



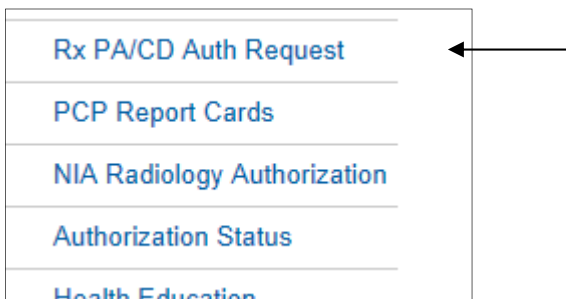
Pharmacy Prescription Drug Prior Authorization/Coverage Determination Provider Web Portal Submission User Guide

What you should know before you start:

1. For those prescribing providers that currently submit UM E-Authorizations online, that process will not change, AND they can now also submit select Rx HCPCS via the new Rx Prescription Drug E-Authorizations (RxPA/CD) online request form (refer to Appendix A in this guide). All other online submissions for UM HCPCS remain the same.
2. One username and password per Physician.
3. 1 NDC per submission (multiple NDC requests will require multiple submissions).
4. Fields with a red asterisk (*) are required.
5. If system is on XP, it is recommended Google Chrome or Firefox be used as your internet browser.
 - a. *Google's Chrome is preferred for this form's submission, Chrome is a universal compatible browser type across operating systems.*

Guidelines to successfully completing an online Rx Prescription Drug Prior Authorization Request (RX PA/CD):

- Navigate to www.iehp.org click Provider login, enter your **Login ID** and **Password** and click Submit
 - Click on Rx PA/CD Auth Request in the left navigation pane to bring you to the Prescription Drug Prior Authorization Request Form



- Enter Member IEHP I.D # * (12-digits) in the member search field and click **Search Member**
 - Verify **Other Member Information** to ensure accuracy. If incorrect Member generated, click **Reset Form** and repeat steps above.

Instructions: Please fill out all applicable sections on both pages completely. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Member Search

*Enter Member IEHP I.D.



- **Other Member Information**

- Confirm pre-populated member's demographic information
- If applicable - Enter the member's allergies, 1 **Allergy** at a time to the **Allergies** field and click **Add Allergy**. You can add multiple allergies by repeating this process.

- Enter Member's **Height** and click **in/cm** to determine proper metric
- Enter Member's **Weight** and click **lbs/kg** to determine proper metric
 - Height and Weight are not required fields, however should be completed when applicable (i.e. nutritional or weight loss request).
- Enter Member's **Email** address
- Enter **Patient's Authorized Representative** – applies to Medicare Members only
- Enter **Authorized Rep Phone Number** – applies to Medicare Members only

- **Member's Insurance Information**

- **Is IEHP the Primary Insurance for Member? ***
 - If Yes, proceed to Prescriber Information
 - If No, enter Primary Insurance Information and Insurance ID number

- **Verify Prescriber Information** (auto-populates when user logs in)

- Enter Doctor DEA #
- Enter Email address



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- Enter Requestor*
- Enter Office Contact Person*
- **Medication/Medical and Dispensing Information**
 - Select Medication Type: NDC*
 - Only one NDC/Drug per submission
 - *See Appendix A for HCPCS submissions
 - Enter the 11-digit NDC number (no dashes) or the Name of the medication and click **Search**

Medication/Medical and Dispensing Information

Only 1 NDC may be submitted per submission

Medication Type: ☒ NDC ☐ HCPCS

NDC # or HCPCS code:

Name:

Search

Help

Medication/Medical and Dispensing Information

Only 1 NDC may be submitted per submission

Medication Type: ☒ NDC ☐ HCPCS 0 selected

NDC # or HCPCS code:

Name:

Search

Help

Drug search for: ADVAIR
Showing 6 of 6 results.

Filter Drug Results

Generic Name: fluticasone/salmeterol 100-50 mcg blst w/dev	Brand Name: ADVAIR 100-50 DISKUS
Generic Name: fluticasone/salmeterol 250-50 mcg blst w/dev	Brand Name: ADVAIR 250-50 DISKUS
Generic Name: fluticasone/salmeterol 500-50 mcg blst w/dev	Brand Name: ADVAIR 500-50 DISKUS
Generic Name: fluticasone/salmeterol 45-21mcg hfa aer ad	Brand Name: ADVAIR HFA 45-21 MCG INHALER

Medication/Medical and Dispensing Information

Medication Type: ☒ NDC ☐ HCPCS

NDC # / HCPCS I.D.:

Name:

Search

Drug search for: advair
Showing 6 of 6 results.

