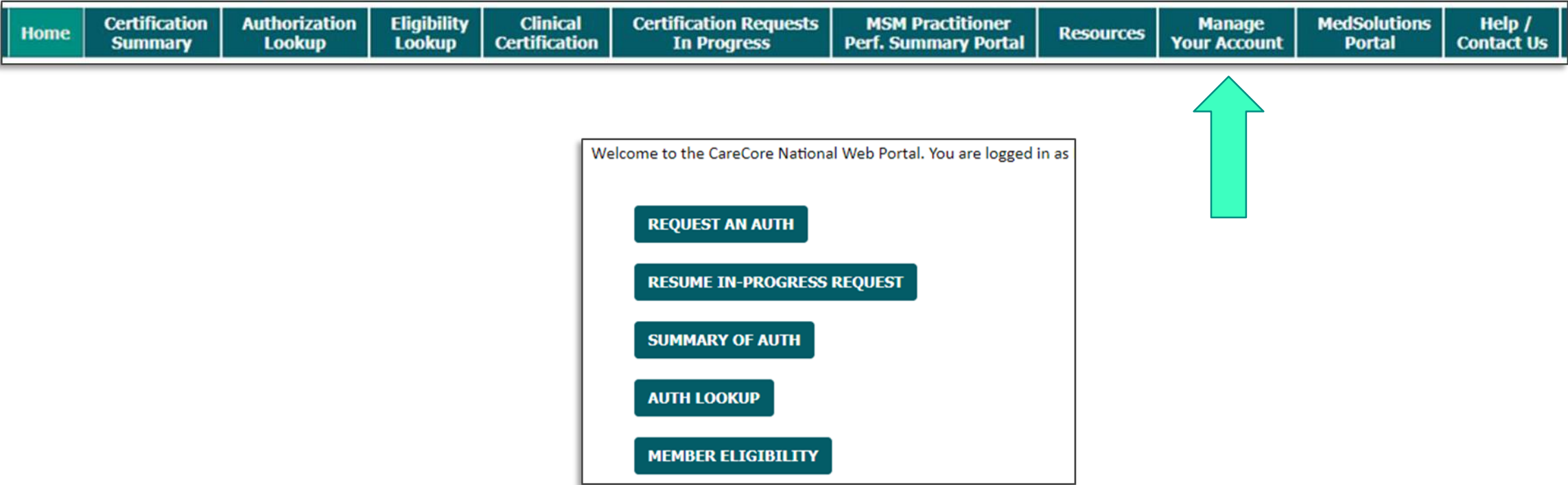
PIN

Submit

After entering your login/password, you will be prompted to “Send PIN”. The required PIN will be received into your registered email account. Enter the received PIN and submit.

Once logged into the web registration, there will be a five (5) hour window before the authentication process would expire.

Welcome Screen – Add providers to registration



Providers can be added to your account by clicking on the “Manage Your Account” tab.

Adding Providers

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

Manage Your Account

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Click the “Add Provider” button.

Adding Providers

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

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

Enter the Provider’s NPI, state, and zip code to search for the provider record.
Once entered, click “Find Matches.”
Multiple providers can be added to your account.

Adding Providers

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
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Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

ADD THIS PRACTITIONER

CANCEL

Selecting the matching record based upon your search criteria.

