



Medi-Cal Rx

# Medi-Cal Rx Portal Prior Authorization Request Job Aid

April 21, 2021; Last Updated March 28, 2025

## 1.0 Overview

A prior authorization (PA) request is a process by which providers obtain approval before rendering certain services or drugs. Registered pharmacy providers and prescribers can log in to the [Medi-Cal Rx Secured Provider Portal](#) to submit PA requests via the Medi-Cal Rx Prior Authorization System (PA request system) and complete the following actions:

- Inquire about the status of PA requests
- Cancel PA requests
- Add information to existing PA requests
- Make PA Request Appeals
- Attach documents to any in-progress PA requests

**Note:** PA Request Appeals may also be submitted by changing the request type. Refer to *Figure 3.1-1*.

## 2.0 Accessing the PA Request System

Before you can access the PA request system, you must first register for the Medi-Cal Rx Secured Provider Portal. If you have not completed registration, refer to the [User Administration Console \(UAC\) Quick Start Guide](#) for instructions.

1. Once you have completed registration, access the PA request system by logging in to the [Medi-Cal Rx Secured Provider Portal](#). Once you log in, the page displays the National Provider Identifier (NPI) on whose behalf you are working. Refer to *Figure 2.0-1*.
2. If submitting PA requests on behalf of multiple NPIs, choose the relevant provider by selecting the **Pencil** icon after the NPI. Refer to *Figure 2.0-1*.

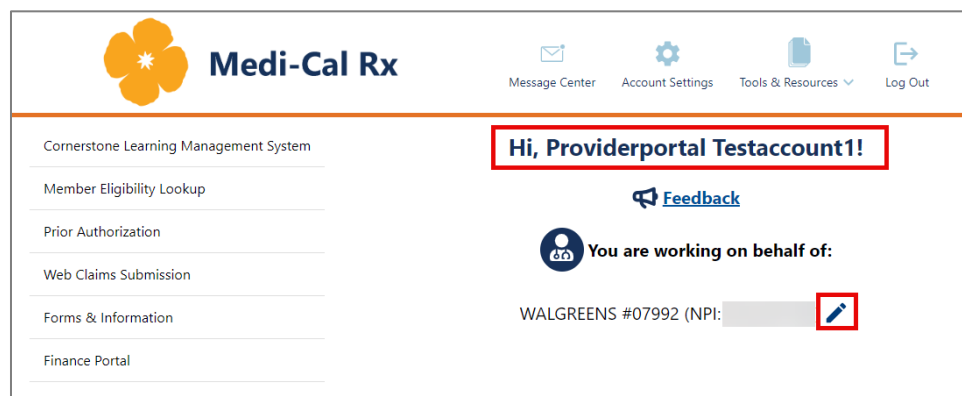


Figure 2.0-1: Secured Provider Portal

3. The Provider List pop-up box appears. Choose the radio button next to the relevant provider, and then click **SELECT**. Refer to *Figure 2.0-2*.

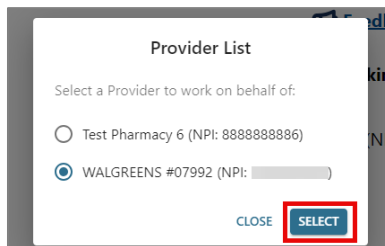


Figure 2.0-2: Provider List Pop-Up Box

4. To access the PA request system, select the **Prior Authorization** tab. Refer to *Figure 2.0-3*.

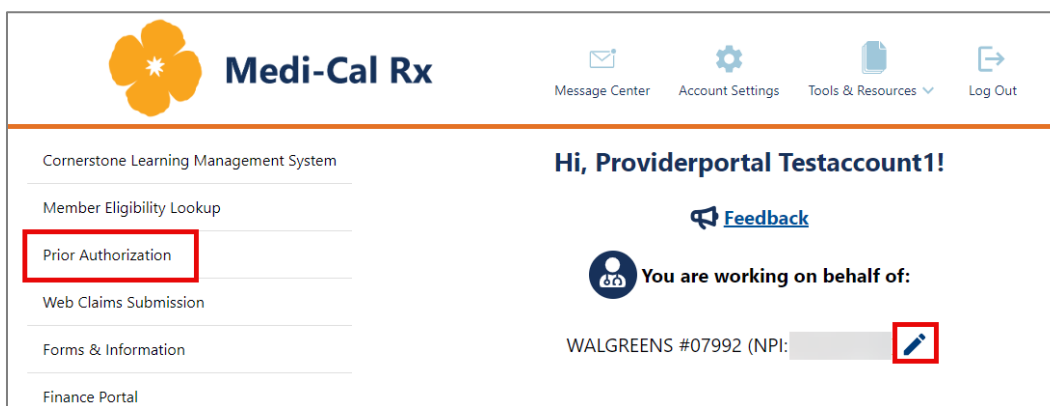


Figure 2.0-3: Prior Authorization

5. Selecting the Prior Authorization tab will take you to the PA landing page where you have five functions to choose from: Create New PA, Inquiry on PA, Cancel PA, Add Information to Existing PA, and Upload Attachments to Existing PA. Refer to *Figure 2.0-4*.
- **Note:** A link to this job aid is provided at the bottom of the PA landing page.

