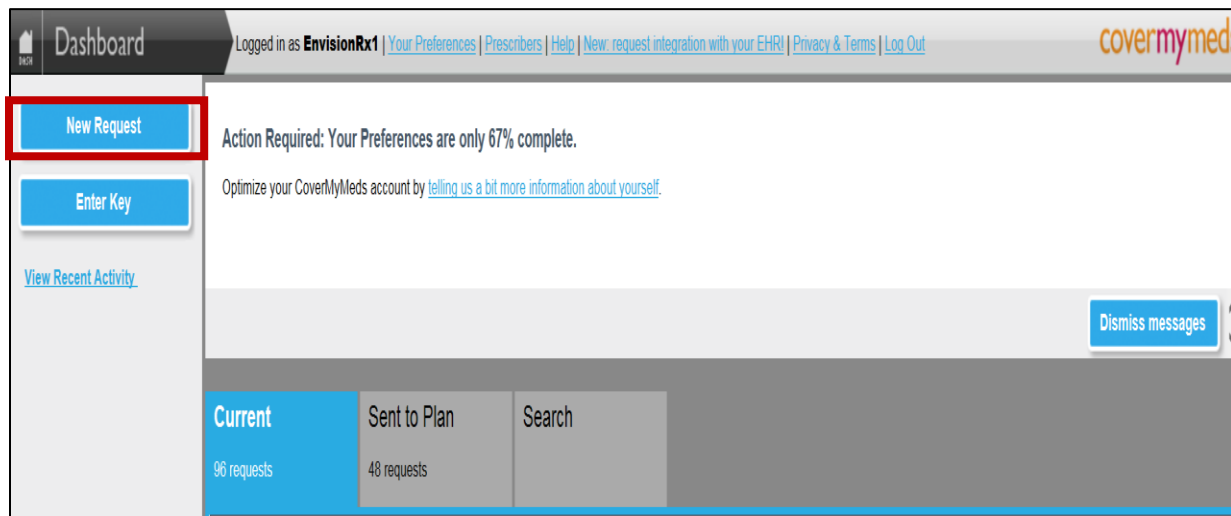


Submit an ePA to CoverMyMeds

1. Log into the CoverMyMeds Dashboard: at CoverMyMeds.com or through your EMR/EHR

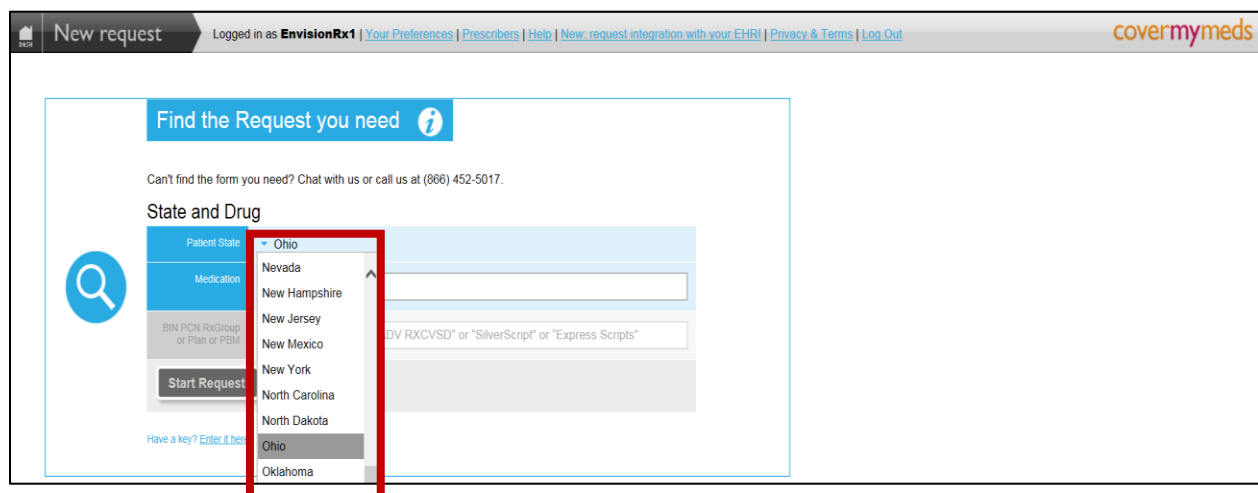
Use the Log in and Password that were provided in your registration. For information or questions involving the Cover My Meds process, please call **Cover My Meds at 866-452-5017**.

