How to submit a pharmacy authorization in AuthAccel (updated 1/2026)

A pharmacy request is for medication that is prescribed to and self-administered by the patient. A medication request is for drugs injected or infused in a medical setting (such as a doctor's office or outpatient hospital facility). Medication authorizations fall under the medical benefit.

Below are step-by-step instructions for how to submit a pharmacy prior authorization request in AuthAccel. You can: 1) move through each section sequentially or 2) **CTRL + click** on a specific topic in the table of contents below.

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Guidelines for working in AuthAccel

- You must be logged into Provider Connection to access AuthAccel.
- AuthAccel currently performs best for providers with fewer than 2,000 Provider IDs attached to their Tax ID.
- Google Chrome is the preferred browser.
- Do not use browser navigation when working in AuthAccel.
- Work will not be saved if the system is exited prior to submitting a request.
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries.
- Mandatory fields in AuthAccel are indicated with an asterisk (*****) and must be completed to submit a request.
- Many drop-down lists offer predictive search. To use, click in the drop-down and begin typing to display a list of options that best match your entry.

Determine if authorization is required

AuthAccel will not tell you if authorization is required for pharmacy. To determine for a **commercial member,** navigate to the drug formularies page on Blue Shield's member website and locate the member's plan type. For a **Medicare member**, navigate to the Formulary – drugs in the plan page on Blue Shield's member website and select the appropriate plan.

- Click the drug formulary search link under the correct plan type and search by (1) entering a drug name or (2) clicking a therapeutic class.
- The drug details screen will display with a legend that defines the symbols used in the online formulary. To collapse this legend, click the down arrow.
- The symbol "PA" placed in the Edits column means that prior authorization is required.

Access AuthAccel

1. Log into Provider Connection.
2. Click **Authorizations** at the top of the homepage.
3. Click **Pharmacy authorization** from the menu.
4. Select the appropriate Tax ID from the drop-down list.
5. Click **Go**.

6. AuthAccel opens in a new window.

   - To submit an authorization under a different Tax ID, close AuthAccel and come back to the *Pharmacy Authorizations* page in Provider Connection, then select the new Tax ID.

Define the request

7. The *Search for Member* window displays.

8. Enter the member's ***First Name**, ***Last Name**, ***Date of Birth** (mm-dd-yyyy) and ***Member ID**. (Nine numbers with or without the three-letter alpha-prefix **or** one letter plus eight numbers.)

9. Click **Search**. The *Member Search Results* window displays the current eligibility period.

   - Members with dual eligibility will display both plan options. Select the appropriate plan.

   - If the *Member Search Results* window displays "Member not found," check that all entries are correct and click **Search** again.

   - If the *Member Search Results* window displays without data, the member is NOT currently eligible.

   - To see past or future eligibility, click the **Show all Eligibility Records** checkbox. To close this window, re-click the checkbox.

   - To print a PDF of the *Member Search Results* window, click the **Print** button located in the lower right corner.

10. Click **Select** in the left column.

    - Note, an alert message will present if the member does not have a pharmacy benefit with Blue Shield of California.

11. Select **Authorization Urgency**. "Standard" is the default.

    - An *Attestation Regarding Expedited Review* window opens. Review information to ensure selection is appropriate. If not, re-click the **Standard** radio button.

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12. Select the request reason from the ***Request Reason** drop-down list. "Prior Authorization" is the default.

- In addition to "Prior Authorization," the following options will present for <u>Medicare members</u>:

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

- In addition to "Prior Authorization," the following options will present for <u>Commercial</u> members:

Request Reason drop-down list	
Commercial Options	**Request for…**
Age Limit	Drug rejected due to member's age
Compounded Medication	Compounded drug
Copay Reduction	Copay of a drug
Non-Formulary	Drug not on the member's formulary
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	Drug exceeding quantity limits

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Request Reason drop-down list	
Commercial Options	**Request for…**
Reauthorization	Drug that has had previous prior authorization with Blue Shield
Step Therapy	Drug that requires trial of another drug before approval

13. 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 location.

- When more than 20 providers are linked to a Tax ID, AuthAccel will activate a **Provider Search** button. Click **Provider Search**.
  - The **Provider Search** window displays. Enter the **Blue Shield Provider ID** under which the authorization is being submitted.
    - o If you don't know the Provider ID under which the authorization was submitted, try searching by one of the other search options in the window.
    - o Because accounts are structured differently, you may need to test which search options work best for you.
  - Click **Search**, then click **Select** in the left column to select the appropriate entry.
  - The request will populate with the requesting provider information.
- If the provider for which you are submitting the authorization is not in the ***Requesting Provider** drop-down list or is not presenting in the search, or if the provider information displays incorrectly, contact your Provider Connection Account Manager or Provider Services at Blue Shield **(800) 541-6652**.
  - You will need to fax authorizations to **(888) 697-8122** until the update for this provider is completed.

14. Grayed-out fields populate based on the requesting provider selected from the ***Requesting Provider** drop-down list and cannot be edited.

15. Review the ***Phone Number** and ***Fax Number** fields for accuracy. Make corrections or additions if necessary.

*Add medication

16. Under the *Medication Request* section, click the **Add Medication** button to add a medication.

17. The *Medication Search* window displays. Enter a complete or partial NDC number or medication name.

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

19. 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.

20. The *Medication Details* window displays. Populate the fields with the requested information. Here is an example:

Medication Details window	
Fields	**Example Entries**
***Quantity**	30 (number of tablets)
***Day Supply**	30 (length of time, usually based on a 1-month supply)
***Requested Total Duration of Therapy**	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.

21. Click **Add Medication**. The medication information displays in the *Medication Request* table.

    - Only one medication can be added per request.

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

*Add diagnosis

23. Under the *Diagnosis Information* section, click the **Add Diagnosis** button.

24. The *ICD Search* window displays. Enter a complete or partial ICD-10 code for the primary diagnosis or enter the primary diagnosis description.

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

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

27. The diagnosis information displays in the *Diagnosis Information* table.

28. 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 the authorization

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

    - The system displays an alert if any required information is missing.

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.

32. 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 the SB 866 Prior Authorization Form

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

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

35. 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 **<u>Renewal</u>** 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.
- 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

36. To add documentation, click **Add Documents**. The *Upload Additional Document* window displays.

- There is no limit to the number or size of documents that can be attached to the request. Larger files will take longer to upload.
    - PDF is the preferred file type, but most file types are accepted.

37. Click **Choose File** to access documents on your computer.

38. Click on a file to select it, then click **Open** and **Upload Document**. Repeat as necessary until all documentation is added.

39. Click **Cancel after all documentation has been added**. The documents are now attached to the request.

   - This screen provides another opportunity to upload documents.

40. Click **Submit**

Receive 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.

   - To access information related to an approved or in progress authorization, return to Provider Connection, click **Pharmacy Authorization Status**, and launch AuthAccel's view status functionality.

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.

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