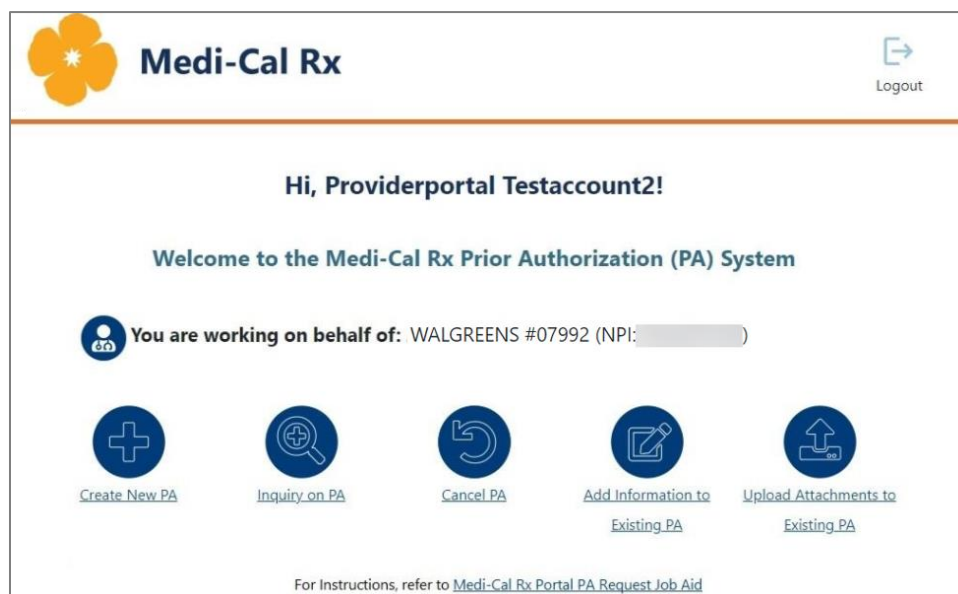


Figure 2.0-4: PA Landing Page

## 3.0 Creating a New PA Request

Complete the following steps to create a new PA request:

1. Select **Create New PA** from the PA landing page. Refer to *Figure 3.0-1*.

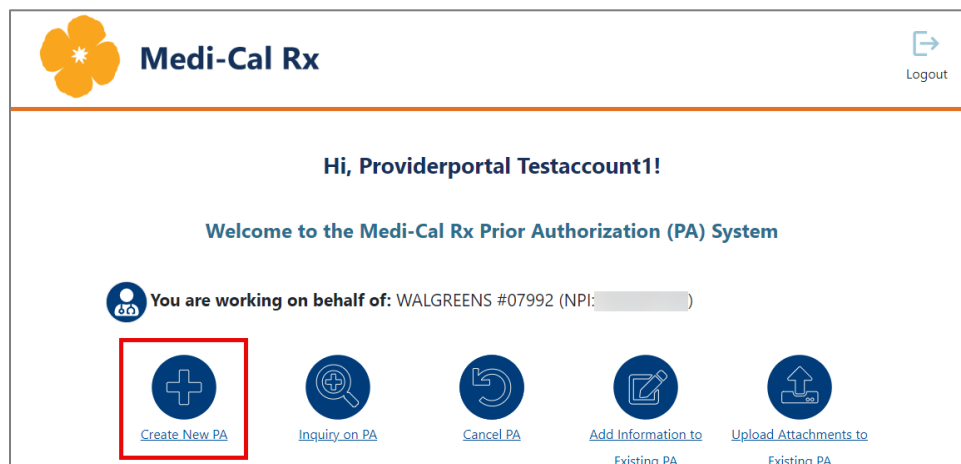


Figure 3.0-1: Create New PA Button

2. The Create New PA page loads with three options to submit a PA request. Select an option to continue using the portal:
  - **Portal:** To continue using the portal, select the **Continue to Create a New PA on the Portal** option. Refer to *Figure 3.0-2*.
  - **CoverMyMeds®:** Except for pharmacies, prescribers can navigate from the portal to CoverMyMeds to submit PA requests. To use this option, select the link or go to <https://www.covermymeds.health> for more information.
  - **Downloaded Form:** You can submit using a manual PA request fax form by selecting the link to download the [Medi-Cal Rx Prior Authorization Request Form \(DHCS 6560\)](#). The form is also found on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

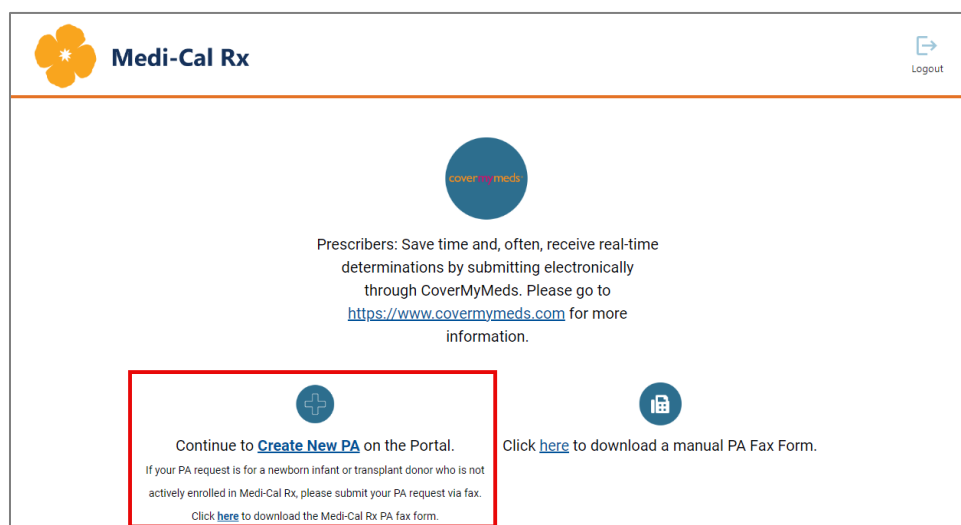


Figure 3.0-2: Create New PA Options

3. The Provider page appears with fields for entering prescriber information. Complete the required fields notated by a red asterisk ( \* ). Once the required fields are filled out, the previously greyed out NEXT button turns blue. Select **NEXT** to proceed. Refer to *Figure 3.0-3*.
  - **Note:** If a valid prescriber NPI cannot be found based on the information provided, an error message will appear. A valid NPI must be submitted to continue with the PA request submission.

