

Mount Sinai Health System

Epic Tip Sheet



Electronic Prior Authorization (ePA)

Users Impacted: Ambulatory Providers

Introduction

Electronic prior authorization (ePA) reduces the amount of time patients wait for prescriptions. It also streamlines and reduces correspondence between healthcare providers and Pharmacy Benefit Managers (PBM) or payers.

Patient Formulary Data Summary

The formulary data currently available in Epic is plan specific and designed to support a multitude of patient needs. Thus, a greater number of medications are flagged as possibly requiring prior authorization than you may be used to seeing using your current processes. Electronic Prior Authorization data is patient specific, so there are fewer medications flagged as potentially requiring prior authorization.

How to use Electronic Prior Authorization

First, you must ensure the correct formulary is used to determine if an ePA may be needed for a specific patient/medication/health plan combination. The following process is used when an order is created or when processing a refill request from a pharmacy:

1. Verify Rx benefits – **This can be done while rooming the patient or during check-in, depending on your clinic's workflow. A coverage needs to be selected for electronic prior authorization to work.**

Verify Pharmacy Benefits

Selected coverage: Usumacintacoatzacoalcosniltepecvera, Juancarlosguadalupepaploapan Franciscolisandroculiacan, Junior - HEREISALONGPLAN-NAMEAT-35-CHARSLONG (PHARMA LITE SERVICES (PLS) PBM) Total coverages: 1

Usumacintacoatzacoalcosniltepecvera, Juancarlosguadalupepaploapan Franciscolisandroculiacan, Junior - HEREISALONGPLAN-NAMEAT-35-CHARSLONG (PHARMA LITE SERVICES (PLS) PBM)		Demographics on File	
Covered: Retail, Mail Order, Specialty, Long-Term Care		Usumacintacoatzacoalcosniltepecvera, Juancarlosguadalupepaploapan Franciscolisandroculiacan Jr. 6/21/2004 - Male 27732 West Alameda Potholeladen Street Apt 425-B RANCHO CUCAMONGA, CA 91701-1515	
Member ID:	HEREISACARDHOLDERIDTESTINGMAXLENGTH	6/21/2004 - U	
Group ID:	THISGROUPIDISATHEMAXIMULENGTHOF35	27732 West Alameda Potholeladen Street APT 425B	
Group Name:	HEREISAREALLYLONGANDOVERDONGROUPNAMETOTESTLONG,BUTNOTMAX,SUPPORT	Rancho Cucamonga, CA 917011515	



Mount Sinai Health System

Epic Tip Sheet



Ordering a medication

- When searching for a medication, you will see the patient's prescription benefits information listed.
 - Preferred** medications have a green check mark next to them and are on the patient's formulary. Note: these medications are usually generic.
 - Non-Formulary** medications have a red "X" next to them and also say "**Prior Auth,**" meaning a prior authorization may be required.

Name	Dose	Frequency	Copay	Coverage	Formulary	Drug Type
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE			Specialty: 20 %, T4/5	Prior Auth, Quantity LI...	Not on Formulary	Brand Rx

- After accepting the medication, on the bottom right of your screen, click on the hyperlink to open the order and make necessary changes.
- Fill in the quantity and number of refills to satisfy the requirements.

APOKYN 10MG/ML INJECTOR PEN 3ML PANEL (Outpatient) Accept

APOKYN 10 mg/mL cartridge Accept Cancel

Pharmacy: **Not on Formulary**
Coverage: Copay: Specialty pharmacy: 20 %, Tier 4 (of 5)
Coverage: Prior Authorization, Quantity Limit: 90 Quantity per 30 Day
 Send prior authorization request to payer: Pharma Lite Services ()
⚠ This medication may already be authorized for this patient. Prior Authorization Details
Ⓞ Prior authorization needed. The request for authorization will be sent electronically when the order is signed. Payer: Pharma Lite Services (PLS) PBM

Product: **APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE**
Sig Method: **Specify Dose, Route, Frequency** Taper/Ramp Combination Dosage

Dose: 10 mg
Prescribed Dose: 10 mg
Prescribed Amount: 1 mL

Route: subcutaneo

Frequency: 5 TIMES DAILY

Duration: Doses Days
Starting: 10/5/2022 Ending: First Fill:

Dispense: 95 mL Refill: 2
 Do not send renewal requests to me
 Dispense As Written

Mark long-term: APOMORPHINE HCL

Patient Sig: **Inject 1 mL subcutaneously 5 times a day.**
[Add additional information to the patient sig](#)

Reference Links: 1. Lexi-Comp Peds 2. Lexi-Comp
Class: E-Prescribit E-Prescribing Normal No Print Historical Med

Next Required Accept



Mount Sinai Health System

Epic Tip Sheet



4. Make sure that the PBM or payer listed in the order matches what was selected earlier in the process.
 - a. If the correct PBM or payer is not shown, click the **magnifying glass** and search for the correct PBM or payer. **It is generally recommended that the PBM or payer should not normally be changed unless absolutely necessary.**
 - b. If the box is blank, it means the PBM or payer does not participate in ePA. If a prior authorization is needed, the pharmacy will alert you via its usual means. **You may be able to use Epic's retrospective ePA process by clicking the "Request PA" button on the Medication Management section in the Plan tab.**

