

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 emailed into EviCore’s Portal Support team portal.support@eviCore.com.
 - The EviCore web team will triage the issue and guide the caller with technical support issues.
- 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

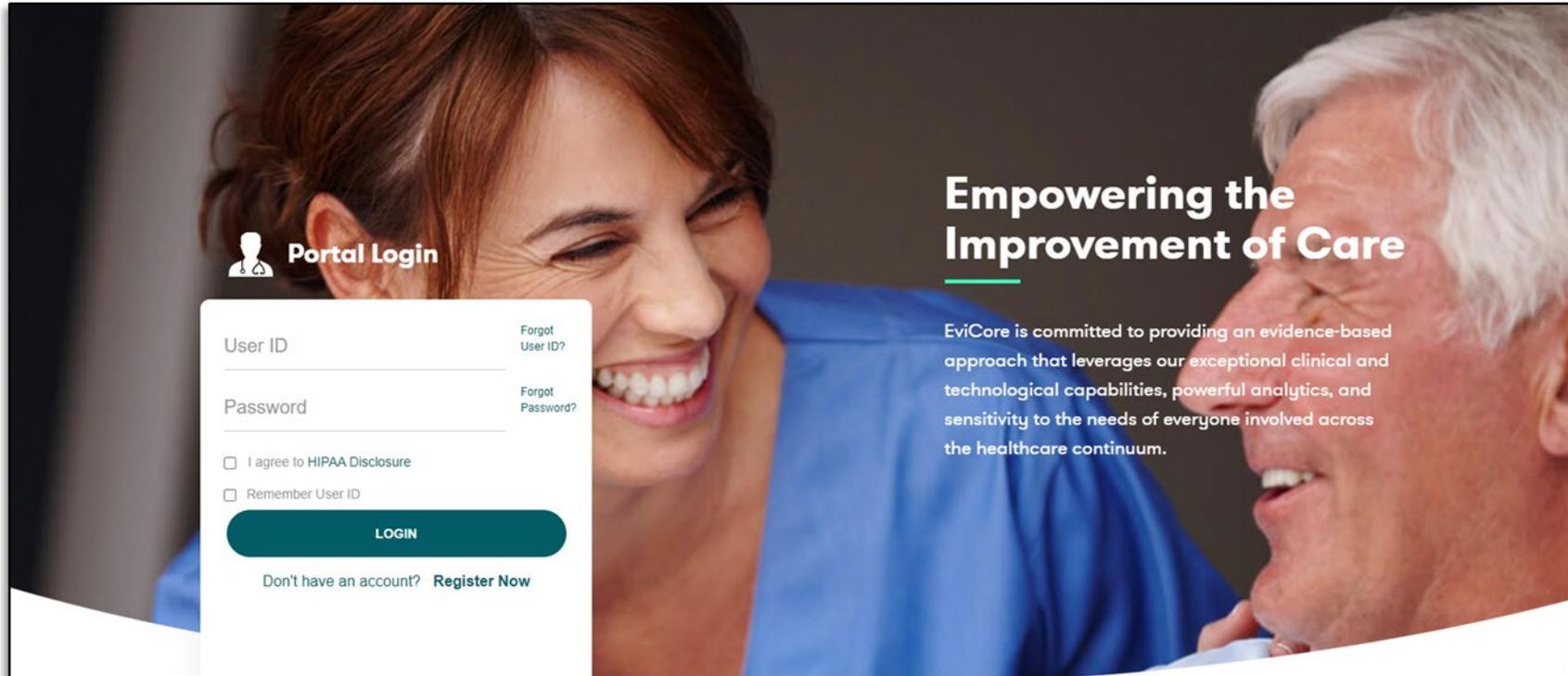
800-935-6103
(ESI Pharmacy)
Available: 24/7

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*:

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*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*:

Zip*:

Office Name:

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

User Registration Continued

The screenshot displays the EviCore user registration interface. At the top left, the EviCore logo is shown with the tagline "By EVERNORTH". Below the logo, a message states: "Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password." The main content area is divided into sections: "Web Portal Preference" and "User Registration".