\*Required Fields

PROVIDER SUBMITTER MEMBER DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

Provider Name: WALGREENS #07992 Provider Type: Pharmacy Service Provider NPI Number: 1023247525

Phone #: (800) 111-1111

\* Prescriber NPI: 88888886 \* First Name: Test \* Last Name: Pharmacy

\* Fax #: (222) 222-2222 \* Phone #: (333) 333-3333

PREVIOUS CANCEL NEXT

Figure 3.0-3: Provider Page with Prescriber Fields

4. The Submitter page appears. Complete the required fields notated by a red asterisk ( \* ) and select **NEXT**. Refer to *Figure 3.0-4*.

\*Required Fields

PROVIDER SUBMITTER MEMBER DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

Please enter your name and best contact phone number. Also please provide a fax number that can receive HIPAA secured communication:

\* Submitter First Name: John \* Submitter Last Name: Doe

\* Contact Phone Number: (444) 444-4444 \* HIPAA Secure Fax Number: (555) 555-5555

PREVIOUS CANCEL NEXT

Figure 3.0-4: Submitter Information Page

5. After the Member page loads, complete the required fields notated by a red asterisk ( \* ) and select **NEXT**. Refer to *Figure 3.0-5*. Selecting NEXT initiates a member validation check using the provided information.

The screenshot shows a web form titled "Member Information" with a progress bar at the top indicating steps: PROVIDER, SUBMITTER, MEMBER (current), DRUG INFORMATION, PA INFORMATION, ATTACHMENTS, and SUMMARY. Below the progress bar, there is a note about submitting PA requests for newborn infants or transplant donors via fax. The form contains four required fields, each marked with a red asterisk: "Member First Name" (filled with "Jane"), "Member Last Name" (filled with "Doe"), "Member ID" (filled with "12345678A"), and "Member DOB" (filled with "01/01/1999"). At the bottom right, there are three buttons: "PREVIOUS", "CANCEL", and "NEXT" (highlighted with a red border).

**Figure 3.0-5: Member Information Page**

6. If the member cannot be found based on the information provided, the following error message appears. Refer to *Figure 3.0-6*.
- "Member not found. Please verify Member First and Last Name, Member ID and Member DOB on the member's Medi-Cal card and try again. If the information is correct and you are still experiencing a problem, please call 1-800-977-2273."

The screenshot shows the same "Member Information" form as in Figure 3.0-5, but with an error message displayed at the top in a red banner. The error message reads: "Member not found. Please verify Member First and Last Name, Member ID and Member DOB on the member's Medi-Cal card and try again. If the information is correct and you are still experiencing a problem, please call 1-800-977-2273." The form fields are the same as in Figure 3.0-5, but the "NEXT" button is no longer highlighted.

**Figure 3.0-6: Error Message**

7. If the member is found with the information provided, the Drug Information page loads. If the PA request is for a compound drug, go to Step 9.

8. If the PA request is for a non-compound drug, leave the defaulted radio button selection as **No**. Refer to *Figure 3.0-7*.
- To search by drug name, select the **Drug Name** radio button. Select the appropriate drug form and strength from the drop-down menu and complete all the remaining required fields denoted by a red asterisk ( \* ). Select the appropriate radio button to determine if the PA request should be reviewed for Substitution Not Allowed. Then select **NEXT**. Continue to Step 10.
  - **Note:** For enteral nutrition products, you must enter the 11-digit NDC.

The screenshot shows the 'Drug Information' section of a web form. At the top, it asks 'Is the requested medication a compound drug?' with radio buttons for 'Yes' and 'No', where 'No' is selected. Below this, the 'Search By:' section has radio buttons for 'Drug Name' (selected) and 'NDC'. A red note states: 'Request for Enteral Nutrition Products must be submitted using NDC.' The 'Drug Name' search fields are highlighted with a red box and include: '\* Drug Name:' with a dropdown menu showing 'OMEPRazole DR 20 MG ODT', '\* Quantity:' with a text box containing '30', and '\* Days Supply:' with a text box containing '30'. At the bottom, there is a question 'Should the request be reviewed for Substitution Not Allowed (DAW-1)?' with 'Yes' and 'No' radio buttons, where 'No' is selected. Navigation buttons at the bottom right are 'PREVIOUS', 'CANCEL', and 'NEXT', with 'NEXT' highlighted by a red box.

**Figure 3.0-7: Drug Information Page – Drug Name Search**

- To search by NDC, select the **NDC** radio button. Refer to *Figure 3.0-8*. Enter the 11-digit NDC. This will be required for enteral nutrition products. Complete all the remaining required fields denoted by a red asterisk ( \* ). Select the appropriate radio button to determine if the PA request should be reviewed for Substitution Not Allowed. Then select **NEXT**. Continue to Step 10.
- **Note:** An error message will appear if the NDC submitted is not 11 digits or is invalid.