Adding Providers

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Add Practitioner

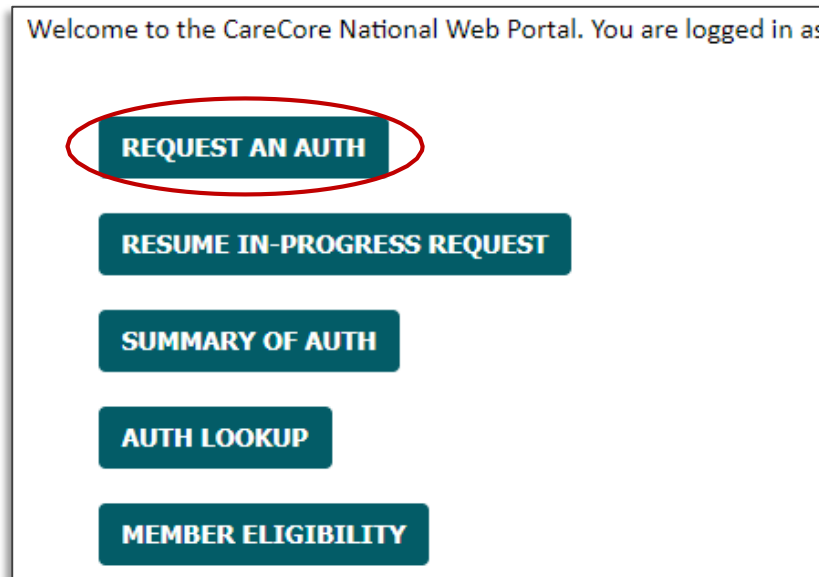
Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

Once you have selected a practitioner, your registration will be completed and ready for building a case. You can click on “Add Another Practitioner” to add another provider to your account or click “Continue.”

Initiating a Case



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

Select Medical Drug Management

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

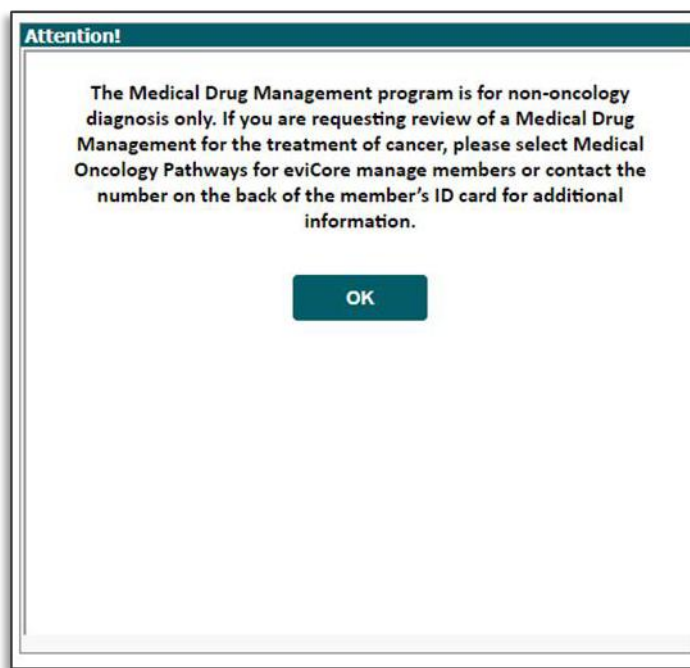
To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ 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](#)

For drugs covered under the patient's medical benefits, select "Medical Drug Management" from the program list.



A message will populate advising on the Medical Drug Management program being for non-oncology diagnosis only, directing the user to the Medical Oncology program if the patient is seeking treatment for cancer.

Select Provider

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 specialty drug treatment.

Select Health Plan and Provider Address

EviCore

By EVERNORTH

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

Thursday, July 25, 2025 10:00 AM

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Network Health

referring provider address

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 a

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[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)

Message from webpage

You are now being transferred to Express Scripts OnePA to complete your request.

OK

CANCEL

Select Network Health from the first drop down menu, and the referring provider address (from the previous screen) from the second drop down menu.

