

## Submitting a Pharmacy Authorization – updated *December 2018*.

Below are the steps (plus helpful information) for submitting a pharmacy request in AuthAccel. Note the difference between a pharmacy and a medication request:

- A PHARMACY authorization request is for medication that is prescribed to and self-administered by the patient.
- A MEDICATION authorization request is for medication administered in a doctor's office, infusion center, home health agency, or other outpatient clinical setting.

### Guidelines for working in AuthAccel

- Authorization requests must be completed in one session – work will not be saved if the system is exited prior to submitting the request.
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries.
- Google Chrome is the preferred browser for AuthAccel. (Other browsers will work but Chrome provides more consistent performance.)
- If Chrome has “autofill forms” functionality turned on, you may see previous entries present as drop-down options in some fields. You can turn “autofill forms” off or on by going to Settings > Advanced > Passwords and forms > Autofill settings.
- Use AuthAccel navigation when working in the system.
- Mandatory fields in AuthAccel are indicated with an asterisk (\*) and must be completed to submit a request.
- Most drop-down lists include search-as-you-type functionality. Click in the drop-down text box and begin typing to display a list of options that best match the entry.
- For convenience, a link is provided from AuthAccel to Blue Shield's Clinical Policies and Guidelines.
- AuthAccel will not tell you if authorization is required. To determine if authorization is necessary, log in to Provider Connection ([blueshieldca.com/provider](https://blueshieldca.com/provider)) and click the **Search Drug Formularies** link under the *Tools* section on the home page. The member portal will open. Navigate to and search the appropriate plan type drug formulary.

## Access AuthAccel

1. Click **Request Pharmacy Authorization** directly from the home page or from the blue *Authorizations* tab located underneath the Blue Shield logo.
2. Select the Tax ID Number from the drop-down list under which you will submit or view authorizations.
3. Click **Go**.
4. AuthAccel opens in a new window.
  - When submitting or viewing additional authorizations under a different Tax ID Number, close AuthAccel, come back to this page, and select the new Tax ID.

## Define Request

5. Enter the member's **First Name, Last Name, Date of Birth (mm-dd-yyyy)** and **Member ID** with or without the alpha prefix.
6. Click **Search**. The *Member Search Results* window displays.
  - If the *Member Search Results* window displays "Member not eligible," check that all entries are correct.
    - If the member name is spelled incorrectly, a number is entered incorrectly, or the DOB is entered in the wrong format, the system will not be able to locate the member.
    - If the DOB is **not** entered in the mm-dd-yyyy format, it will default to today's date.
  - More than one listing for the same member may display if that member has experienced periods of ineligibility with Blue Shield. Review the "Status" column and select the "Eligible" option. It should be at the top of the table.
  - To print a PDF of the *Member Search Results* window, click the **Print** button located in the lower right corner.
7. Click **Select** in the left column to select the member.
  - Note, an alert (error message) will present if the member does not have a pharmacy benefit with Blue Shield of California.
8. To view the member's eligibility history, click the green **Member Eligible** button at the top of the screen. To close the *Patient Eligibility History* window, click **Cancel** or the **X** in the upper right corner.

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9. Select **Authorization Urgency**. “Standard” is the default.
  - When “Expedited” is selected, an *Expedited Review* attestation presents. If after reviewing this attestation, “Expedited” is not the appropriate selection, click the **Standard** radio button.
10. Select the request reason from the **\*Request Reason** drop-down list. “Prior Authorization” is the appropriate selection for most requests.
  - In addition to “Prior Authorization,” the following options will present for Medicare members:

Request Reason drop-down list	
Medicare Options	Definitions
<b>B vs D</b>	Request for a determination on whether drug should be billed under Medicare Part B or D
<b>CMS Exclusion</b>	Request for a medication not covered under the Medicare plan per CMS
<b>Compounded Medication</b>	Request for a compounded drug
<b>Formulary</b>	Request for a drug on the member's formulary
<b>Hospice</b>	Request for a drug for a member in hospice.
<b>Non-Formulary</b>	Request for a drug not on the member's formulary
<b>Quantity Limit</b>	Request for a drug exceeding quantity limits
<b>Step Therapy</b>	Request for a drug that requires trial of another drug before approval
<b>Tier Change Request</b>	Request to lower the copay of the drug by lowering the tier

- In addition to “Prior Authorization,” the following options will present for Commercial members:

Request Reason drop-down list	
Commercial Options	Definitions
<b>Age Limit</b>	Request for a drug rejected due to member's age
<b>Compounded Medication</b>	Request for a compounded drug
<b>Copay Reduction</b>	Request to reduce the copay of a drug
<b>Non-Formulary</b>	Request for a drug not on the member's formulary

Pharmacy Authorization continued...

