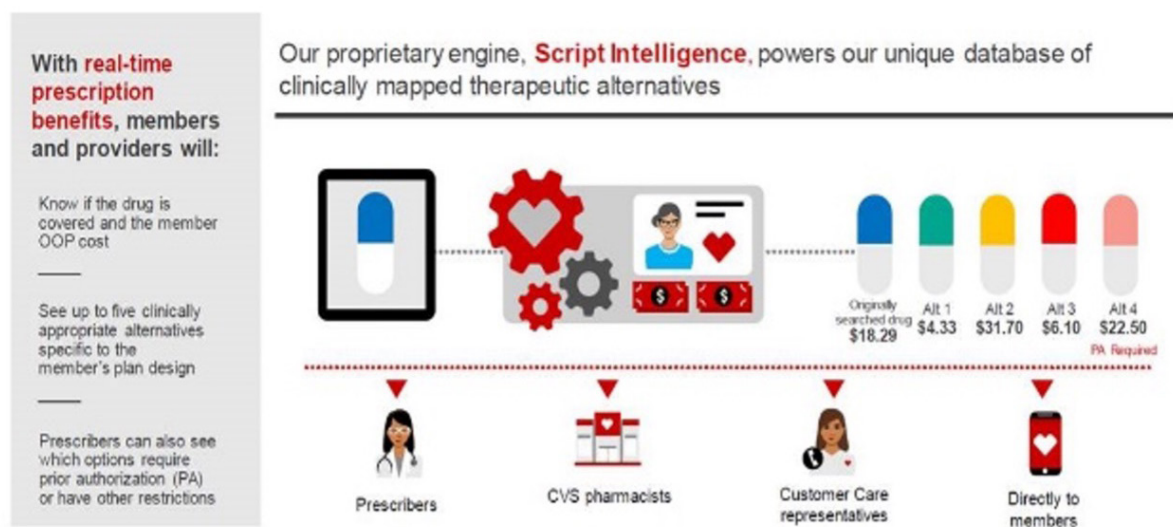


## Real-Time Prescription Benefits FAQs

- 1. What is Real-Time Benefits (RTB)?** RTB is an electronic prescription decision support tool provided by CVS Health that is integrated within the prescriber's enabled electronic health record (EHR) and workflow. It provides the member's prescription plan information with pricing transparency at the point-of-prescribing for up to five lower-cost therapeutic alternatives and whether a prior authorization (PA) is required or other restrictions (non-formulary or quantity limits).
- 2. What EHR systems provide real-time prescription benefits?** CVS Health's RTB platform is integrated in numerous EHR systems. A few common systems are *Allscripts, Athena, Cerner and Epic*. The VIVA HEALTH provider website has a listing of the compatible EHR systems. You can view it [here](#).
- 3. How does RTB work?** When a physician prescribes a medication using their EHR system for their patient, they will be able to:
  - Know if the drug is covered and the patient's out-of-pocket cost
  - View clinically appropriate lower-cost brand or generic alternatives
  - Know which therapy options require PA or have other restrictions

RTB illustration:

### Informing decisions through plan and cost transparency across all member touchpoints



## VIVA MEDICARE Electronic Prior Authorization (ePA) FAQs

- 1. What is ePA?** Electronic prior authorization (ePA) is the electronic transmission between the prescriber and a payer to determine whether or not a medication request is granted. This process is much faster in lieu of a phone or fax request. Currently, the ePA functionality only works for Medicare Part D at VIVA HEALTH.
- 2. Where can I access ePAs?** An ePA can be accessed through ePA platforms such as *CoverMyMeds* and *Surescripts* which can be connected to your Real-Time Benefit tool to allow for concurrent submission of an ePA request (*prospective*) instead of waiting on the dispensing pharmacy to notify your office that a PA is required on a medication (*retrospective*). This may require your EHR vendor to connect your ePA platform of choice to the Real Time Benefit tool.
- 3. How do I submit an ePA?** Simply request the PA question set from the online ePA portal, then answer and submit the questions via the portal, including the patient diagnosis. The Pharmacy Benefit Manager (CVS Caremark) will communicate an approval or denial through the online ePA portal.
- 4. What are the benefits of using an ePA system?** ePA requests via your *EHR* are in many cases processed within minutes or hours. Some ePA requests are processed in near real-time for certain approval scenarios. When using this *prospective* approach, the average turn-around-times for ePA requests meeting criteria for approval is only 3 minutes, opposed to the days your staff would have expended addressing *retrospective* medication request from a pharmacy.
- 5. What type of coverage determinations can be reviewed with the ePA system?** Prior authorizations, formulary, and quantity limit exceptions are ePA enabled.
- 6. Does the ePA request have to be submitted in its entirety in order for VIVA MEDICARE to review the request?** Yes, all required fields and decision tree questions must be submitted in order for the plan to review the request. Requests submitted that are incomplete without all decision tree questions answered will delay the review.
- 7. Does it matter if I request an ePA for the brand-name or generic for drugs with both formulations available on the market?** Yes, only one formulation is approved for coverage when criteria is met. When an ePA is requested for the *generic name* and approved for coverage, prescription claims will only pay for the generic. When an ePA is requested for the *brand-name* and approved for coverage, prescription claims will only pay for the brand-name.

\*\* Please click on [www.vivahealth.com/provider](http://www.vivahealth.com/provider) for additional information on e-PAs.