The screenshot shows the 'Drug Information' section with the 'Search By:' radio buttons set to 'NDC'. The '\* NDC:' text box contains '12343080980' and has a red error message below it: 'Invalid NDC. Please enter a valid NDC.' The 'Should the request be reviewed for Substitution Not Allowed (DAW-1)?' section at the bottom has 'Yes' and 'No' radio buttons, with 'No' selected. The 'PREVIOUS', 'CANCEL', and 'NEXT' navigation buttons are at the bottom right, with 'NEXT' being disabled (grayed out).

**Figure 3.0-8: Drug Information Page – NDC Search**

9. If the PA request is for a compound drug, have the pharmacy submit a compound claim prior to the PA request submission. Having the claim submitted first allows the PA request reviewer to accurately review medical necessity and ensure the claim being processed gets the correctly coded decision.

If the request is approved, the PA request reviewer will be able to test trial adjudication against the initial rejected claim to ensure payment for the pharmacy. Select the **Yes** radio button and complete all the required fields denoted by a red asterisk ( \* ). Select **NEXT**. Refer to *Figure 3.0-9*.

\*Required Fields

PROVIDER SUBMITTER MEMBER DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

Drug Information:

Is the requested medication a compound drug?: ☒ Yes ☐ No

Please have the pharmacy submit the compound drug claim prior to PA submission:

\* Compound Dosage Form:

\* Compound Dispensing Unit Form Indicator:

\* Compound Ingredient Component Count:

	* ID Qualifier	* Product ID(NDC)	* Ingredient Quantity
1	NDC	<input type="text"/>	<input type="text"/>
2	NDC	<input type="text"/>	<input type="text"/>

ADD ROW REMOVE REMOVE

Should the request be reviewed for Substitution Not Allowed (DAW-1)?: ☐ Yes ☒ No

PREVIOUS CANCEL NEXT

Figure 3.0-9: Compound Drug Information Page Fields

10. At this point, the system runs a trial adjudication.
- If the member eligibility is not found, an error message will appear and you will be unable to proceed.
  - If the trial adjudication determines that the claim will pay without the need for a PA, an error message will appear at the top of the window, and the pharmacy may submit the claim. Refer to *Figure 3.0-10*.
  - **Note:** If the claim denies at the pharmacy, contact the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273.

Medi-Cal Rx Logout

A prior authorization is not required for this member as of 2/28/2025, 10:15:17 AM (PT), for SIMVASTATIN 20 MG TABLET, quantity of 30, for 30 day supply and the prescriber's NPI 1760417232 provided. If the claim denies at the pharmacy, contact Customer Service Center 1-800-977-2273.

\*Required Fields

PROVIDER SUBMITTER MEMBER DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

Figure 3.0-10: Error Message- PA not required

11. If eligible coverage is found and the claim will require a PA, the PA Information page will load. Complete all of the required fields denoted by a red asterisk ( \* ). Refer to *Figure 3.0-11*.

- Choose the appropriate location from the Member Location drop-down menu.
- Choose the dispense as written (DAW) code from the DAW/Product Selection Code drop-down menu.
- Select the appropriate request type from the Request Type drop-down menu.
- Fill out the **PA Request Begin Date** and **PA Request End Date** fields.
  - **Note:** Do **NOT** use the therapy start date and end date.
- Select **NEXT**.

**\*Required Fields**

PROVIDER SUBMITTER MEMBER DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

Patient Name: Patient Height: inches Patient Weight: lbs

\* Member Location:

Drug Name: NDC:

Quantity: Days Supply:

Number of Refills: 0 \* DAW/Product Selection Code:

\* Request Type: New Request

\* PA Request Begin Date: MM/DD/YYYY

\* PA Request End Date: MM/DD/YYYY

\* ICD-10 Diagnosis Code:

ICD-10 Diagnosis Code:

\* Trial/Failure:

Please indicate what **Contract Drug List** (CDL) medications have been tried and/or considered for the specified indications. Include dates of trial, detailed reasons for therapeutic failure (subtherapeutic response, allergic reaction(s), contraindication(s), patient preference, or any other reason).

If the Contract Drug List alternatives are not available, please submit pharmacy invoices showing the limited supply/shortage.

Please list all other medication(s) not on the Contract Drug List (CDL) that have been tried for the treatment of the patient's diagnosis, including drug name(s), date(s) of therapy, and therapeutic outcome(s). Provide comprehensive and detailed clinical information that is relevant to this request.

Characters Remaining: 4000/4000

\* Clinical Information:

Please elaborate Patient's diagnosis, supporting the ICD-10 codes/details provided above.

Provide instructions for use including dose, route of administration, and frequency of administration.

If this is continuation of therapy, for the patient, provide therapy start date and clinical outcome while the patient has been on therapy. Please submit chart notes and/or dated lab results documenting symptoms and clinical evaluation. Also indicate how the patient obtained the medication (received samples, used different insurance coverage, started therapy in hospital, paid out of pocket, or other method).

If the request is for an off-label use of the medication or if it exceeds FDA approved dosage limit, submit article(s) from major peer-reviewed medical journals that present data supporting the proposed off-label use is safe and effective for patient's age and diagnosis.

If submitting a request for Enteral Nutrition (EN) product, please provide the following information: the requested NDC, daily caloric requirement from the requested product, patient's current weight, quantity, and day supply, and indicate if the patient is orally or tube fed. Also indicate if the patient is using other Enteral Nutrition (EN) products.

Characters Remaining: 4000/4000

PREVIOUS CANCEL NEXT

**Figure 3.0-11: PA Information Page**



12. The Attachments page appears. To upload attachments for the PA request, drag and drop files from your computer to the gray box or select the box to browse files. Choose up to 10 attachments (combined file sizes are not to exceed 25 MB). Once all relevant files are attached, select **NEXT**. Refer to *Figure 3.0-12*.