Web Portal Preference: A dropdown menu for "Default Portal*" is set to "CareCore National". A note below reads: "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: A form with the following fields:

- UserName: testname
- Email: testname@healthservices.com
- Account Type: Physician
- First Name: test
- Last Name: name

On the right side of the form, contact information is displayed:

- Phone: 800-555-1212
- Ext:
- Fax: 800-555-2121
- Individual NPI: 1730396904

At the bottom of the form are "Back" and "Submit Registration" buttons.

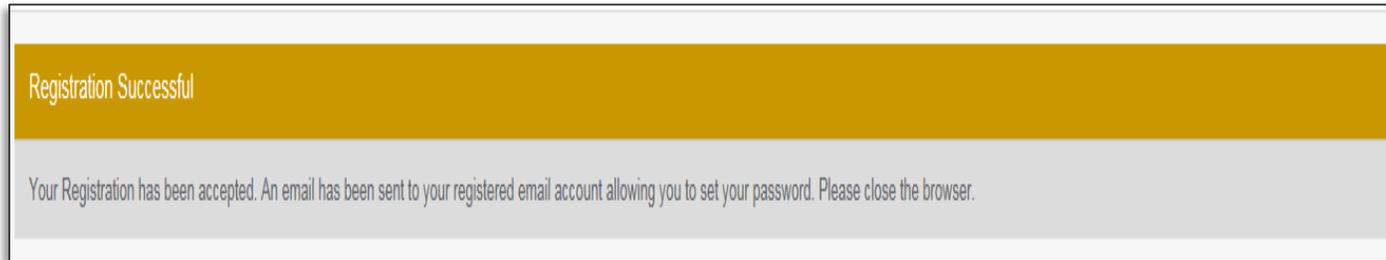
USER REGISTRATION Modal: A modal window titled "USER REGISTRATION" is open, showing a "User Access Agreement" marked as "* Required". The agreement text includes:

- Provider/Customer Access Agreement for Web-Based Applications
- A paragraph explaining that the agreement contains terms and conditions for use by Provider/Customers of web-based applications provided by eviCore.
- A paragraph stating that to obtain access, the user must first read and agree to this agreement, and that accepting it results in a binding contract.
- A paragraph stating that each time the user accesses eviCore's web-based applications, they agree to be bound by this agreement.
- A numbered list item: "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))."

At the bottom of the modal, there is a checked checkbox for "Accept Terms and Conditions *" and "Submit" and "Cancel" buttons.

Accept the Terms and Conditions, and click "Submit".