2. Click on “New Request”



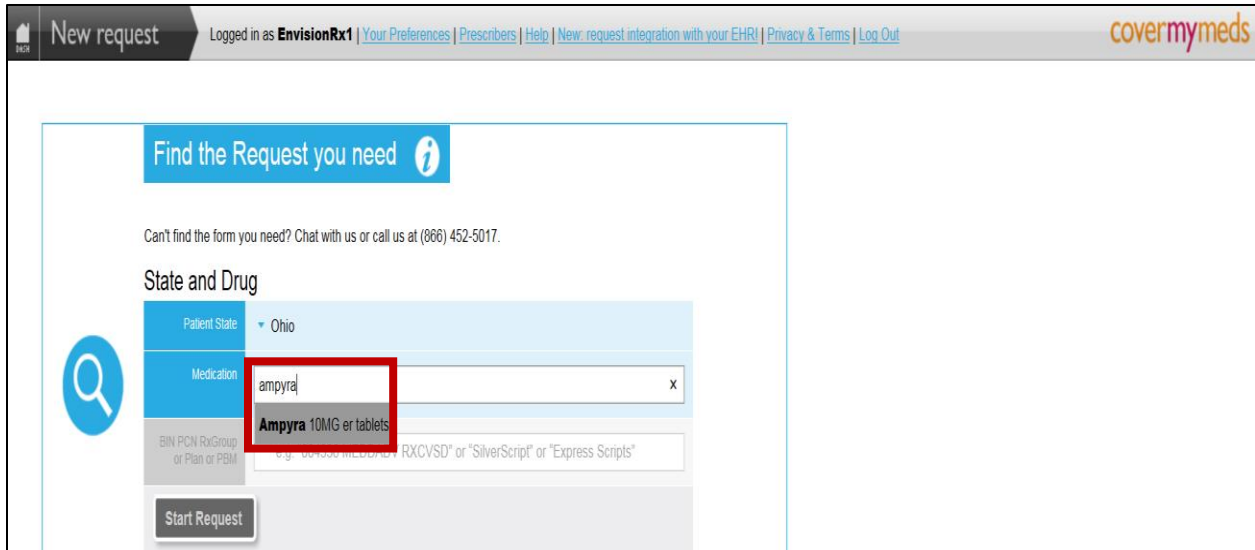
3. Choose a State:

This is the state in which the patient's insurance is held.



4. Enter Drug Name:

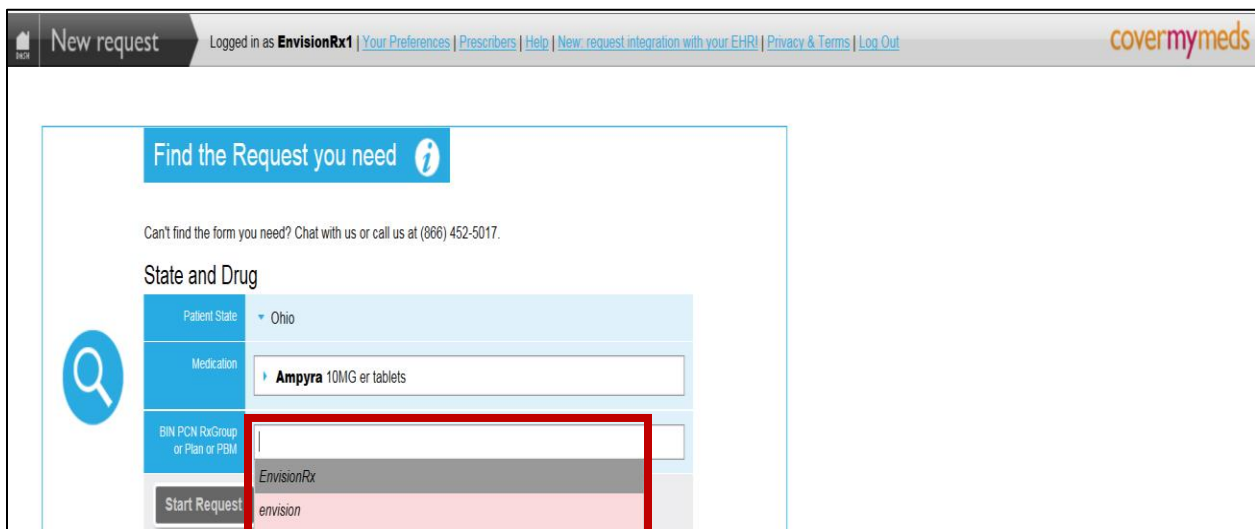
Begin to enter the name of the medication. Dosage options will appear in a drop down window; Select the appropriate drug, strength, and dosage form.