Generic Name: fluticasone/salmeterol 115-21mcg hfa aer ad	Brand Name: ADVAIR HFA 115-21 MCG INHALER
Generic Name: fluticasone/salmeterol 100-50 mcg blst w/dev	Brand Name: ADVAIR 100-50 DISKUS
Generic Name: fluticasone/salmeterol 500-50 mcg blst w/dev	Brand Name: ADVAIR 500-50 DISKUS
Generic Name: fluticasone/salmeterol 45-21mcg hfa aer ad	Brand Name: ADVAIR HFA 45-21 MCG INHALER
Generic Name: fluticasone/salmeterol 250-50 mcg blst w/dev	Brand Name: ADVAIR 250-50 DISKUS



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- If multiple search results display, enter a second search item in the Filter Drug Results field to refine your search and narrow the results
- *Select* the appropriate drug by *clicking* on the drug of choice
- *Click* Yes or No for **Brand Only***
- *Enter* **SIG** for the Drug, **# of Refills** and **Quantity***

Medication/Medical and Dispensing Information			
Medication 00044102202 DILAUDID 2 MG TABLET		Dosage Form TABLET	Strength 2 MG
*Brand Only <input type="radio"/> Yes <input type="radio"/> No	*SIG <input type="text"/>	*# of Refills <input type="text"/>	*Quantity <input type="text"/>
*Therapy: <input type="radio"/> New Therapy <input type="radio"/> Renewal of Therapy			
Administration: <input type="radio"/> Oral/SL <input type="radio"/> Topical <input type="radio"/> Injection <input type="radio"/> IV <input type="radio"/> Other			
Administration Location: <input type="radio"/> Physician's Office <input type="radio"/> Ambulatory Infusion Center <input type="radio"/> Patient's Home <input type="radio"/> Home Care Agency <input type="radio"/> Outpatient Hospital Care <input type="radio"/> Long Term Care <input type="radio"/> Other (explain):			

- *Click* **New** or **Renewal of Therapy***
 - If **New Therapy**, proceed to **Administration** and **Administration Location**
 - If **Renewal of Therapy**, enter **Date Initiated**, **From**, and **Through** dates (click calendar icon to select date)*

*Date Initiated Initial Date <input type="text"/>	*From Start Date <input type="text"/>	*Through End Date <input type="text"/>
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- *Click* appropriate radio dial under **Administration** and **Administration Location**, if known
- **Select Pharmacy as Service Provider**
 - *Click* magnifying glass symbol and **Select Pharmacy as Service Provider** window will appear
 - *Enter* Pharmacy information (Name, City and/or Zip Code) and *click* **search** (only 1 search criteria is necessary for search)
 - *Scroll* and *Click* on the Pharmacy to populate. When Pharmacy Service Provider is not on file *click* the '**pharmacy not found?**' link, the "Select Pharmacy Service Provider" window will appear,
 1. enter information manually and *Click* **Submit**.
 - Pharmacy Name and Phone are the minimum fields required for submission of request



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Select Pharmacy as Service Provider

Search for a Pharmacy

Name

Name

City

City

Zip Code

91730

Search

No Pharmacy (Dr Only)

10801 Sixth St #120 Rancho Cucamonga Ca 91730

Chris' Pharmacy (Test)

10801 6th Street Rancho Cucamonga Ca 91730

Parkview Pharmacy

8783 Civic Ave #105 Rancho Cucamonga Ca 91730

pharmacy not found?

Select Pharmacy as Service Provider

Enter Pharmacy information

Name

IEHP Pharmacy

NPI Number

123456789

City

Rancho Cucamonga

Address

12345 6th Street

State

CA

Zip code

91730

Phone

9999999999

- Answer questions 1-3
 - 2. **Has the patient tried any other medication for this condition?***
 - If Yes, *enter Medication /Therapy & Duration of Therapy** and **Response/Reason of Failure/ Allergy***
 - If No, proceed to question #2
 - 3. *Enter ICD/CPT codes* in the **Primary Dx** field then *click Add ICD Code**
- When applicable enter **Secondary Dx** and **Tertiary Dx**

