

Change Request Prior Authorization

Last Modified on 06/23/2021 4:25 pm EDT

Version 20.13

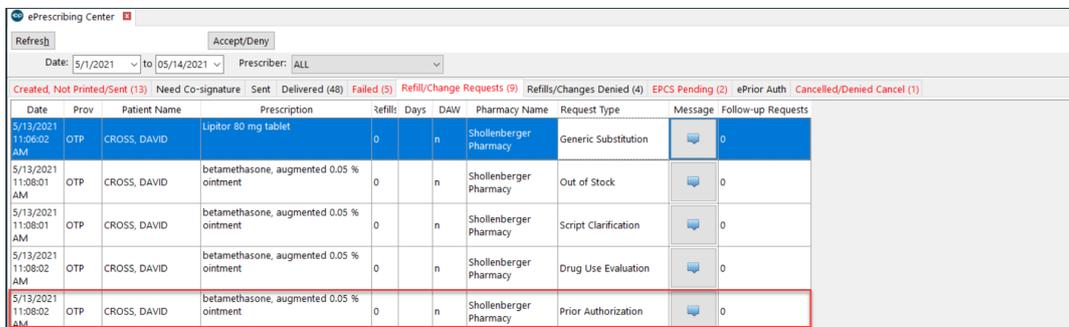
Path: Main Navigation Panel > e-Prescribe > Refill/Change Requests tab

About

Prior Authorization change requests are sent by a pharmacy when a Prior Authorization Number is needed to fill a prescription. To learn how to enable Change Requests in OP, click [here](#).

Change Request: All Prior Authorization

1. Navigate to the Refill/Change Request tab in the ePrescribing Center by following the path above.
2. Double-click on the medication request for a Prior Authorization, or click the medication and click the **Accept/Deny** button.

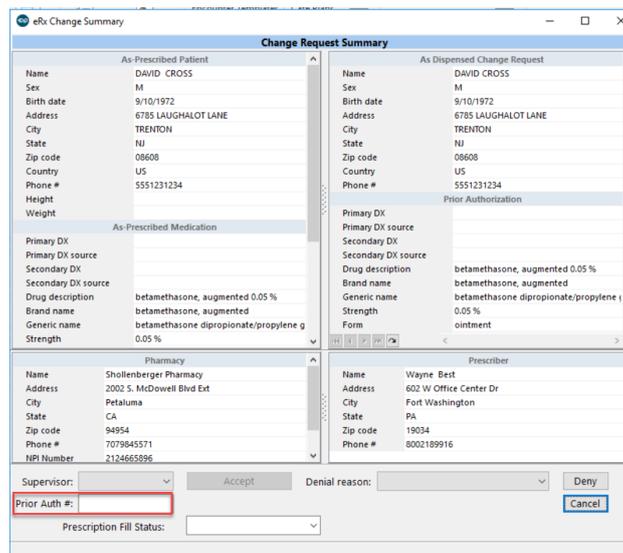


Date	Prov	Patient Name	Prescription	Refills	Days	DAW	Pharmacy Name	Request Type	Message	Follow-up Requests
5/13/2021 11:06:02 AM	OTP	CROSS, DAVID	Lipitor 80 mg tablet	0		n	Shollenberger Pharmacy	Generic Substitution		0
5/13/2021 11:08:01 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Out of Stock		0
5/13/2021 11:08:01 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Script Clarification		0
5/13/2021 11:08:02 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Drug Use Evaluation		0
5/13/2021 11:08:02 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Prior Authorization		0

3. Review and click the **OK** button in the warning box, if displayed, to acknowledge the patient's medication allergies.
4. Complete the request by following the steps in one of the sections below to accept or deny the request for Prior Authorization.

Change Request: Accept a Prior Authorization

1. Enter the Prior Authorization number in the **Prior Auth #:** field.



Change Request Summary

<p>As- Prescribed Patient</p> <p>Name: DAVID CROSS Sex: M Birth date: 9/10/1972 Address: 6785 LAUGHALOT LANE City: TRENTON State: NJ Zip code: 08608 Country: US Phone #: 5551231234 Height: Weight:</p> <p>As- Prescribed Medication</p> <p>Primary DX: Primary DX source: Secondary DX: Secondary DX source: Drug description: betamethasone, augmented 0.05 % Brand name: betamethasone, augmented Generic name: betamethasone dipropionate/propylene g Strength: 0.05 %</p> <p>Pharmacy</p> <p>Name: Shollenberger Pharmacy Address: 2002 S. McDowell Blvd Ext City: Petaluma State: CA Zip code: 94954 Phone #: 7079845571 NPI Number: 2124665896</p>	<p>As Dispensed Change Request</p> <p>Name: DAVID CROSS Sex: M Birth date: 9/10/1972 Address: 6785 LAUGHALOT LANE City: TRENTON State: NJ Zip code: 08608 Country: US Phone #: 5551231234</p> <p>Prior Authorization</p> <p>Primary DX: Primary DX source: Secondary DX: Secondary DX source: Drug description: betamethasone, augmented 0.05 % Brand name: betamethasone, augmented Generic name: betamethasone dipropionate/propylene i Strength: 0.05 % Form: ointment</p> <p>Prescriber</p> <p>Name: Wayne Best Address: 602 W Office Center Dr City: Fort Washington State: PA Zip code: 19034 Phone #: 8002189916</p>
---	--

Supervisor: Denial reason:

Prior Auth #:

Prescription Fill Status:

5. (Optional) If the practice has the Prescription Fill Status active, click the drop-down and select from the list. The

Prescription Fill Status does not need to be selected for all prescriptions and should only be selected if you want to know the status of the prescription.

6. Click the **Accept** button.

Change Request: Deny a Prior Authorization

1. Click the drop-down in the **Denial reason** field and select from the list.
 2. Click the **Deny** button. The Prior Authorization request is moved to the Refills/Changes Denied tab.
-