- **Note:** If submitting more than 10 attachments or if attachments exceed the 25 MB limit, submit via fax to 1-800-869-4325.

Medi-Cal Rx

Logout

\*Required Fields

PROVIDER SUBMITTER MEMBER DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

If you are unable to upload attachments electronically, please fax your attachments to 1-800-869-4325.

Please include the members first and last name, date of birth, and Medi-Cal Rx identification number on a cover page.

Please attach all chart/lab note(s), invoice(s), compendia literature(s), and any other documentation deemed pertinent to establish medical necessity.

This information will be used to ensure a thorough clinical review of the PA request.

Drag and drop files here, or click inside this box to choose file(s) to upload.

File size cannot exceed 25mb.

Please upload supported files: .pdf .jpeg .jpg .tiff

PREVIOUS CANCEL NEXT

Figure 3.0-12: Attachments Page

13. The Summary page loads. Review all information for accuracy, scroll down, and then select **SUBMIT**. Refer to *Figure 3.0-13*.

- **Note:** If a provider wishes to make changes when reviewing the Summary page, they can select the **PREVIOUS** button to return to the screen where they want to make a change.

Prior Auth Information:

Patient Name: Jane Doe Patient Height: Not Provided

Drug Name: OMEPRAZOLE DR 20 MG ODT Patient Weight: Not Provided

Quantity: 30 Days of Supply: 30

Number of Authorized Refills: 0

Request Type: New Request

PA Request Begin Date: 03/27/2024 PA Request End Date: 03/27/2025

Diagnosis Codes: G40

DAW Selection Code: No Product Selection Ind

Trial/Failure: test

Clinical Information: test

Additional Information: Not Provided

Uploaded Files:

cam\_flower1\_20240327161318.jpg Wednesday, March 27th 2024, 4:13 PM

PREVIOUS CANCEL SUBMIT

Figure 3.0-13: Summary Page

14. An Attestation pop-up box appears and acts as a digital signature. Select **YES, I ATTEST** to e-sign and submit the PA request. Refer to *Figure 3.0-14*.

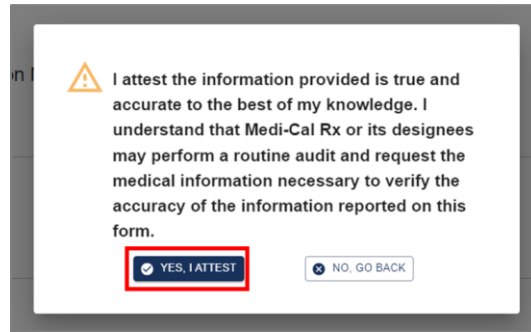


Figure 3.0-14: Attestation Pop-Up Box

15. The PA Submission Confirmation page appears, and an Authorization Number is provided. Select **CONTINUE** to return to the PA landing page. Refer to *Figure 3.0-15*.

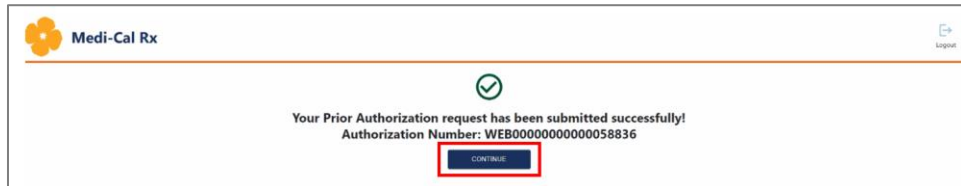


Figure 3.0-15: PA Submission Confirmation Page

16. After returning to the PA landing page, you have the following options:
- Create New PA
  - Inquiry on PA
  - Cancel PA
  - Add Information to Existing PA
  - Upload Attachments to Existing PA

### 3.1 PA Request Appeal

To submit a PA request appeal, follow the process for submitting a PA request in [Section 3.0 – Creating a New PA Request](#) in this job aid.

When you reach the PA information page, select **Appeal** from the **Request Type** drop-down menu. Refer to *Figure 3.1-1*. Make sure to provide the information supporting the medical necessity for your request as well as any supporting documentation. Complete all of the required fields denoted by a red asterisk ( \* ).

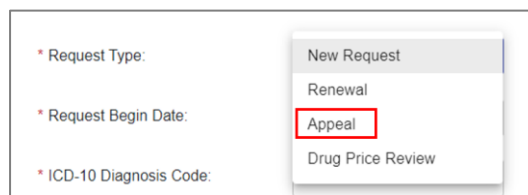


Figure 3.1-1: PA Information Page – Request Type

## 4.0 Inquiring on the Status of a PA Request

Complete the following steps to inquire on a previously submitted PA request:

1. On the PA landing page, select **Inquiry on PA**. Refer to *Figure 4.0-1*.

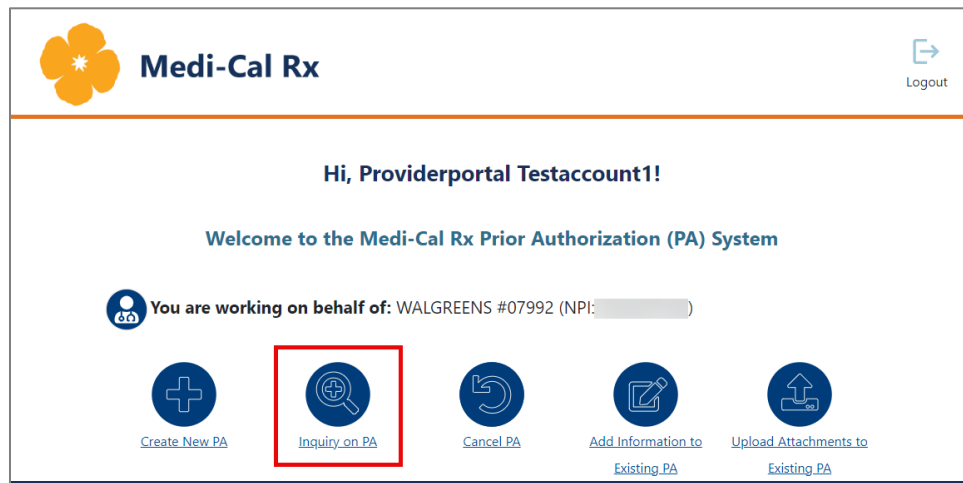
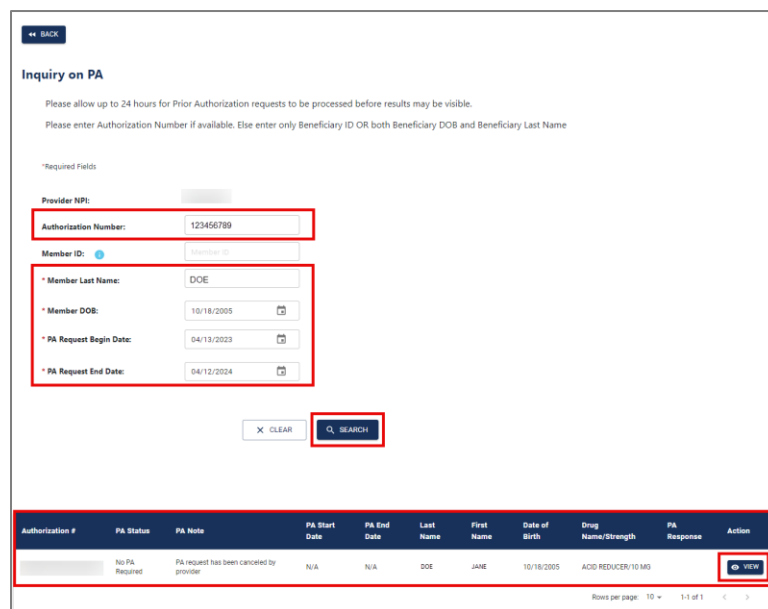


Figure 4.0-1: Inquiry on PA Button



2. If you search by Authorization Number, no other fields are required. Enter the **Authorization Number** and select **SEARCH**. Refer to *Figure 4.0-2*.
  - If you do not know the Authorization Number, you can also search by **Member ID** or **Member Last Name** and **DOB**. Include the **PA Request Begin Date** and **PA Request End Date**. Regardless of search method, providers can only see those PA requests that are associated with their NPI.
3. Selecting **SEARCH** prompts the results to appear at the bottom of the page. Select **VIEW** to view the PA request. Refer to *Figure 4.0-2*.



Authorization #	PA Status	PA Note	PA Start Date	PA End Date	Last Name	First Name	Date of Birth	Drug Name/Strength	PA Response	Action
	No PA Request	PA request has been canceled by provider	N/A	N/A	DOE	JANE	10/18/2005	ADD REDUCER/10 MG		VIEW

Figure 4.0-2: Inquiry on PA Page – Authorization Number Search and Results

4. Selecting VIEW will populate the PA request and all applicable information for the PA request will be viewable. Select **BACK** to return to the previous page. Refer to *Figure 4.0-3*.

**Medi-Cal Rx**Logout

[<< BACK](#)

**PA Response:** Your Prior Auth request with Authorization Number  
[Redacted]

Provider Information:

<b>Provider Name:</b> WALGREENS	<b>Provider Type:</b> PH	<b>NPI:</b> [Redacted]
<b>Provider Fax#:</b> Not Provided	<b>Provider Phone#:</b> Not Provided	
<b>Prescriber NPI:</b> [Redacted]	<b>Prescriber First Name:</b> New	<b>Prescriber Last Name:</b> [Redacted]
<b>Fax #:</b> [Redacted]	<b>Phone #:</b> [Redacted]	

Submitter Information:

<b>Submitter First Name:</b> [Redacted]	<b>Submitter Last Name:</b> [Redacted]
<b>Contact Phone Number:</b> [Redacted]	<b>HIPAA Secure Fax Number:</b> [Redacted]

Member Information:

<b>Member First Name:</b> [Redacted]	<b>Member Last Name:</b> [Redacted]
<b>Member Location:</b> [Redacted]	<b>Member ID:</b> [Redacted]
<b>Member DOB:</b> [Redacted]	

Drug Information:

<b>Is the requested medication a compound drug?</b> No	
<b>Drug Name:</b> FAMOTIDINE 10 MG TABLET	<b>Drug Form:</b> TABLET
<b>Quantity:</b> 999.0	<b>Drug Strength:</b> 10 MG
<b>Days Supply:</b> 005	

Prior Auth Information:

<b>Patient Name:</b> [Redacted]	<b>Patient Height:</b> Not Provided
<b>Drug Name:</b> FAMOTIDINE 10 MG TABLET	<b>Patient Weight:</b> Not Provided
<b>Quantity:</b> 999.0	<b>Days of Supply:</b> 005
<b>Number of Authorized Refills:</b> 1	
<b>Request Type:</b> New Request	
<b>PA Request Begin Date:</b> 03/21/2024	<b>PA Request End Date:</b> 03/31/2024
<b>Diagnosis Codes:</b> G40	
<b>DAW Selection Code:</b> No Substitution-Prescriber	
<b>Trial/Failure:</b> trial test notes	
<b>Clinical Information:</b> Test Clinical Info Notes.	
<b>Additional Information:</b> These are additional notes. Please review.	

