



Electronic Prior Authorization (ePA) - the fast track for prior authorization

What is ePA?

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



Prescriber requests PA question set via their electronic health record (EHR) or online ePA portal



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



PBM automatically assesses clinical information and communicates decision via their EHR or online ePA portal

Why should I use ePA?



Near real-time* decisions allowing patients to start therapy sooner



Specific clinical questions provided electronically, reducing unnecessary faxes and phone calls



Easily accessible through a web-based portal or your electronic health record (EHR)

How does the ePA process work?

The prescriber requests a PA question set using their preferred online portal (CoverMyMeds® or Surescripts®) or EHR. After completing the PA question set, the prescriber submits it via the online PA portal or EHR. CVS Caremark® automatically assesses clinical information and communicates a decision via EHR or online ePA portal.

Why should I use ePA when I can just call the plan and obtain a determination?

ePA is five times faster than fax or phone** and, in some cases, gives you automated decisions in less than six seconds. Multiple ePAs can be processed in the same amount of time that it takes to complete a single case via phone so prescribers can spend more time on patient care.

What types of requests does ePA support?

The ePA solution supports PA, quantity limit and formulary exception requests. Tier exceptions are not ePA compatible.

What general functionalities does ePA support?

The ePA channel is fully functional (chart notes, attachments, supporting statements and an urgency indicator for life-threatening situations).

Why do I receive some question sets immediately, and other times it takes longer?

The ePA solution has various checkpoints as it attempts to return question sets for completion to identify and validate the plan member, insurance plan, medication, and more. A medication can have different question sets depending on its formulation, strength, and route of administration, or it could be covered under a Medicaid or Medicare Part D plan. This sometimes requires secondary review to ensure the correct question set is returned for that member.

How can I start using ePA?

Visit [Caremark.com/epa](https://www.caremark.com/epa) for additional information and to get started in a few easy steps.

*May not result in near real-time decisions for all prior authorization types and reasons.

**Internal analysis of more than 300K cases from CVS Caremark PA data, 4Q 2018.

©2019 CVS Health and/or one of its affiliates.

106-49528A 073019