Request Reason drop-down list	
Commercial Options	Definitions
Peer to Peer	Do not select this option. If "Peer-to-Peer" is selected, it will be changed to "Prior Authorization" by Blue Shield.
Quantity Limit	Request for a drug exceeding quantity limits
Reauthorization	Request for a drug that has had previous prior authorization with Blue Shield
Step Therapy	Request for a drug that requires trial of another drug before approval

11. Select the correct provider from the **\*Requesting Provider** drop-down list. The list contains the Provider ID Number (PIN), the provider and/or facility name (if applicable), and address.
  - Remember, drop-down lists include search-as-you-type functionality. If multiple Provider Identification Numbers present, click in the drop-down list and type the desired PIN to narrow the options.
  - Multiple listings of the same provider can present if they practice at several locations. Select the listing that matches the address for which you are submitting the authorization.
12. The **Specialty** and **Provider Status** fields are populated based on the requesting provider selected from the **\*Requesting Provider** drop-down list and cannot be edited.
13. The following demographic fields are populated based on the requesting provider selected from the **\*Requesting Provider** drop-down list:
  - **\*First** and **\*Last Name**
  - **\*Address1**, **Address2**, **\*City**, **\*State** and **\*Zip**
  - **\*Phone Number** and **\*Fax Number**
14. Review the demographic information for completeness and accuracy. Make corrections or additions if necessary.
  - Note, the authorization will not submit unless the mandatory demographic fields (\*) are populated.

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\*Add Medication

15. Under the *\*Medication Request* section, click the **Add Medication** button to add a medication.
16. The *Medication Search* window displays. Enter the medication name or NDC number and click **Search**.
  - Searches can be conducted by entering full or partial medication name or NDC number. Note, more complete search criteria will return more targeted results because searches are inclusive. For example, typing in “378” will return all codes that include the “378” sequence, no matter where it falls within the code. Similarly, “oxy” will return a list of all medications that include the “oxy” letter sequence anywhere in the name.
17. The search results display. Click **Select** in the left column to select the appropriate medication from the options provided.
  - Note, strengths are listed as numbers (e.g., Celebrex® 100). Select any option that has the appropriate strength listed; more than one option may display.
18. The *Medication Details* window displays. Populate the fields with the requested information. Here is an example:

<i>Medication Details</i> window	
Fields	Example Entries
<b>*Quantity</b>	30 (number of tablets)
<b>*Day Supply</b>	30 (length of time, usually based on a 1 month supply)
<b>*Requested Total Duration of Therapy</b>	1 year (length of time provider is requesting the medication)

- Select **Other** from the **Requested Total Duration of Therapy** drop-down list if the preferred duration is not an option. A field will present where a short description of the desired duration can be entered.
19. Click **Add Medication**. Note, the medication information displays in the *\*Medication Request* section.
    - Only one medication can be added per request.
  20. To remove a medication that you have entered, click the **Remove** button in the *Action* column.

Pharmacy Authorization continued...

Add Known Allergies (This is not a mandatory section.)

21. To add allergy information, click the **Add Allergies** button.

- Typically, allergy information is added when it influences the medication or diagnosis in some way. Note that if other providers with logins connected to the same Tax ID Number have entered allergy information about this specific member, it is populated in the *Known Allergies* section.

22. The *Allergies* window displays. Populate as many fields as possible with what is known about the member's allergies. Here is an example:

Allergies window		
Fields	Description / Instructions	Example
<b>*Allergy Type</b>	This is a mandatory field.	Medication
<b>NDC</b>	Click the magnifying glass. Enter a full or partial NDC or medication name and click <b>Search</b> . Click <b>Select</b> in the left column to select the appropriate drug from the options provided and populate the field.	68016034314
<b>Medication</b>	Field is automatically populated by NDC.	Ibuprofen
<b>Date Reported</b>	Enter date of allergy onset or when allergy was first reported, if available.	09-02-2001
<b>Specific Type</b>	Enter more precise information about the allergy, if available.	NSAID
<b>*Allergy Status</b>	Mandatory field with drop-down list options of "current" or "past."	Current
<b>Reaction / Observation</b>	Enter details about the patient's allergy reaction, if available.	Rash, dizziness, nausea,
<b>Severity: Low to High</b>	Slide the toggle back and forth to select a number that best reflects allergy severity, if known.	7
<b>Intervention</b>	Enter details about the prescribed intervention, if available.	Avoid NSAIDs
<b>Notes</b>	Enter additional notes, if appropriate.	

