

Change Request Prescriber Authorization

Last Modified on 05/24/2021 10:27 am EDT

Version 20.13

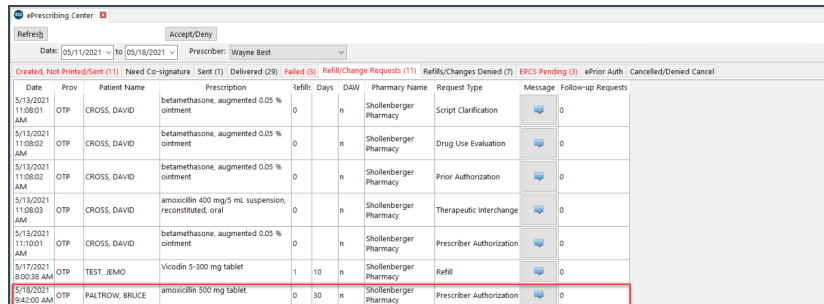
Path: Main Navigation Panel > e-Prescribe > Refill/Change Requests tab

About

Prescriber Authorization change requests are sent by a pharmacy to request prescriber authorization information, such as confirming the DEA number or enrollment with the prescription benefit plan. Validate or Deny are the only responses for this type of change request. For instruction on enabling Change Requests in OP, click [here](#).

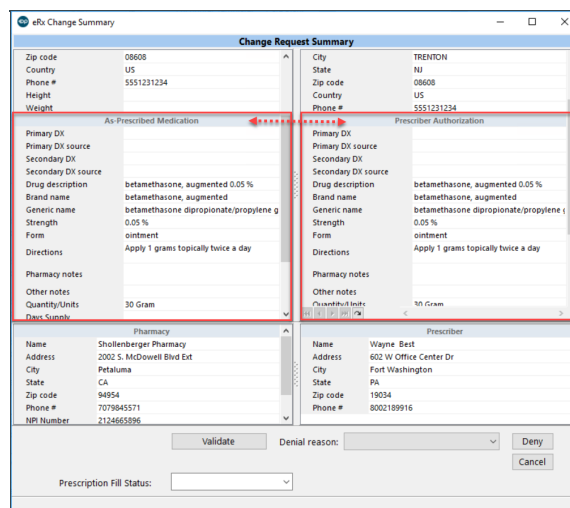
Change Request: All Prescriber Authorization

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 Prescriber Authorization, or click the medication and click the **Accept/Deny** button.



Date	Prov	Patient Name	Prescription	Refill	Days	DAW	Pharmacy Name	Request Type	Message	Follow-up Requests
5/13/2021 11:08:01 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Skollenberger Pharmacy	Script Clarification		0
5/13/2021 11:08:02 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Skollenberger Pharmacy	Drug Use Evaluation		0
5/13/2021 11:08:02 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Skollenberger Pharmacy	Prior Authorization		0
5/13/2021 11:08:03 AM	OTP	CROSS, DAVID	amoxicillin 400 mg/5 mL suspension, reconstituted, oral	0		n	Skollenberger Pharmacy	Therapeutic Interchange		0
5/13/2021 11:10:01 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Skollenberger Pharmacy	Prescriber Authorization		0
5/17/2021 8:00:38 AM	OTP	TEST, JEMO	Vicodin 5-300 mg tablet	1	10	n	Skollenberger Pharmacy	Refill		0
5/18/2021 8:53:00 AM	OTP	PALTROW, BRUCE	amoxicillin 500 mg tablet	0	30	n	Skollenberger Pharmacy	Prescriber Authorization		0

3. Review and click **OK** in the warning box, if displayed, to acknowledge the patient's medication allergies.
4. Review the medication information requiring authorization in the As Dispensed Change Request panel **Prescriber Authorization** section of the eRx Change Summary window.



Change Request Summary

Zip code: 08608 | City: TRENTON
 Country: US | State: NJ
 Phone #: 5551231234 | Zip code: 08608
 Height: | Country: US
 Weight: | Phone #: 5551231234

As Prescribed Medication

Primary DX: | Prescriber Authorization:
 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 % |
 Form: ointment |
 Directions: Apply 1 grams topically twice a day |

Pharmacy notes: |
 Other notes: |
 Quantity/Units: 30 Gram |
 Days/Strength: |

Pharmacy

Name: Shollenberger Pharmacy |
 Address: 2002 S. McDowell Blvd Ext |
 City: Petaluma |
 State: CA |
 Zip code: 94954 |
 Phone #: 7079645571 |
 NPI Number: 2124665396

Prescriber

Name: Wayne Best |
 Address: 602 W Office Center Dr |
 City: Fort Washington |
 State: PA |
 Zip code: 19034 |
 Phone #: 8002189916

Validate | Denial reason: | Deny | Cancel

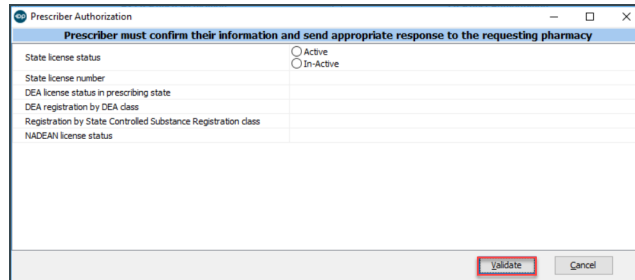
Prescription Fill Status: |

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. Complete the request by following the steps in one of the sections below to validate the prescriber information or deny

the request.

Change Request: Validate Prescriber Authorization

1. Click the **Validate** button.
2. Complete the requested information in the Prescriber Authorization window.
3. Click the **Validate** button. The Prescriber Authorization request is removed from the Refill/Change Requests tab.



Change Request: Deny a Prescriber Authorization

1. Click the drop-down in the **Denial reason** field and select from the list.
2. Click the **Deny** button. The Prescriber Authorization request is removed from the Refill/Change Request tab and placed in the Refills/Changes Denied tab.

Refresh									
Date	Prov	Patient Name	Prescription	Refills	Days	DAW	Pharmacy Name	Denial Reason	Request Type
9/11/2019-10:58:19 AM	Ivy, Stuart	Rasca, Elizabeth	Lanoxin-125-MCG-Oral-Tablet	2	30	n	VA-PHARMACE-10.6MU	Change-not-appropriate	Refill
9/11/2019-8:31:16 PM	Robert, Crawley	Bicayne, Sophia	Procardia-XL-30-MG-Oral-Tablet	0	30		MHIL-ORDER-PHARMACE-10.6MU-NOCS	Change-not-appropriate	Generic Substitution
9/12/2019-8:14:24 AM	Anna, Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NIC-PHARMACE-10.6MU	Patient-no-longer-with-prescriber	Therapeutic-interchange
9/12/2019-8:14:24 AM	Anna, Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NIC-PHARMACE-10.6MU	Patient-neer-under-provider-care	Therapeutic-interchange
9/12/2019-11:36:07 AM	Thomas, Branson	Duro, Paula	Macrodol-100-MG-Oral-Capsule	0	2		TX-PHARMACE-10.6MU	No-attempt-will-be-made-to-obtain-Prior-Authorization	Prior-Authorization