✓ APOKYN 10 mg/mL cartridge ✓ Accept ✗ Cancel

Pharmacy **Not on Formulary**

Coverage: Copay: Specialty pharmacy: 20 %, Tier 4 (of 5)
Coverage: Prior Authorization, Quantity Limit: 90 Quantity per 30 Day

Send prior authorization request to payer: Pharma Lite Services (🔍)

⚠ This medication may already be authorized for this patient. [Prior Authorization Details](#)

ⓘ Prior authorization needed. The request for authorization will be sent electronically when the order is signed. Payer: Pharma Lite Services (PLS) PBM

5. Click **“Accept.”**
6. Prior authorization is needed and will be sent when you “sign” the orders.
7. Associate the medication with the diagnosis. **Associating a diagnosis code with the medication will accelerate the electronic prior authorization process and allow the PBM or payer to make a more efficient decision.**

Mount Sinai Health System

Epic Tip Sheet



- Click “**Sign Orders,**” as doing so will send the prior authorization to the identified PBM or payer first. After orders have been signed, ****medications that require prior authorization will not be sent to the pharmacy****. This status information will also be presented to the patient on the After Visit Summary and should be reviewed with the patient prior to leaving the clinic.

Dx Association Edit Multiple Estimate Options

After Visit
APOKYN 10MG/ML INJECTOR PEN 3ML PANEL (Outpatient)
APOKYN 10 mg/mL cartridge
Inject 1 mL subcutaneously 5 times a day, Disp-95 mL, R-2,
DAW, E-Prescribing

Prior authorization needed. The request for authorization will be sent electronically when the order is signed. Payer: Pharma Lite Services (PLS) PBM

MaximallyPopulary-HappyAndRapidDispensing Eureka/McKinleyville
Samoa - Eureka McKinleyville Samoa St City, CA - 228817 Anderson-Williams Parkway South AT Anderson-Williams Pkwy at Pierson
707-443-6659 x66452149

- You can see the order in multiple places in the patient’s chart. This view will provide many of the quick links associated with Electronic Prior Authorization:
 - Plan / Medication Management

Medication Management + Comments

+ Patient-Reported

Medications from outside sources
External medications need attention. Go Reconcile

Name	Dose, Route, Frequency	Adh
APOKYN 10 mg/mL cartridge	10 mg, subcutaneous, 5 TIMES DAILY	✓

Outpatient and Clinic-Administered Medications

APOKYN 10 mg/mL cartridge 10 mg, subcutaneous, 5 TIMES DAILY
Summary: Inject 1 mL subcutaneously 5 times a day., Disp-95 mL, R-2, DAW, E-Prescribing
Dose, Frequency: 10 mg, 5 TIMES DAILY Start: 10/5/2022 Ord/Sold: 10/5/2022 (O)
Pharmacy: MaximallyPopulary-HappyAndRapidDispensing Eureka/McKinleyville Samoa - Eureka McKinleyville Samoa St City, CA - 228817 Anderson-Williams Parkway South AT Anderson-Williams Pkwy at Pierson
Dispense as written
Patient Sig: Inject 1 mL subcutaneously 5 times a day.
Ordered on: 10/5/2022
Authorized by: FISHER, MICHAEL TST
Dispense: 95 mL
Refills: 2 ordered
Prior Authorization **Pending**
Release Rx Enter Details Cancel Change Payer



Mount Sinai Health System

Epic Tip Sheet



The patient will see the following on their After Visit Summary:

Before ePA:

Instructions from MD



Today's medication changes

➔ START taking:

Apomorphine (APOKYN)

Accurate as of September 22, 2022 11:59 PM.
Review your updated medication list below.



These medications are not ready yet

We are checking if your insurance will help pay for these medications. We will let you know when they are ready. If you don't hear back within 3 business days, please contact us.
Apomorphine

After ePA or if no ePA is required

Instructions from MD



Today's medication changes

➔ START taking:

Apomorphine (APOKYN)

Accurate as of September 22, 2022 11:59 PM.
Review your updated medication list below.



Pick up these medications at MaximallyPopular-HappyAndRapidDispensing Eureka/McKinleyville Samoa - Eureka McKinleyville Samoa St City, CA - 228817 Anderson-Williams Parkway South AT Anderson-Williams Pkwy at Pierson

Apomorphine

Address: 228817 Anderson-Williams Parkway South At The North Side of The Pierson Park, Eureka McKinleyville Samoa St City CA 95519-2665
Phone: 707-443-6659 x66452149

The patient can also see the prior authorization status in MyChart:

Enbrel 50 mg/mL (1 mL) syrin

Generic name: Etanercept

[Learn more](#)

Inject 1 mL subcutaneously once



Not yet sent to pharmacy



This prescription has not been sent to the pharmacy yet because we are checking if your insurance will help you pay for it. If you do not hear back within 3 business days, please contact your health care provider.

Mount Sinai Health System

Epic Tip Sheet



Surescripts processes medication prior authorizations as they are received and will generally respond within a few seconds with the appropriate next steps for a specific request. These responses will be directed to the provider's designated in-box (or clinical pool in-box if available) and will appear in a folder named "Prior Authorization."

Messages in the "Prior Authorization" folder should be completed as soon as possible, as they expire after a specific amount of time. Expiration dates for medication prior authorizations vary depending on the PBM or payer and medication.