Prior Authorization on the CoverMyMeds Screen

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WHY IT IS ON THIS SCREEN

You find out a prior authorization is needed at the same moment you find out the price.

The benefit check asks the patient's plan what this prescription costs. The plan's answer is also where it tells us whether it will require a prior authorization. That is why the prior authorization section sits on the CoverMyMeds screen rather than somewhere else: there is nothing to act on until the plan has answered.

What the section tells you

The ELECTRONIC PRIOR AUTHORIZATION (ePA) block is at the top left of the screen. It will say one of four things.

Prior authorization required

The plan will not cover this medication until it is approved. This is the case where you have something to do, and it is covered in the next section.

Approval already on file

The plan has an authorization on record for this patient and medication. Nothing is needed from you. Send the prescription as written.

No prior authorization needed

The plan covers this medication without one.

Authorization status not provided

The plan answered the benefit check but did not say anything about authorization either way. No request will be sent, because there is nothing to act on. If the pharmacy later tells you an authorization is needed, handle it the way you did before.

[SCREENSHOT: ePA block showing prior authorization required, with the assignee and urgent controls visible]

When the plan requires an authorization, the screen tells you who the request will go to.

When an authorization is required

You do not fill out the authorization here. The screen collects two pieces of information and the request is built for you when you send the prescription.

Assigned to

Who will work the request

A user or a group in your practice. It is filled in already with your practice's default, and you can change it for this one prescription without changing the default. Start typing to narrow the list.

Urgent

How the plan should treat it

Marks the request as expedited. Use it when a delay would put the patient at risk. Plans treat expedited requests differently from routine ones, so it is worth reserving for cases that warrant it.

[SCREENSHOT: the assignee list open, showing it is searchable]

The assignee list includes individual users and groups, so a whole team can share the queue.

What happens after you send

The prescription goes to the pharmacy and the authorization request is started separately. You do not wait for one to finish the other.

The request appears for the person or group you assigned it to, under **My Tasks**, in the **CoverMyMeds Prescription ePA** list. From there they answer the plan's questions and track it to a decision. That part of the process has not changed, and it is covered in CoverMyMeds ePA Request Filtering.

[SCREENSHOT: My Tasks, CoverMyMeds Prescription ePA, with the new request in the list]

The request lands in the assignee's task list, where the rest of the work is done.

If your practice has set this up differently

Two practice settings change what you see here.

Your practice can turn off automatic sending, so that a prescriber decides prescription by prescription rather than having every authorization request go out. Your practice can also set a minimum prescription cost, so that authorizations are not started on inexpensive medications where the effort outweighs the saving. A prescriber can override that minimum when a particular prescription warrants it.

Both are described in CoverMyMeds Settings for Customized Workflows. Who the request goes to by default, and who can see the task list at all, are covered in CoverMyMeds ePA Getting Started.

> **Nothing here holds up the prescription.** Whatever the authorization section says, you can send the prescription. The authorization is tracked alongside it, not in front of it.