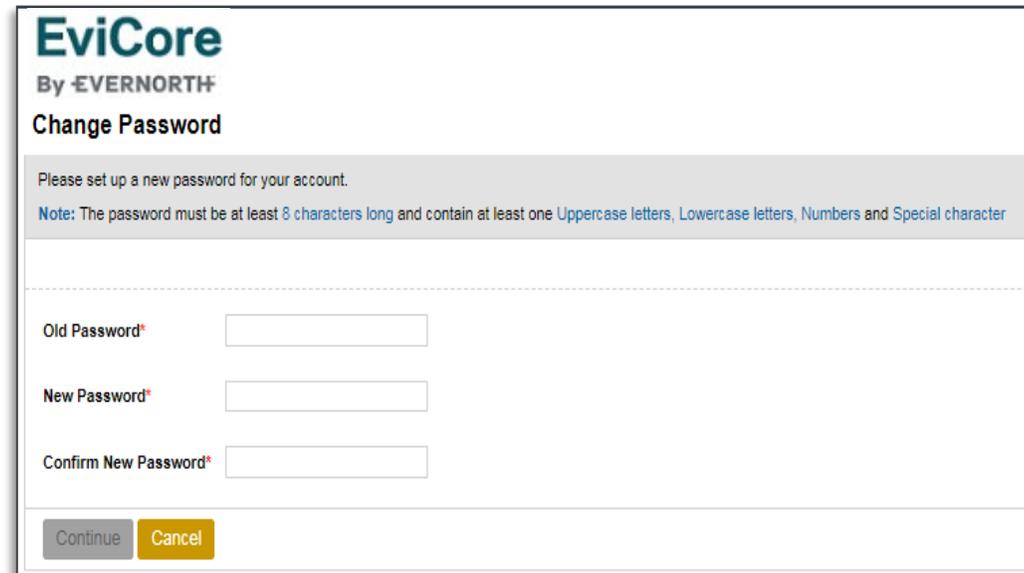
User Registration Continued



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., ! ? *)



EviCore
By ~~EVERNORTH~~

Change Password

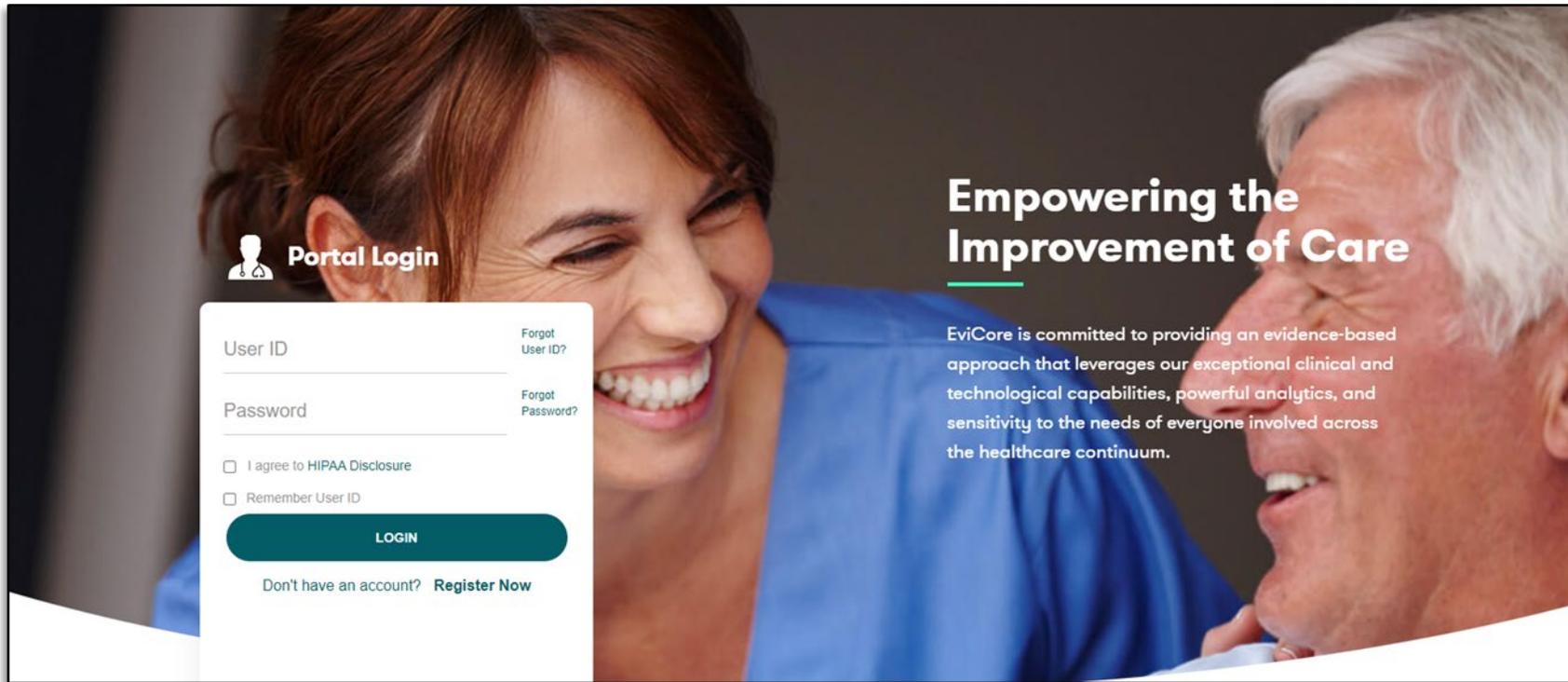
Please set up a new password for your account.
Note: The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