*2. ICD / CPT codes

Enter ICD code and click Add ICD code

ICD Code(s)

Selected Codes:

*Primary Dx

250.00

Add ICD Code

Secondary Dx

Add ICD Code

Tertiary Dx

Add ICD Code

*2. ICD / CPT codes

ICD Code(s)

Selected Codes:

Primary: 250.00

Code entered will populate

*Primary Dx

250.00

Add ICD Code

Secondary Dx

Add ICD Code

Tertiary Dx

Add ICD Code



***2. ICD / CPT codes**

ICD Code(s)

Selected Codes:

Primary: 250.00 ✕ Secondary: 250.01 ✕ Tertiary: 250.02 ✕

Primary Dx	Secondary Dx	Tertiary Dx
250.00 <small>Add ICD Code</small>	250.01 <small>Add ICD Code</small>	250.02 <small>Add ICD Code</small>

4. Medical Justification-Please provide all relevant clinical information to support a prior authorization review*

- Please document all relevant clinical information in the field provided

• **Additional Medicare CD Information – Applies to Medicare Members only**

- Check statement(s) that apply to Member Medical Justification

Additional Medicare CD Information

☐ **Alternate drug(s) contraindicated or previously tried, but with adverse outcome, e.g., toxicity, allergy, or therapeutic failure** [Specify in previous therapy: (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s)]

☐ **Patient is stable on current drug(s); high risk of significant adverse clinical outcome with medication change** [Specify in medical justification: Anticipated significant adverse clinical outcome]

☐ **Medical need for different dosage form and/or higher dosage** [Specify in medical justification: (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason]

☐ **Request for formulary tier exception** [Specify in medical justification: (1) Formulary or preferred drugs contraindicated or tried and failed, or tried and not as effective as requested drug; (2) if therapeutic failure, length of therapy on each drug and adverse outcome; (3) if not as effective, length of therapy on each drug and outcome]

- Read the **Request For Expedited Review** section and check when 72 hour standard review timeframe would jeopardize Member's health.

Request For Expedited Review: By Checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

☐ **Request For Expedited Review**

• **Legal Agreements.**

- Read and confirm understanding of **Attestation** by checking the box*
- Read and confirm understanding of **Confidentiality Notice statement** by checking the box*



Legal Agreements

***Attestation:** I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

☐ I understand the Attestation statement written above.


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☐ I understand the Confidentiality Notice written above.

- **Attach Supporting Documents**
 - Click **Add Files** and attach files (PDF files only)
- Review all information prior to submitting
- **Click Submit Authorization Request button**
 - System will generate a **Prescription Identification Number** and give the option to the user to View and Download a copy of the Submitted Request for their files
 - The user will be given the opportunity to enter another request for the same member by *clicking* on Yes to answer “Would you like to create another authorization for this member?”

Prescription Identification Number: R1150891506

Download or view submitted form

 View & Download Submitted Request

Would you like to create another authorization for this member?

- *Clicking Yes* will direct user to next Prescription Drug Prior Authorization Request for the same member
- *Clicking No* will end the submission request for the member



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Appendix A

For those prescribing providers that currently submit UM E-Authorizations online, that process will not change, AND they can now also submit select Rx HCPCS via the new Rx Prescription Drug E-Authorizations (RxPA/CD) online request form. All other online submissions for UM HCPCS remain the same.

- Only Direct providers can submit HCPCS requests.
- One username and password per Physician.
- Up to 10 HCPCS codes per submission (Internet Explorer 8 will only allow 3 HCPCS codes per submission)
- Fields with a red asterisk (*) are required.
- If system is on XP, it is recommended Google Chrome or Firefox be used as your internet browser.
- *Follow the steps outlined in user guide for entering Member and Prescriber information.*
- **Medication/Medical and Dispensing Information.**
 - *Select Medication Type: HCPCS**

Medication/Medical and Dispensing Information			
Up to 10 HCPCS may be submitted per submission			
Medication Type <input type="radio"/> NDC <input checked="" type="radio"/> HCPCS	NDC # or HCPCS code <input type="text"/>	Name <input type="text"/>	<input type="button" value="Search"/> Help

- *Enter the HCPCS code or the Name of drug and click Search.*

Medication/Medical and Dispensing Information			
*Select Medication Type <input type="radio"/> NDC <input checked="" type="radio"/> HCPCS	NDC # / HCPCS I.D. <input type="text" value="j350q"/>	Name <input type="text"/>	<input type="button" value="Search"/>



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Medication/Medical and Dispensing Information

Up to 10 HCPCS may be submitted per submission

Medication Type

☐ NDC
☒ HCPCS
0 selected

NDC # or HCPCS code

Name

FLO

Search

Help

HCPC search for: FLO

Filter Drug Results

Showing 6 of 6 results.

