



Prescriber Web Prior Authorization

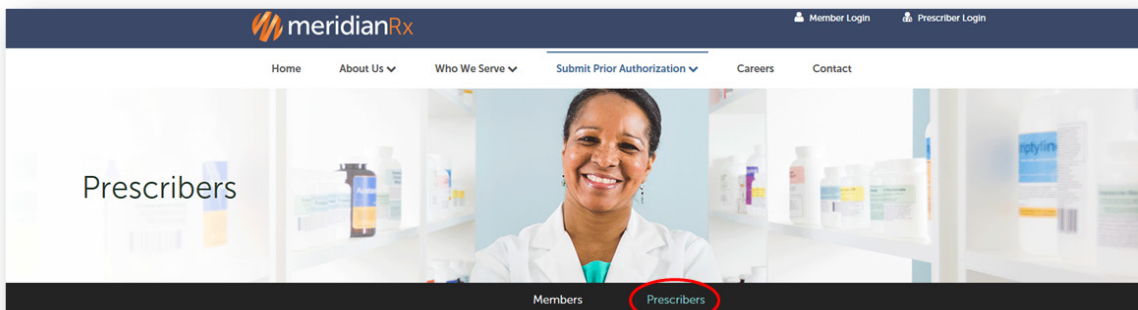
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Access the Prescriber Web Prior Authorization Form

To access the Prescriber Web Prior Authorization (PA) forms:

1. Prescribers can access the Prior Authorization form via: www.meridianRx.com.
2. When the MeridianRx Home page displays, click **Submit Prior Authorization**. The Submit Prior Authorization page will display. From here, you can submit a prior authorization request for a medication.
3. To continue, click **Prescribers**. The PA form contains several text fields. Fields indicated by an asterisk (*) are required.



You'll see the following sections:

Section	Description
Patient Information	This section allows you to provide general information about yourself.
Prescriber Information	This section allows you to enter your prescriber contact information.
Diagnosis and Medical Information	This section allows you to search for a medication and enter medication details.
Optional: Attach Supporting Documentation	This section provides instructions how to attach supporting documentation.

Patient Information

You can enter the patient information by completing the following fields:

Field	Action
Member ID	Enter the patient's Member ID number.
First Name	Enter the patient's first name.
Last Name	Enter the patient's last name.
Plan Name	Enter the patient's plan name.
Date of Birth	Type the patient's date of birth in the format MM/DD/YYYY (e.g. 01/20/1959).
Gender	Select Female or Male from the drop-down list.

Prescriber Information

1. You can enter the prescriber information by completing the following fields:

Field	Action
Prescriber Name	Enter the name of the prescribing physician.
Prescriber NPI #	Enter the National Provider Identification (NPI) number for the prescribing physician.
Prescriber Phone	Enter the phone number for the prescribing physician.
Prescriber Fax	Enter the fax number for the prescribing physician.
Prescriber Contact Person	Enter person to contact if necessary.

2. Check the Service Type check box that applies.

Diagnosis and Medical Information

To enter information about the medication for which the prior authorization request is created, complete the following fields:

Field	Action
Medication	Type the name of the medication in the Medication field. The Medication text field will generate search results after you type four letters. Once the medication you are searching appears, you can make your selection.
Urgency	Select the Home Infusion or Retail option from the Level of Care drop-down list.
Expected Length of Therapy	Enter how long therapy is expected to last.

Field	Action
Diagnosis	Type the patient's diagnosis that requires the medication.
Frequency	Type how often the medication is to be taken.
Quantity	Type the amount of medication to be dispensed.
Drug Allergies	Check the box, Yes or No, that applies. If yes, explain.
Trial & Failure	Check the box, Yes or No, that applies. If yes, explain.
Additional Information	Type a brief description of the reason for the prior authorization in the Additional Information text box. This box is an optional field.

Optional: Attach Supporting Documentation

To attach supporting documentation:

1. Select Browse to search for all necessary clinical documentation, office notes, and all related laboratory results to ensure a complete PA review. (PDFs only).
2. Select the check box if your previous request was denied and you'd like to submit an appeal.
3. Click the **Reset** button to start a new submission and erase any information you entered in the PA fields from your last submission.
4. Once you've entered all required fields, click the **Submit** button. The "Prior Auth Submitted Successfully" message will appear.
5. Click **OK** to complete the submission process.

Potential Error Messages

You may receive error messages if you enter incorrect information in the Patient and Diagnosis and Medical Information sections.

1. If you receive the "Could not find member coverage with supplied information" error message, click **OK**. The Message from webpage dialog box will close.
2. If you receive the "Could not find selected drug" error message, click **OK**. The Message from webpage dialog box will close.
3. Review the information entered in the Patient and Diagnosis and Medical Information sections for accuracy and then re-enter the correct information.
4. Once you've entered the correct information, click the **Submit** button. The "Prior Auth Submitted Successfully" message will appear.
5. Click **OK** to complete the submission process.