The screenshot shows the 'New request' form on the ENVISIONRx website. The 'Patient State' is set to 'Ohio'. The 'Medication' field contains the text 'ampyra'. A dropdown menu is open, showing the selected option 'Ampyra 10MG er tablets'. Below the dropdown, there is a field for 'BIN PCN RxGroup or Plan or PBM' and a 'Start Request' button.

5. Enter Plan Name:

Type the prescription plan name into the field to find the appropriate plan.



The screenshot shows the 'New request' form on the ENVISIONRx website. The 'Patient State' is set to 'Ohio'. The 'Medication' field contains the text 'Ampyra 10MG er tablets'. The 'BIN PCN RxGroup or Plan or PBM' field is empty, and a dropdown menu is open, showing the selected option 'EnvisionRx'. Below the dropdown, there is a field for 'envision' and a 'Start Request' button.

6. Select a Form:

Different forms will appear in a drop down to select, including general, Medicare, and Medicaid to name a few. When in doubt, select the “EnvisionRx General Form” to proceed to the next step. NOTE: This is not the final form that will be presented for coverage determination responses.

New request Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [Help](#) | [New request integration with your EHR](#) | [Privacy & Terms](#) | [Log Out](#) covermymeds

Find the Request you need i

Can't find the form you need? Chat with us or call us at (866) 452-5017.

State and Drug

Patient State Ohio

Medication Ampyra 10MG er tablets

BIN, PCN, RxGroup, or Plan or PBM EnvisionRx

Start Request

Have a key? [Enter it here](#)

CoverMyMeds makes prior authorization forms available for your use from virtually every health plan. However, the use of health plans' forms and/or names does not imply health plan affiliation, sponsorship or approval of CoverMyMeds or its services. Please feel free to contact us if you have questions.

or names does not imply

Click to Chat with CoverMyMeds ^

7. Start Request:

Once you have selected the appropriate form, click “Start Request”. This will begin the ePA request process and create a unique “key” (request ID number).

New request Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [Help](#) | [New request integration with your EHR](#) | [Privacy & Terms](#) | [Log Out](#) covermymeds

Find the Request you need i

Can't find the form you need? Chat with us or call us at (866) 452-5017.

State and Drug

Patient State Ohio

Medication Ampyra 10MG er tablets

BIN, PCN, RxGroup, or Plan or PBM EnvisionRx Medicare General Form

Start Request

Have a key? [Enter it here](#)

CoverMyMeds makes prior authorization forms available for your use from virtually every health plan. However, the use of health plans' forms and/or names does not imply health plan affiliation, sponsorship or approval of CoverMyMeds or its services. Please feel free to contact us if you have questions.

Request | Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [New request integration with your EHR](#) | [Help](#) | [Privacy & Terms](#) | [Log Out](#) | **covermymeds**

Untitled Request Key: U9WF68

Status: New - Not Sent to Plan

Drug: Ampyra 10MG or tablets
Form: EnvisionRx Medicare 4-Part Electronic PA Form

Problem with this form?
 Call us at (866) 452-5017.