Uploaded Files:

[Redacted]

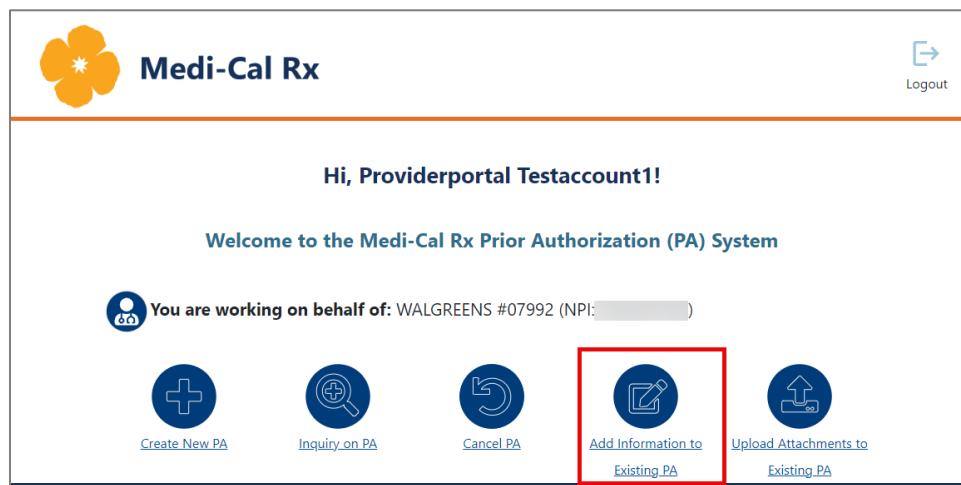
Thursday, March 21st 2024, 8:30 PM

**Figure 4.0-3: Inquiry on PA Page – PA Request View**

## 5.0 Adding Information to a PA Request

Complete the following steps to add information to an in-progress PA request:

1. On the PA landing page, select **Add Information to Existing PA**. Refer to *Figure 5.0-1*.



The image shows the Medi-Cal Rx Prior Authorization (PA) System landing page. At the top, there is a Medi-Cal Rx logo and a 'Logout' link. Below the header, a greeting reads 'Hi, Providerportal Testaccount1!'. A welcome message states 'Welcome to the Medi-Cal Rx Prior Authorization (PA) System'. A user profile section indicates 'You are working on behalf of: WALGREENS #07992 (NPI: [redacted])'. At the bottom, there are five icons with corresponding links: 'Create New PA', 'Inquiry on PA', 'Cancel PA', 'Add Information to Existing PA' (highlighted with a red box), and 'Upload Attachments to Existing PA'.

Figure 5.0-1: Add Information to Existing PA

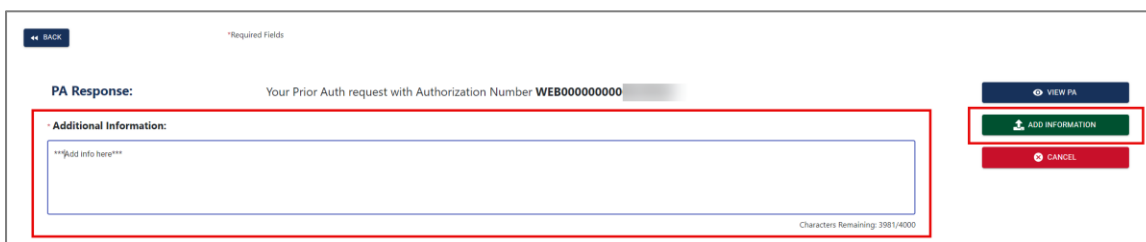
2. On the Add Additional Information page, enter your Authorization Number and select **SEARCH**. Then, select **ADD INFO**. Refer to *Figure 5.0-2*.



The image shows the 'Add Additional Information' page. It features a 'BACK' button at the top left. Below it, a section for 'Required Fields' includes a 'Provider NPI' field and an 'Authorization Number' field (containing 'WEB0000000000', highlighted with a red box). There are 'X CLEAR' and 'Q SEARCH' buttons. Below this is a table with columns: Authorization #, PA Status, PA Note, Last Name, First Name, Date of Birth, Drug Name/Strength, PA Response, and Action. The table contains one row with the following data: WEB0000000000, IN PROGRESS, Prior Authorization request is in progress, DOE, JANE, 10/18/2005, ZENPEP DR 60,000 UNIT CAPSULE/ROK 180 BK, and an 'ADD INFO' button (highlighted with a red box) in the Action column. At the bottom right, it says 'Rows per page: 10' and '1 of 1'.

Figure 5.0-2: Add Additional Information Page

3. Enter the additional information in the text box and select **ADD INFORMATION**. Refer to *Figure 5.0-3*.



The image shows the 'Enter in Additional Information' page. It has a 'BACK' button at the top left. Below it, a 'PA Response' section displays 'Your Prior Auth request with Authorization Number WEB0000000000'. There is a large text area for 'Additional Information' with a placeholder '\*\*\*Add info here\*\*\*' (highlighted with a red box). To the right of the text area are three buttons: 'VIEW PA', 'ADD INFORMATION' (highlighted with a red box), and 'CANCEL'. At the bottom right, it says 'Characters Remaining: 3981/4000'.