Old Password*

New Password*

Confirm New Password*

Account Log-In



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

Complete Two Factor Authentication

Registered Email Address

Send PIN

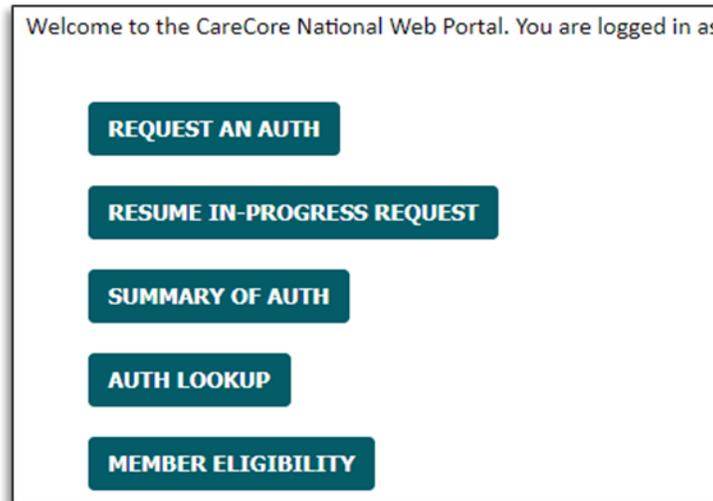
Please enter PIN sent to your Registered Email Address

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

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
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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

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 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

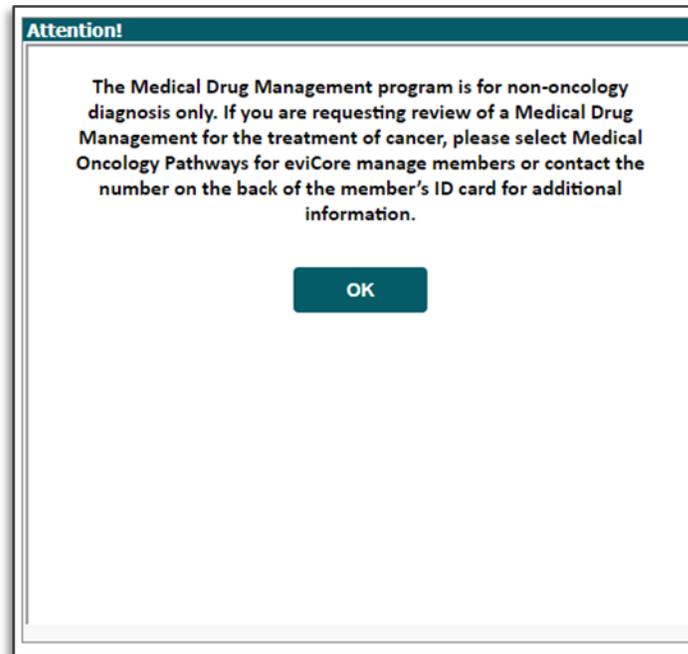
To begin, please select a program below:

- 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

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 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, May 30, 2024 2:24 PM

Choose Your Insurer

Requesting Provider: BLAKE, MATTHEW, NPI 1730396904

Please select the insurer for this authorization request.