*Pharmacy Authorization continued...*

23. Click **Save**. Note, the allergy information displays in the *Known Allergies* section.

- To close this window without saving, click **Cancel** or the **X** in the upper right corner.

**\*Add Diagnosis**

24. Under the *\*Diagnosis Information* section, click the **Add Diagnosis** button.

25. The *ICD Search* window displays. Searches can be conducted by full or partial ICD codes (first three digits) or by principle diagnosis description. Remember, more complete search criteria will return more targeted results because searches are inclusive.

26. Click **Search**. The search results display.

27. Click **Select** in the left column to select the appropriate diagnosis from the options provided.

28. Note, the diagnosis information displays in the *\*Diagnosis Information* section. Repeat the process to add additional diagnoses. The first diagnosis added is considered primary.

29. To remove a diagnosis that you have entered, click the **Remove** button in the *Action* column.

**Submit**

30. Click **Submit** at the bottom of the screen to submit the request.

- The system displays an alert if any required information is missing. If necessary, enter missing information and click **Submit** again.

**Option 1: Auto-approval**

31. If the pharmacy request is eligible for immediate authorization, the system will display the *Request Pharmacy Prior Authorizations* window with an authorization status of "Approved." No additional entries are necessary.

- Click the **Create Auth for same member** or **Create Auth for different member** to submit another pharmacy authorization. Click the **X** in the upper right corner to close and exit the system.

## Option 2: Complete Prior Authorization Questionnaire

32. If the pharmacy authorization is not immediately approved, the system will display the *Prior Authorization Questionnaire* window.

- Do not click outside this window before completing the required fields and clicking Submit. Clicking outside the window will close it and you will have to start again.

33. Complete the *\*Provider Address*, *\*City*, *\*State*, and *\*Zip Code* fields.

34. Select **New Therapy**, **Renewal** or **Step Therapy Exception** from the *\*This request is for...* drop-down list

- If **New Therapy or Step Therapy Exception** is selected, complete the *\*Administration* and the *\*Administration Location* fields.
  - An “other” option is also available; when selected a *\*mandatory* field presents where further information can be entered.
- Select **Yes** or **No** from the *\*Has the patient tried any other medications for this condition?* drop-down list.
  - If No, select **Yes** from the **\*attestation drop-down list** and then click **Submit**.
  - If Yes, enter the *\*patient’s medication history* including type, duration, and response in the field provided.
    - Select Yes from the **\*attestation drop-down list** and then click **Submit**.
- If **Renewal** is selected, complete the *\*Date therapy initiated* and the *\*Duration of therapy (specific from-to-dates)* fields.
- Indicate how the patient received the medication via the *\*How did the patient receive the medication?* drop-down list.
  - Depending on selection, enter the *\*name of the patient’s \*previous insurance* **OR** the prior auth number in the field provided.
    - An “other” option is also available; when selected a *\*mandatory* field presents where further information can be entered.
- Complete the *\*Administration* and the *\*Administration Location* fields.
  - An “other” option is also available; when selected a *\*mandatory* field presents where further information can be entered.

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- Select either **Yes** or **No** from the *\*Has the patient tried any other medications for this condition?* drop-down list.
  - If No, select **Yes** from the **\*attestation box** and then click **Submit**.
  - If Yes, enter the *\*patient's medication history* including type, duration, and response in the field provided.
    - Select **Yes** from the **\*attestation box** and then click **Submit**.

## Add Documentation

35. To add documentation, click **Add Documents**. The *Upload Additional Document* window displays.
- There is no limit to the number of documents that can be attached and uploaded to an authorization request. Additionally, there is no file size limit; larger files will take longer to upload.
  - While PDF is the preferred file type, the following file types are accepted: DOCX, XLSX and image formats in both color and black/white (JPEG, JPG, GIF and PNG).
36. Click **Choose File** to access documents on your computer.
37. Click on a file to select it, then click **Open** and **Upload Document**.
38. To add additional documents, click **Add Documents** again and repeat until all documents have been added.
39. Click **Close**. The documents are now attached to the authorization request and are available to Blue Shield for review.
- This screen provides another opportunity to upload documents.
40. Click **Submit**

## Authorization Status

41. The *Request Pharmacy Prior Authorizations* window displays.
- **Authorization Status**, **Reason** and **Rx Case #** – the unique searchable authorization number given to each pharmacy request – will be populated.
42. Authorization entry is now complete. Click the **Create Auth for same member** or **Create Auth for different member** to submit another pharmacy authorization. Click the **X** in the upper right corner to close and exit the system.