Prescriber Instructions

This is an EnvisionRx Medicare Electronic Prior Authorization form (ePA). Complete the fields below, then click the "Send to Plan" button on your left to submit.

Patient Information | [Patient address book](#) | [Clear](#)

Name: Prefix, First, Middle, Last, Suffix (Required)

Address: Street, Street 2, City, State, Zip (Required)

Date of Birth: [Field]

Gender: ☒ Male, ☐ Female

Patient ID: [Field]

Phone: 111-222-3333

[Click to Chat with CoverMyMeds](#)

8. Complete Patient Information Section:

Complete the "Patient Information" portion of this request. Please note: once the patient information has been entered, it will be stored in your address book for future use. Fields flagged as "required" must be completed before moving on to the next section.

****NOTE – Please enter the patient's PRESCRIPTION ID NUMBER from the Prescription Benefit Card, NOT the Medical ID Number. Entering the wrong ID number will result in a patient eligibility error message.**

Request | Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [New request integration with your EHR](#) | [Help](#) | [Privacy & Terms](#) | [Log Out](#) | **covermymeds**

Prescriber Instructions

This is an EnvisionRx Medicare Electronic Prior Authorization form (ePA). Complete the fields below, then click the "Send to Plan" button on your left to submit.

Patient Information | [Do you mean:](#) | [Clear](#)

Name: Prefix, First, Middle, Last, Suffix

Address: Street, Street 2, City, State, Zip

Date of Birth: [Field]

Gender: ☒ Male, ☐ Female

Patient ID: [Field]

Phone: 111-222-3333

[Send to Plan](#) | [Send to Prescriber](#) | [Save](#) | [Archive](#) | [Other Actions](#) | [Download / Print](#) | [Renew](#) | [Delete](#)

Notes

less than a minute ago
 Created by you

Add note

☐ Set reminder
 1 business day | [Add](#)

9. Complete Drug Information Section:

Under the “Drug Information” portion of the request, the medication name will appear as a read-only value populated from the initial screen. Complete the remaining fields with numerical values (except dosage form). You must enter the Metric Quantity, Dosage Form in Units, and Days Supply.

The screenshot shows the 'Request' form in the EnvisionRx1 system. The 'Drug Information' section is highlighted with a red box. It contains the following fields:

- Medication Name: Ampyra 10MG or tablets (read-only)
- Quantity: 60
- Dosage Form: Extended Release Tablet (dropdown menu)
- Days Supply: 30 (with a note 'up to 3 digits')

10. Complete Provider Information Section:

Complete the “Provider Information” portion of the request.

The screenshot shows the 'Request' form in the EnvisionRx1 system. The 'Provider Information' section is highlighted with a red box. It contains the following fields:

- Name: First (test), Last ()
- NPI: ()
- Address: Street (TEST), City (TEST), State (Ohio), Zip (12345)
- Office Contact: First (), Last ()
- Phone: 1234564123 (Required)
- Fax: (654)-165-1566 (Required)

11. Select Type of Review:

Under the “Type of Review” portion of the request, select “Yes” for an urgent request, or “No” for a Non-Urgent Request. Please read the requirements for attestation of an Urgent Request prior to clicking “Yes”.

Request

Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [New request integration with your EHR](#) | [Help](#) | [Privacy & Terms](#) | [Log Out](#)

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Send to Plan

Send to Prescriber

Save

Archive

Other Actions

Download / Print

Renew

Delete

Notes

less than a minute ago
Created by you

Add note

☐ Set reminder

1 business day

Type of Review

Are you requesting an expedited review?

By requesting an expedited review (24 hours), you are certifying that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

☐ Yes

☒ No

Prescriber Next Steps

Click the "Send to Plan" button on the left to submit this information to EnvisionRx. (If it is disabled, be sure all required fields have been completed.)

EnvisionRx will respond automatically with your next steps.

[Click to Chat with CoverMyMeds](#)

12. Click “Send To Plan”:

Once all required fields have been completed, click “Send to Plan” at the top left-hand corner of your browser window. This will initiate the PA request and complete the patient eligibility check. You then have the option to wait on this page or to navigate back to your dashboard while you wait for the appropriate question set to be returned. The “Send to Plan” button will change from grey to orange once all required information is entered.