Case Create

The screenshot shows the 'OnePA (OPA-1009284)' case creation interface. The header includes the 'OnePA' logo, 'EXPRESS SCRIPTS' branding, and a 'Log Off' button. A top navigation bar contains the case ID and an 'Actions' dropdown. The form is organized into three main sections: 'Contact Information', 'Date Of Service', and 'Member Information'. The 'Contact Information' section includes fields for 'Medium of Interaction' (set to 'ePA'), 'First Name' (set to 'PSO'), 'Last Name' (set to 'ESI'), 'Caller Phone No', 'Caller' (set to 'Doctors Office'), and 'Comments' (containing the text 'This case is created with request from Evicore Portal'). It also features a 'Request Received' timestamp of '3/28/2024 3:13 PM' and 'Case Urgency' radio buttons for 'Urgent' and 'Not Urgent'. The 'Date Of Service' section has a 'Date of Service' field set to '3/28/2024'. The 'Member Information' section includes a 'Member Search By' dropdown menu (currently showing 'Member ID') and a 'Member ID' field, with a 'Search' button. A dropdown menu is open under 'Member Search By', showing options: 'Member ID', 'First + Last Name + DOB', and 'First + Last Name + ZipCode'. Asterisks (*) indicate required fields.

OnePA™ EXPRESS SCRIPTS

OnePA (OPA-1009284) Actions

Log Off

▼ 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*

Member ID Search

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.**

Case Create

▼ Member Information

Member Search By

Member ID ★

Member ID ▼

testtdngie

Search

Patient Information

✎

⌵

LastName

FirstName

Date Of Birth

Full address

02/01/

Medical Coverage

⌵

Member ID

Client ID

TESTTDNGIE

Group ID

Carrier Name

M

Start Date

End Date

01/01/2020

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.
- Select continue to proceed.

Case Create

OnePA™ EXPRESS SCRIPTS

OnePA (OPA-583382)

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

OK

Start Date 09/01/2012 End Date 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 Doctors Office

Request Received ★ Case Urgency ★

2/7/2023 3:43 PM ☐ Urgent ☐ Not Urgent

⚠ Value cannot be blank

Date Of Service

Date of Service ★

- 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

End Date

3/28/2024

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.

EviCore
By EVERNORTH

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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

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.

EviCore

By EVERNORTH

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Case Create

Prescriber Information

Search By

NPI

NPI

Last + First + State

Last + First + Zip

Phone #

NPI

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]	510-433-1105	51 [REDACTED]
☐	[REDACTED] 200U	[REDACTED] Y	NY	[REDACTED]		

Prescriber Information

NPI

10 [REDACTED]

First Name

Middle Name

Last Name

Suffix

S [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Specialty

Network Status

Add New Location

Add / Edit Prescriber Address

Address *

Address 1

Address 2

City

State...

Zipcode

Ext

Phone Number

Fax Number

Phone

Fax

Skip Address Validation

Validate Address

Prescriber Information

NPI

10 [REDACTED]

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 ▼ NPI Search

- NPI
- Facility Name
- Last + First + State
- Last + First + Zip
- Phone #

Create

- **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

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

Add New Location

	Address	City	State	Zip code	Phone#	Fax#
☐	4	N				
☐	F	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 ☐ **Validate Address**
Cancel **Submit**

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

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
[Redacted] [Redacted] [Redacted]

Specialty Network Status
PHARMACY: [Redacted]

Provider address

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

Phone Number Fax Number
(615) 353-3533 (615) 353-3533

[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.**

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	HCPCS ID	Drug Name	Modifier	Start Date	End Date
54754	37112620352	J3380	ENTYVIO 300 MG VIAL		12/08/2023	12/06/2024
54636	37112620352	J3380	ENTYVIO 300 MG VIAL		12/07/2022	12/06/2023
54635	37112620352	J3380	ENTYVIO 300 MG VIAL		12/06/2023	12/10/2026
54622	37112620352	J3380	ENTYVIO 300 MG VIAL		12/07/2023	12/05/2024
54578	37112620352	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 800-818-6747.