Brand Name: injection alatrofloxacin mesylate 100 mg

Brand Name: ciprofloxacin iv

Brand Name: gatifloxacin injection

Brand Name: injection levofloxacin 250 mg

Medication/Medical and Dispensing Information

Medication Type

☐ NDC
☒ HCPCS

NDC # / HCPCS I.D.

ID

Name

VITAMIN THERAPY

Search

HCPC search for: VITAMIN THERAPY

Showing 1 of 1 results.

Brand Name: vitamin therapy

- If multiple search results display, enter a second search item in the Filter Drug Results field to refine your search and narrow the results
- *Select* the appropriate item by *clicking* on it in the list of results
- *Click* Yes or No for **Brand Only***
- *Click* **Frequency** drop down menu and select appropriate frequency

Medication/Medical and Dispensing Information

Medication

J3500 vitamin therapy

Frequency drop down menu

*Brand Only

☐ Yes
☐ No

*Frequency

*# of Refills

*Quantity

*Therapy:

☐ New Therapy
☐ Renewal of Therapy

Administration:

☐ Oral/SL
☐ Topical
☐ Injection
☐ IV
☐ Other

Administration Location:

☐ Physician's Office
☐ Ambulatory Infusion Center
☐ Patient's Home
☐ Home Care Agency
☐ Outpatient Hospital Care
☐ Long Term Care
☐ Other (explain):

- *Enter* # of Refills and **Quantity***
- *Click* **New** or **Renewal of Therapy***
 - If **New Therapy** selected, proceed to **Administration** and **Administration Location**
 - If **Renewal of Therapy** selected, enter **Date Initiated**, **From**, and **Through** dates (click calendar icon to select date)*

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*Date Initiated Initial Date	*From Start Date	*Through End Date
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- Click appropriate radio dial under **Administration** and **Administration Location**, if known
- Additional HCPCS codes can be added (up to 10, if needed) by repeating steps above
 - If using Internet Explorer 8, a maximum of 3 HCPCS can be entered per submission
 - The system will number each item being requested

Medication/Medical and Dispensing Information

Up to 10 HCPCS may be submitted per submission

Medication 1 ←

J1200 injection diphenhydramine hcl up to 50 mg

*Brand Only <input checked="" type="radio"/> Yes <input type="radio"/> No	*Frequency Once (1) Time Only	*# of Refills 0	*Quantity 1
*Therapy: <input checked="" type="radio"/> New Therapy <input type="radio"/> Renewal of Therapy			
Administration: <input type="radio"/> Oral/SL <input type="radio"/> Topical <input checked="" type="radio"/> Injection <input type="radio"/> IV <input type="radio"/> Other			
Administration Location: <input type="radio"/> Physician's Office <input type="radio"/> Ambulatory Infusion Center <input type="radio"/> Patient's Home <input type="radio"/> Home Care Agency <input type="radio"/> Outpatient Hospital Care <input type="radio"/> Long Term Care <input type="radio"/> Other (explain):			

Medication 2 ←

J1100 injection dexamethosone sodium phosphate 1 mg

*Brand Only <input type="radio"/> Yes <input type="radio"/> No	*Frequency 	*# of Refills Refills	*Quantity Qty
*Therapy: <input type="radio"/> New Therapy <input type="radio"/> Renewal of Therapy			
Administration: <input type="radio"/> Oral/SL <input type="radio"/> Topical <input type="radio"/> Injection <input type="radio"/> IV <input type="radio"/> Other			
Administration Location: <input type="radio"/> Physician's Office <input type="radio"/> Ambulatory Infusion Center <input type="radio"/> Patient's Home <input type="radio"/> Home Care Agency <input type="radio"/> Outpatient Hospital Care <input type="radio"/> Long Term Care <input type="radio"/> Other (explain):			

Medication Type
☒ NDC ☒ HCPCS 2 selected ←

NDC # or HCPCS code
ID

Name
Full or Partial Name

Help

HCPC search for: j1100
Showing 1 of 1 results.