Health plan name
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

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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

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 *

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		Medical Coverage	
LastName	FirstName	Member ID	Client ID
[Redacted]	[Redacted]	TESTTDNGIE	[Redacted]
Date Of Birth	Full address	Group ID	Carrier Name
02/01/[Redacted]	[Redacted]	M [Redacted]	[Redacted]
		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: Primary | Search By: Code | Diagnosis Code: [] | Search

Code Type dropdown: Primary, Secondary
Search By dropdown: Code, Description

Code Type: Primary | Search By: Code | Diagnosis Code: r60 | Search

Primary Diagnosis Codes

Code	Description
<input type="radio"/> R60	Edema, not elsewhere classified
<input type="radio"/> R60.0	Localized edema
<input type="radio"/> R60.1	Generalized edema
<input type="radio"/> R60.9	Edema, unspecified

Add

Code Type: Primary | Search By: Description | Diagnosis description: edema | Search

Primary Diagnosis Codes

Code	Description
<input type="radio"/> J81.0	Acute pulmonary edema
<input type="radio"/> T78.3	Angioneurotic edema
<input type="radio"/> T78.3XXA	Angioneurotic edema, initial encounter
<input type="radio"/> T78.3XXS	Angioneurotic edema, sequela
<input type="radio"/> 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 One Drug Per GCN Drug is Compound Ingredient

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)

- Drug information can be searched by HCPC, NDC or Drug name.
- Select continue to proceed.

Case Create

OnePA EXPRESS SCRIPTS

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

Actions

OnePA (OPA-583382)

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: ePA

First Name *: Provider

Last Name *: Demo

Caller Phone No: [Empty]

Caller: Doctors Office

Request Received *: 2/7/2023 3:43 PM

Case Urgency *: Urgent Not Urgent

Value cannot be blank

Date Of Service

Date of Service *: [Empty]

- 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

Height
UOM: Feet Inches

Patient BMI Information

Patient Age: 27 years

Start Date: End Date:

Duration in Days:

Dosage: Dosage UOM:

Frequency: Frequency UOM:

Administrations:

NDC Quantity (in Units):

HCPCS Quantity (in Units):

Route Description:

HCPCS Modifier:

Direction:

Remaining: 400 characters

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 Infleximab)	

[+ Add Additional Doses/Durations](#)

- **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: [Dropdown], 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

NPI
Last + First + State
Last + First + Zip
Phone #

Provider Information

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

Search By NPI

NPI

- **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#
<input type="radio"/>	40 [REDACTED]	A [REDACTED]	[REDACTED]	[REDACTED]	510-433-1105 ▾	51 [REDACTED] ▾
<input type="radio"/>	[REDACTED] 200U	[REDACTED] Y	NY	[REDACTED]		

Prescriber Information

NPI
10 [REDACTED]

First Name Middle Name Last Name Suffix
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Socialby 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 NPI

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

- **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' interface. 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 this is the 'Add New Location' section, which contains a table with columns for 'Address', 'City', 'State', 'Zip code', 'Phone#', and 'Fax#'. Two rows of location data are visible. A 'Provider Information' modal is open, showing fields for NPI, Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status. A second, smaller 'Add / Edit Provider Address' modal is overlaid on the right, containing fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number, along with a 'Validate Address' button and a 'Skip Address Validation' toggle.

- **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 *** **Physician Requestor *** Prescriber Provider

Provider Information

NPI
152827

Facility Name
IC

First Name Last Name Suffix
— — —

Specialty Network Status
PHARMACY: —

Provider address

Address	City Desc	State Desc	ZipCode

Phone Number Fax Number
(615) 250-2500 (615) 250-2500

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.**

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 Medicare Case ID (94017) | Primary | Actions

Case Information

Member ID	TESTDNGIE	Drug Name	REMICADE 100 MG VIAL	Review Type	PROSPECTIVE
Patient Name	[REDACTED] Gender F	Urgency	NOT URGENT	Carrier	[REDACTED] (HALL MOBILE WEB)
Date Of Birth	[REDACTED] Age 27Y 1M	Prescriber/Provider Name	[REDACTED]	LOB	[REDACTED] Group [REDACTED]
Patient address	[REDACTED]	Network Status	IN	Regulatory Status	State [REDACTED]
Patient Phone	[REDACTED]	Phone	(804) 341-5800 Fax [REDACTED]	Funding Type	[REDACTED]
Primary Diagnosis	J81.0 (ACUTE PULMONARY EDEMA)				

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.