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

2/11/1957

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-MOW-10-NESA

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

Patient Name

St

Gender

F

Date Of Birth

11/1/1975

Age

47Y 3M

Patient address

1

C

Patient Phone

NUMBER NOT PROVIDED

Primary Diagnosis

R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)

Drug Name

BOTOX 200 UNIT VIAL

Urgency

NOT URGENT

Prescriber Name

()

Network Status

Provider Name

Phone

(111) 111-1111

Fax

(111) 111-1111

Network

Phone

(615) 352-2500

Fax

(615) 352-2500

Review Type

PROSPECTIVE

Carrier

LOB

Regulatory Status

State

Funding Type

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...bits.pdf

Documentation Date/Time ★
2/8/2023 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

Drug Name

ROTCY 300 UNIT VIAL

Review Type

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

Manage Your Account

Medications Portal

Help / Contact Us

Thursday, 11/14/2024 10:00 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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- Log off once done and takes user back to EviCore submission page.

Additional Portal Features

Access a case via the Authorization Lookup feature on the EviCore portal

EviCore
By EVERNORTH

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

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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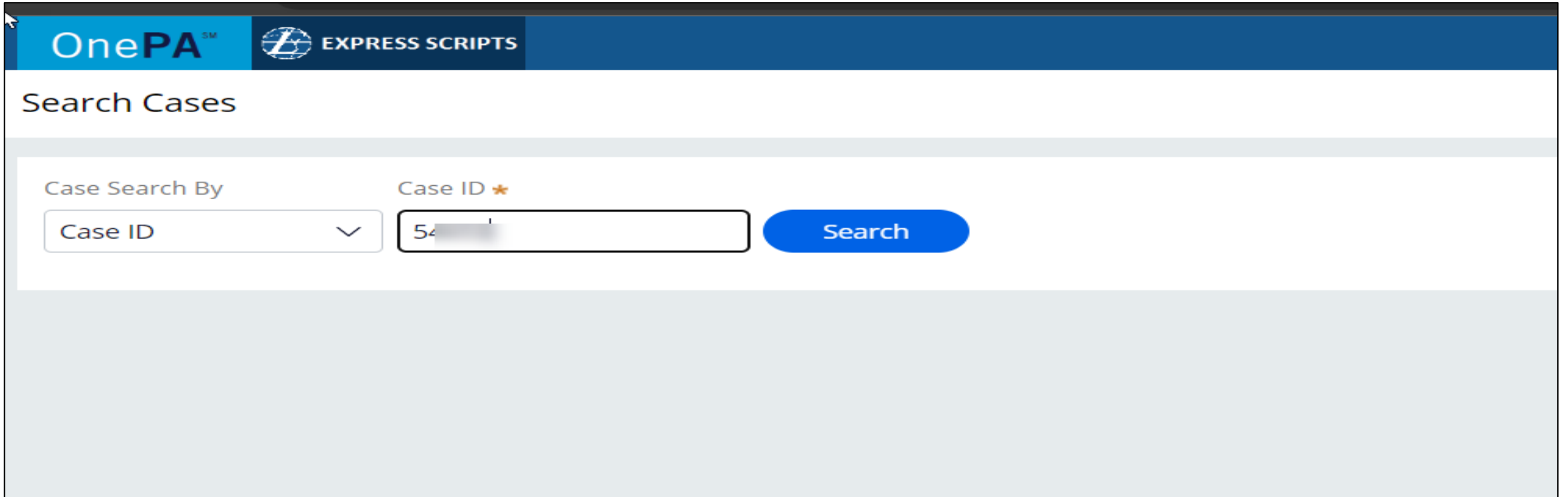
Message from webpage ✕

You are now being transferred to Express Scripts OnePA to complete your request.

OK **CANCEL**

- 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

Case look up



OnePASM EXPRESS SCRIPTS

Search Cases

Case Search By Case ID ★

Case ID Case ID

Search

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

Case look up

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

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

Case completion

OnePA[™]

 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	DR. L. M. (:)		LOB	COMMERCIAL Group I
Patient address		Phone	(111) 111-1111	Fax	Regulatory Status	State
Patient Phone	NUMBER NOT PROVIDED	Provider Name			Funding Type	
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Network Status	UNKNOWN			
		Phone	(610) 200-2500	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:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)



ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.

Thank You