NOTE: This step does not complete your request. You must answer the questions after you receive the Question Set in order to process the request.

Request

Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [New request integration with your EHR](#) | [Help](#) | [Privacy & Terms](#) | [Log Out](#)

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Send to Plan

Send to Prescriber

Save

Archive

Other Actions

Download / Print

Renew

Delete

Notes

Untitled Request Key: U9WF68

Status: New - Not Sent to Plan

Drug: Ampyra 10MG er tablets

Form: EnvisionRx Medicare 4-Part Electronic PA Form

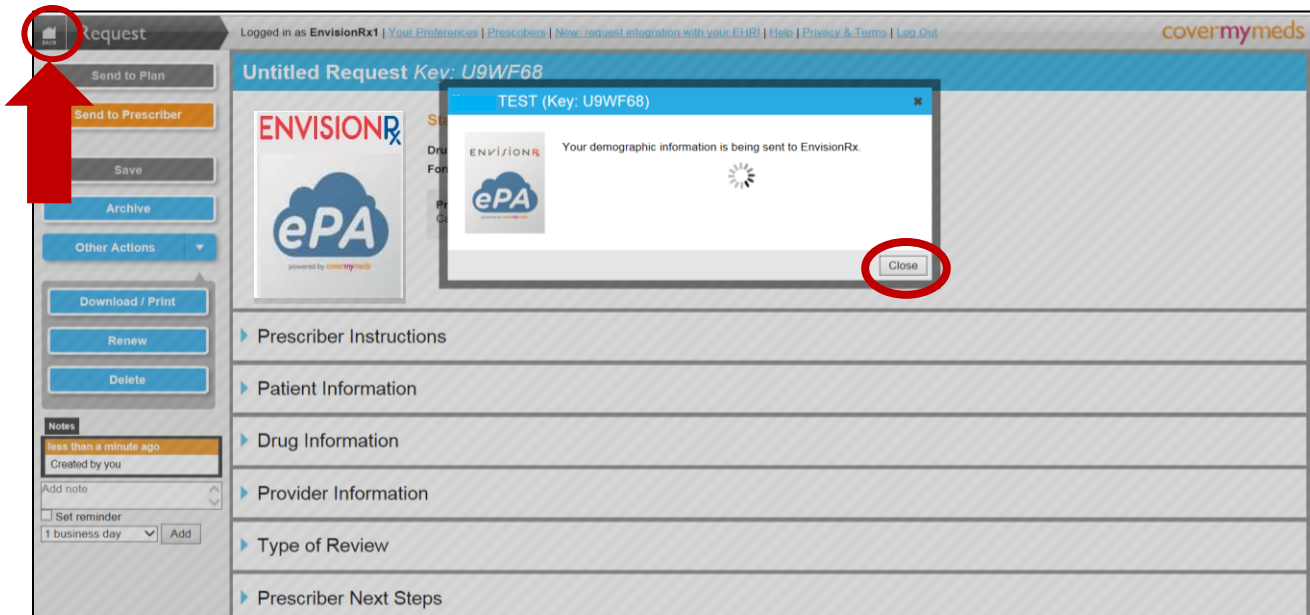
Problem with this form?
Call us at (866) 452-5017.

Prescriber Instructions

This is an EnvisionRx Medicare Electronic Prior Authorization form (ePA). Complete the fields below, then click the "Send to Plan" button on your left to submit.

