

Electronic Prior Authorization - Inpatient



Audience: Clinical Staff, Physicians

Electronic Prior Authorization (ePA) provides real-time information exchange between providers, Pharmacy Benefit Managers (PBMs), payers and pharmacies. This exchange minimizes the use of web portals, phone calls and faxes to process prior authorizations and reduces the amount of time patients must wait for prescriptions. Manual intervention is still required to obtain prior authorization for non-participating PBMs/payers.

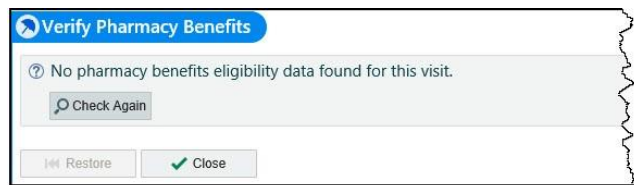
Verify Rx Benefits – Use Click, Check, Close

Click:

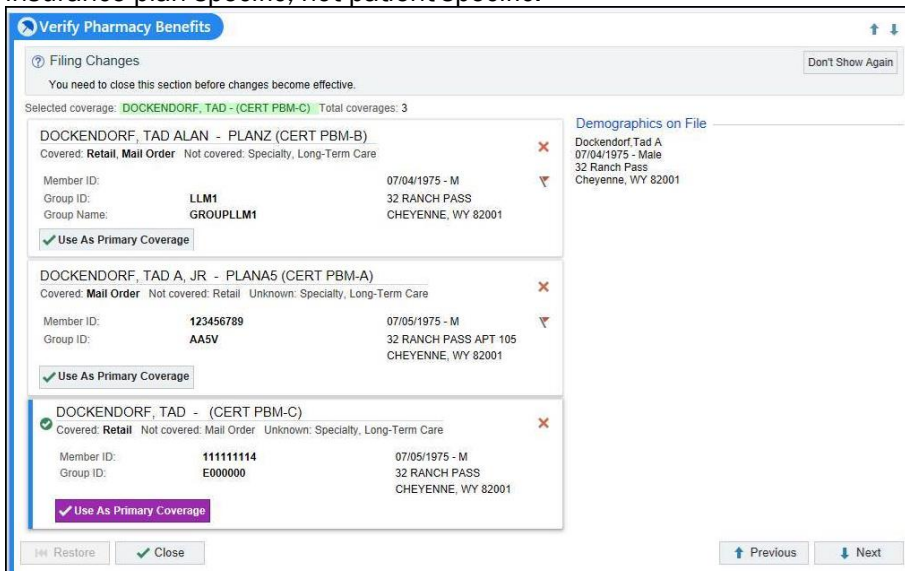
1. Click the **Verify Rx Benefits** tab in the **Discharge** navigator.

Check:

1. Check to ensure that a pharmacy benefit has been selected. If one hasn't been selected, choose one.
 - a. If the patient has more than one prescription benefit listed, clarify with the patient which benefit they prefer to use.
 - b. If no prescription benefits display, click the **Check Again** button to confirm, or select **Close**, if patient is self-pay.



2. Click **Use As Primary Coverage** for the patient's chosen PBM/payer. Remember, pharmacy benefits are insurance plan specific, not patient specific.



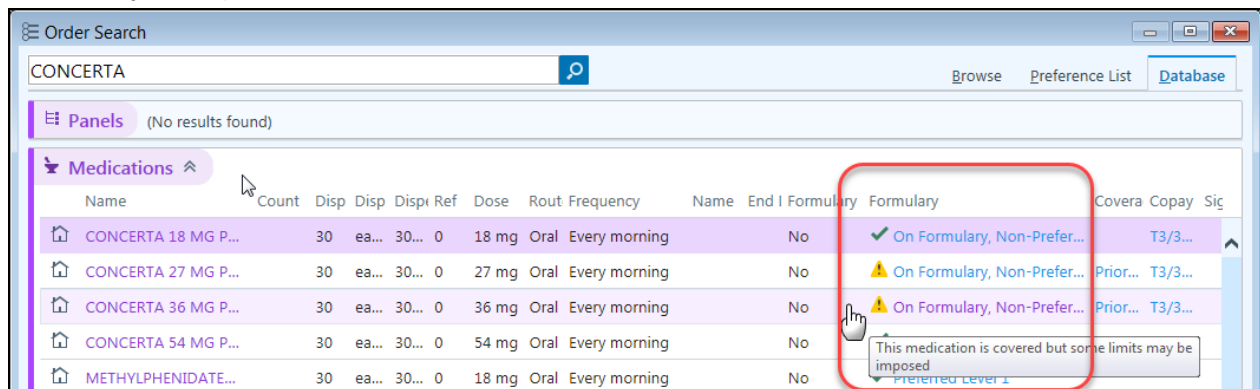
Close:

1. **This is a very important step!** Click **Close** to capture the insurance and Rx benefits. If you don't click **Close**, the correct formulary won't display during the patient encounter or refill order process.

Electronic Prior Authorization - Inpatient

Order a Medication

1. Enter the medication you want to e-prescribe then select the **Database** tab. In the **Formulary** column, you'll see the patient's prescription benefits information listed.
 - a. **Preferred** medications are flagged with a **green ✓**, indicating it's on the patient's formulary.
 - b. **Non-Preferred** medications are flagged with a **yellow △**.
 - c. **Not Reimbursed** medications are flagged with a **red X** and **Prior Auth**, indicating prior authorization may be required.



2. Select the order and adjust the order details, as needed.
3. If you want the brand name medication instead of its generic equivalent, check the **Dispense As Written** checkbox.

Note: If you don't check this box, Epic automatically defaults the order to the generic equivalent. There are instances where a brand name drug requires an ePA, but its generic equivalent doesn't.

4. Ensure that the PBM/payer is correct.
 - a. If the correct PBM/payer isn't shown, click the **Selection Tool** to search and select the correct PBM/payer. **Important Note:** Don't change the PBM/payer unless necessary.
 - b. If the box is blank, the PBM/payer doesn't participate in ePA. If a prior authorization is needed, the pharmacy will alert through fax/phone.



5. Click **Accept**.
6. Click **Sign Orders** to send the prior authorization to the identified PBM/payer.

Note: After orders are signed, medications that require prior authorization won't be sent to the pharmacy.