Case Processing

The screenshot displays the OnePA Express Scripts interface. At the top, there is a blue navigation bar with the OnePA logo, the text 'EXPRESS SCRIPTS', and a 'Log Off' button. Below the navigation bar, the page title reads 'Medical - Make Determination Case ID (58964) | Primary | 15 days, 12:33:58'. A section titled 'Case Information' is expanded, showing a grid of patient and provider details. A green notification banner states: '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.' Below the notification is a progress bar with four steps: 'Coverage Criteria' (checked), 'Decision' (active), 'Authorization', and 'Finalize'. An 'Add Documents' button is located at the bottom left of the interface.

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

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

Case Processing

Drug Name: ROTOX 200 UNIT VIAI

Review Type: PRO
EMI
COM

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

Drug Name: ROTOX 200 UNIT VIAI

Review Type: PRO
EMI
COM

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

Add Document [Close]

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 Typ	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 NPI Practitioner Perf. Summary Portal Resources Manage Your Account Medications Portal Help / Contact Us

Thursday, 08/01/2024 10:00 AM

Welcome to the CareCore National Web Portal. You are logged in as L[redacted]

[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

Message from webpage

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

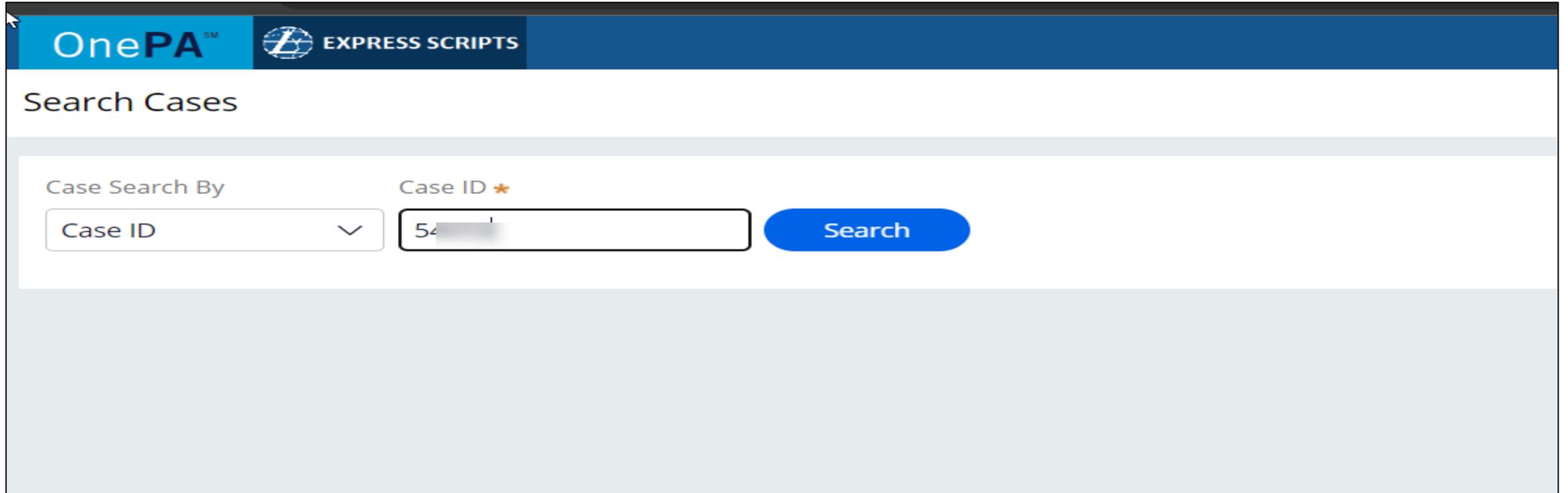
PRINT

[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

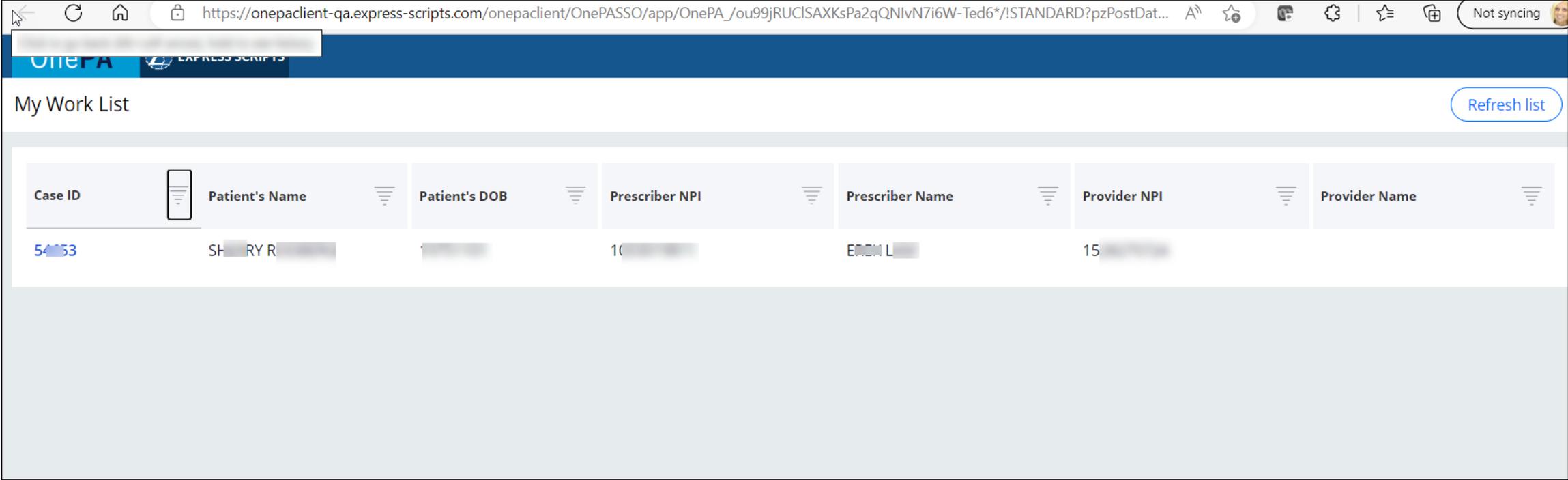
Case look up



The screenshot shows the OnePA Express Scripts search interface. At the top, there is a blue header with the OnePA logo and the Express Scripts logo. Below the header, the text "Search Cases" is displayed. The search area contains a dropdown menu labeled "Case Search By" with "Case ID" selected, a text input field labeled "Case ID" containing the number "54", and a blue "Search" button.

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

Case look up



- **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 [redacted]) | Primary | Actions

Case Information

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

Complete Criteria

Please answer the below criteria to finalize case.

[redacted]: Is the medication being requested Botox COSMETIC?

Yes

No

Comments

Save Answers Submit

- User provided page to complete criteria.

Web Portal Services

We're here to help

Tech/Web Support

Live chat is available M-F 7AM-7PM EST

START LIVE CHAT

Email: portal.support@evicore.com

**Phone: [800-646-0418](tel:800-646-0418)
option 2**

- **Email: portal.support@evicore.com**
- **Call a Web Support Specialist at (800)646-0418 (Option 2)**
- **Connect with us via Live Chat on the [EviCore Provider Resource Page at Provider's Hub | EviCore by Evernorth](#)**

CHAT WITH US

Thank You