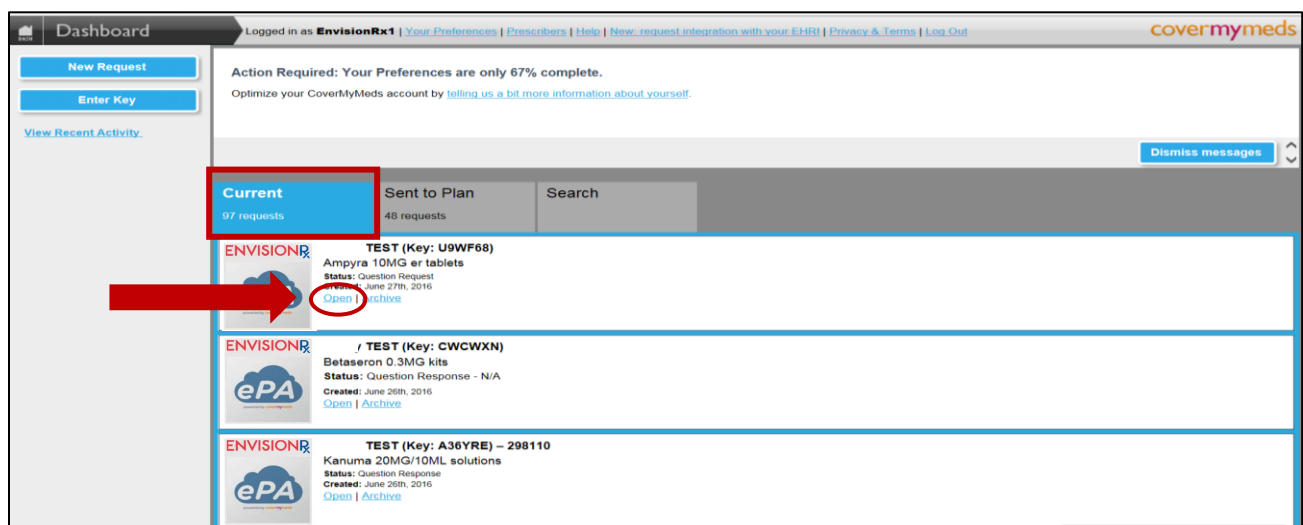
13. Return to the Dashboard:

To return to the Dashboard, click “Close” on the dialog box. Then click on the “Home” symbol next to “Request”.



14. Check Status, View Response, and Receive Question Set:

To check on the status of your request, view the response from EnvisionRx, and complete the question set for the Prior Authorization request, click on “Current” for the most recent submissions. Then click on “Open” for the Patient Name, Drug and Key you requested.



15. Complete the Question Set: **NOTE – the request cannot be properly processed until the Question Set is completed and submitted. The Coverage Determination Request must include the answers to the Question Set. Incomplete or unsubmitted Question Sets may result in additional outreach attempts and/or unfavorable outcomes.

Once you have received the question set, complete the clinical questions, in sequence as they appear. For single- and multiple-choice questions, click on all the responses which apply. For text questions, if the question does not apply, type “N/A” in the space provided.

Request

Logged in as **EnvisionRx1** | [Your Preferences](#) | [Prescribers](#) | [New request integration with your EHR](#) | [Help](#) | [Privacy & Terms](#) | [Log Out](#)

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Step Therapy

Is this request for initial or continuing therapy?

☒ Initial therapy

☐ Continuing therapy (Start date MM/YY):

Please indicate the patient's diagnosis for the requested medication:

☒ Multiple sclerosis (relapsing forms)

☐ Other (please specify):

Has the patient tried and failed any of the following medications (please select all that apply)? NOTE: Quantity Limits are required for Betaseron and Copaxone.

☒ Betaseron

☐ Copaxone

☐ None of the above

If the patient has NOT tried any of the medications listed in the previous question, is there a reason these medications cannot be used (i.e. contraindication, history of adverse event, etc)?

☒ Yes (please explain):

☐ No

IF THE REQUEST IS FOR OFF-LABEL USE you must provide a unique peer-reviewed journal article to support the request. Please attach any medical information that may support approval.

N/A

Document Upload

Please attach any pertinent medical history or information for this patient that may support approval below. Must be .jpg, .pdf, or .tif file format.

Browse...

16. Attach Clinical Documentation:

Patient Medical History, Lab Reports, and Prescriber Notes may be uploaded and attached using the Document Upload function, located at the end of the question set. The maximum size of the attached document is 10 MB.