Brand Name: injection dexamethosone sodium phosphate 1 mg



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- HCPCS codes J9999 and J3490 will trigger a message indicating additional required information in the Medical Justification box

Medication J9999 not otherwise classified antineoplastic drug	*Enter Drug Description in Section 3 'Medical Justification' to Submit this HCPCS.
--	---

***3. Medical Justification - Please provide all relevant clinical information to support a prior authorization review.**

Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws.

This request J9999 =

- **Select Pharmacy as Service Provider** (if medication needs to be supplied by a pharmacy)
 - Click magnifying glass symbol and **Select Pharmacy as Service Provider** window will appear
 - A list of specialty pharmacies will appear
 - Scroll and Click on the Pharmacy to populate.
 - When Pharmacy Service Provider is not on file click the **pharmacy not found?** link (the Select Pharmacy Service Provider window will appear), enter information manually and Click **Submit**.
 - Pharmacy Name and Phone are the minimum fields required for submission of request

Select Pharmacy as Service Provider

Search for a Pharmacy

Name

City

Zip Code

Search

No Pharmacy (Dr Only)
10801 Sixth St #120 Rancho Cucamonga Ca 91730

Chris' Pharmacy (Test)
10801 6th Street Rancho Cucamonga Ca 91730

Parkview Pharmacy
8783 Green Ave #105 107 Rancho Cucamonga Ca 91730

pharmacy not found?

Select Pharmacy as Service Provider

Enter Pharmacy Information

* Name

NPI Number

City

Address

State

Zip code

* Phone

- Answer questions 1-3
 1. **Has the patient tried any other medication for this condition?***
 - If Yes, enter **Medication /Therapy & Duration of Therapy*** and **Response/Reason of Failure/ Allergy***
 - If No, proceed to question #2
 2. **ICD/CPT codes**



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- Enter the primary diagnosis in the **Primary Dx** field then *click Add ICD Code**
- When applicable enter **Secondary Dx** and **Tertiary Dx**

***2. ICD / CPT codes**

Enter ICD code and click Add ICD

ICD Code(s)

Selected Codes:

*Primary Dx: 250.00 Add ICD Code

Secondary Dx: Add ICD Code

Tertiary Dx: Add ICD Code

***2. ICD / CPT codes**

ICD Code(s)

Selected Codes:

Primary: 250.00 x

Code entered will populate

*Primary Dx: 250.00 Add ICD Code

Secondary Dx: Add ICD Code

Tertiary Dx: Add ICD Code

***2. ICD / CPT codes**

ICD Code(s)

Selected Codes:

Primary: 250.00 x Secondary: 250.01 x Tertiary: 250.02 x

*Primary Dx: 250.00 Add ICD Code

Secondary Dx: 250.01 Add ICD Code

Tertiary Dx: 250.02 Add ICD Code

- Enter the **CPT Code**, Modifier and Quantity and click on Add CPT Code
 - You may enter up to 8 CPT codes

CPT Code(s) 8 CPT codes allowed

Enter CPT Code in Its Entirety

Mod.

*Qty.

Add CPT Code

- Medical Justification - Please provide all relevant clinical information to support a prior authorization review***

- Please document all relevant clinical information in the field provided

- To request a **Decision within 72 hours** check the box

☐ **Request for Expedited Review: Decision within 72 hours**



- **Legal Agreements.**

- *Read and confirm understanding of **Attestation** by **checking** the box**
- *Read and confirm understanding of **Confidentiality Notice** statement by **checking** the box**

Legal Agreements

***Attestation:** I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

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☐ I understand the Confidentiality Notice written above.

- **Attach Supporting Documents**

- *Click **Add Files** and attach files (PDF and MS Word files only)*

- Review all information prior to submitting

- **Click Submit Authorization Request button**

- System will generate an **Authorization Number** and give the option to the user to View and Download a copy of the Submitted Request for their files
- The user will be given the opportunity to enter another request for the same member by *clicking* on Yes to answer “Would you like to create another authorization for this member?”

Authorization Number: H8368134

Download or view submitted form

View & Download Submitted Request

Would you like to create another authorization for this member?

Yes

No

- *Clicking Yes will direct user to next Prescription Drug Prior Authorization Request for the same member*
- *Clicking No will end the submission requests for the member*