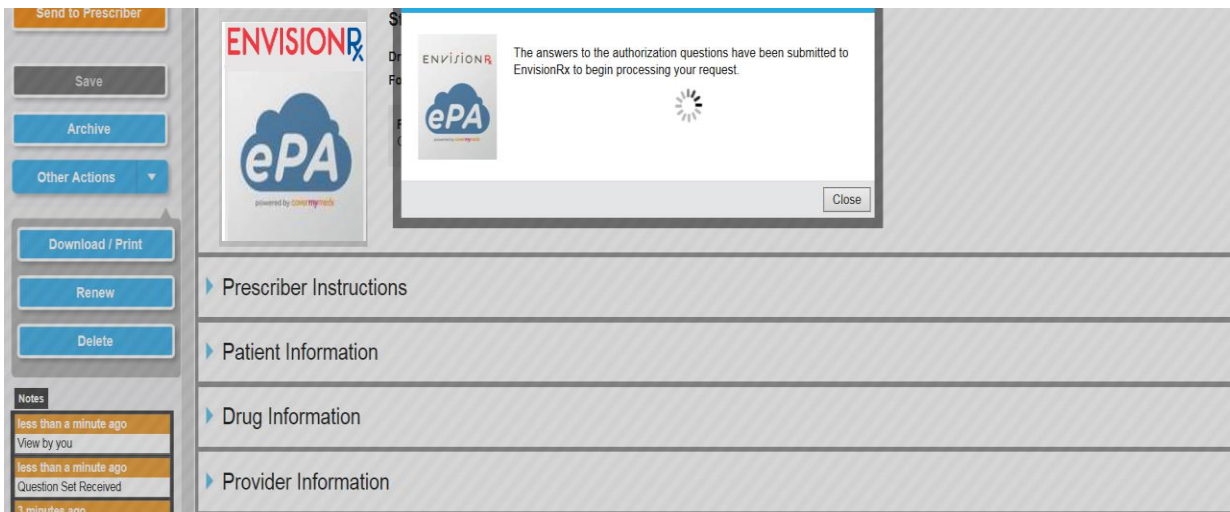
Document Upload

Please attach any pertinent medical history or information for this patient that may support approval below. Must be .jpg, .pdf, or .tif file format.

Browse...

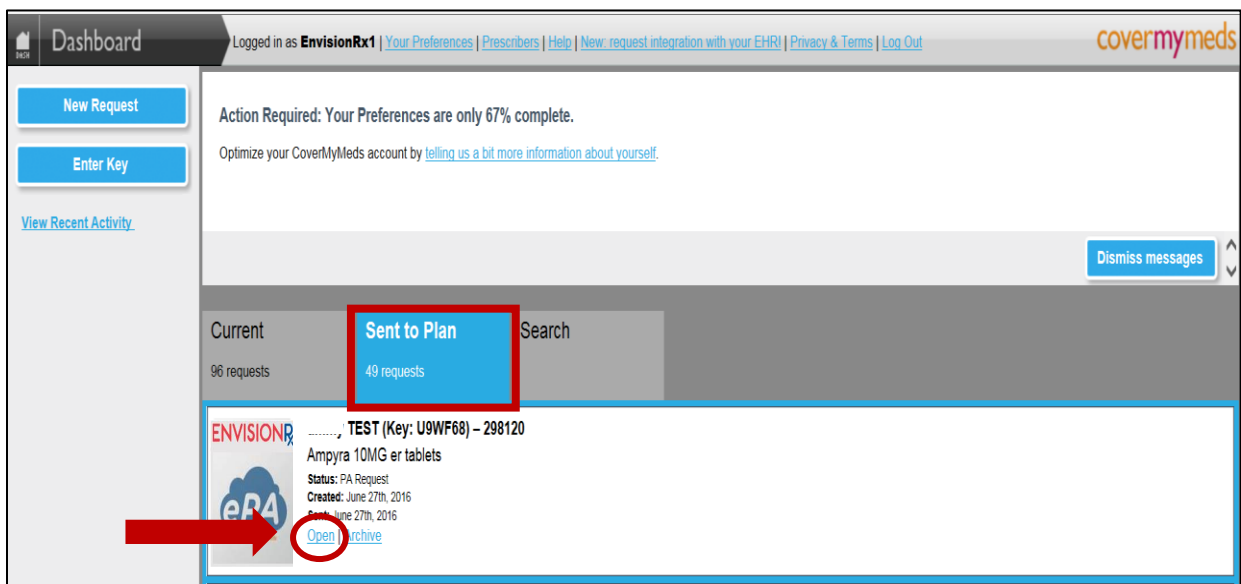
17. Submit your completed Question Set to EnvisionRx:

To submit your completed question set for review, click on the “Send to Plan” button once again. This will route the completed question set to be reviewed for coverage determination. You will receive a dialog box confirming that your answers have been submitted to EnvisionRx. You may close out of this screen and return to the Dashboard.



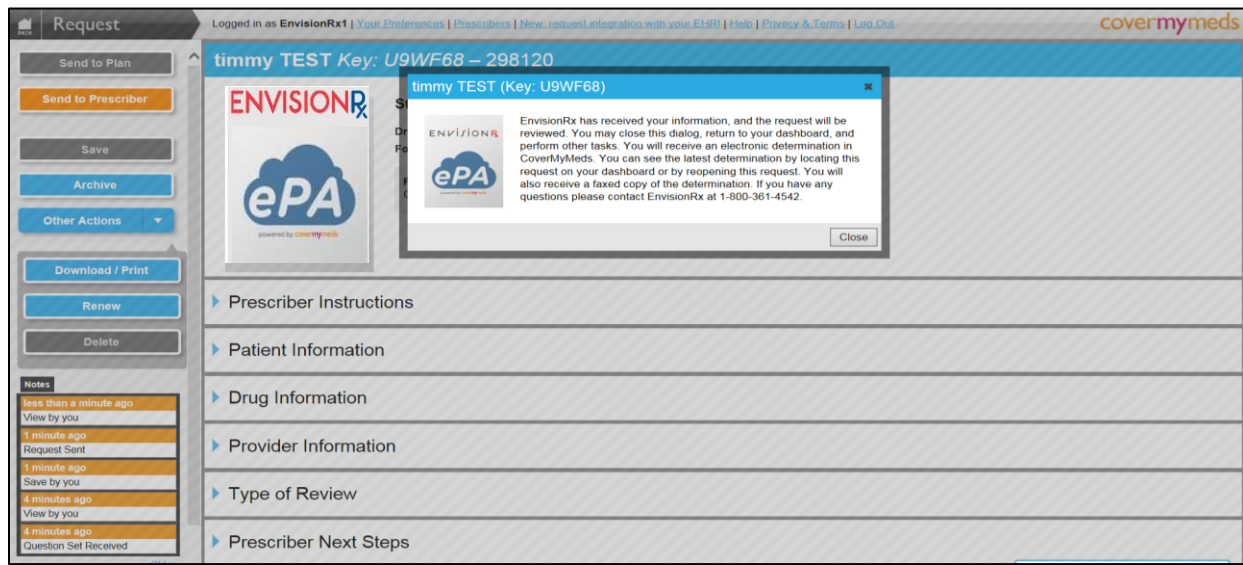
18. Check the Status of a Submitted Coverage Determination Request:

To check the status of a submitted coverage determination request, click on the “Sent to Plan” box on the Dashboard. Then click on “Open” for the Patient Name, Drug, and Key for your request.



19. Review Coverage Determination Results:

While your request is processing, you may see dialog boxes which acknowledge receipt of your request. Please allow ample time for review of your patient's coverage determination request. Once a determination has been reached, you will be able to see it within your dashboard. You will also receive a faxed copy of the determination. For additional questions, you will see information to direct you to the EnvisionRx Help Desk.



20. Click to Chat with Cover My Meds (for Prescribers):

At any point during the Coverage Determination request process, you may "Click to Chat" with a representative of Cover My Meds. The "Chat" link is located on the lower right-hand corner of your screen, and is available to assist you with your coverage determination requests.