Figure 5.0-3: Enter in Additional Information Page

4. An Attestation pop-up box appears that acts as a digital signature. Select **YES, I ATTEST** to e-sign and submit the PA request. Refer to *Figure 5.0-4*.

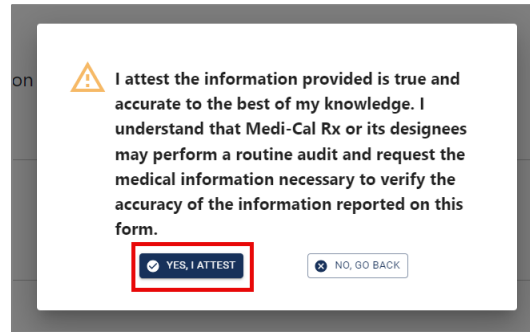


Figure 5.0-4: Attestation Pop-Up Box

## 6.0 Uploading Attachments

Complete the following steps to add documentation or attachments to an in-progress PA request:

1. Choose **Upload Attachments to Existing PA** on the PA landing page. Refer to *Figure 6.0-1*.

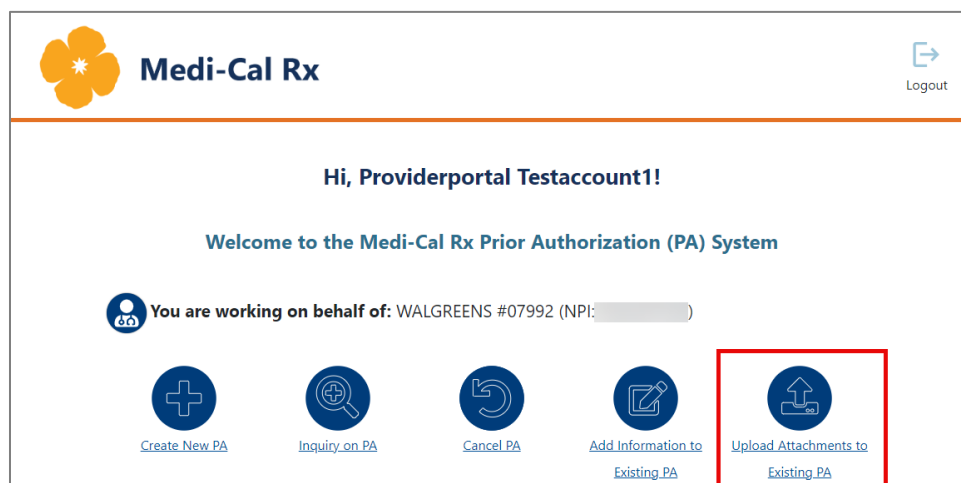


Figure 6.0-1: Upload Attachments to Existing PA

2. Enter your Authorization Number and select **SEARCH**. Select **UPLOAD**. Refer to *Figure 6.0-2*.



Figure 6.0-2: Upload PA Attachments Page

3. Drag, drop, or click inside the box to upload attachments. Repeat for any additional attachments you wish to add.
  - **Note:** Special characters and/or spaces are not permitted in the file name, and the combined file size cannot exceed 25 MB. Select **UPLOAD ATTACHMENTS**. Refer to *Figure 6.0-3*.

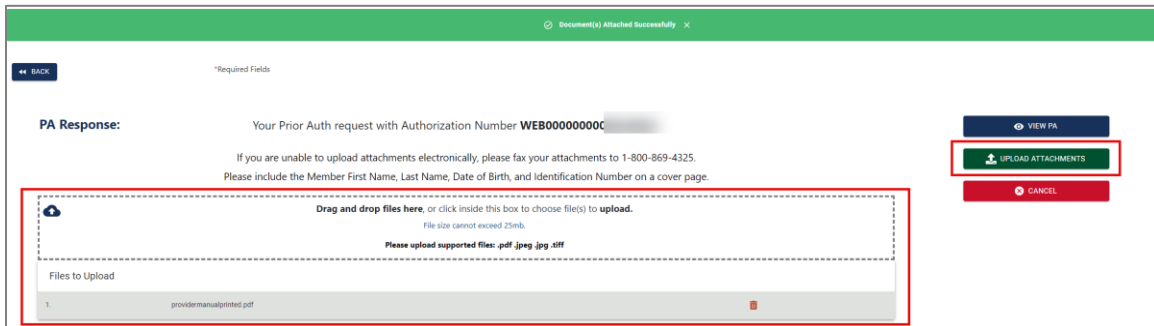


Figure 6.0-3: Add Attachments (Upload) Page

4. An Attestation pop-up box appears that acts as a digital signature. Select **YES, I ATTEST** to e-sign and submit the PA request. Refer to *Figure 6.0-4*.

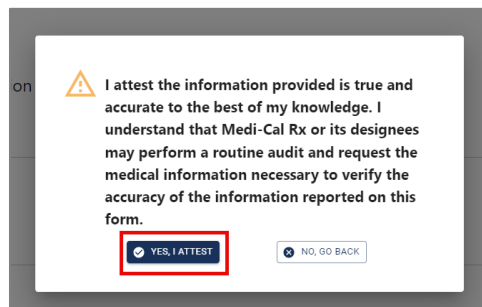


Figure 6.0-4: Attestation Pop-Up Box

## 7.0 Canceling a PA Request

Complete the following steps to cancel an in-progress PA request:

1. On the PA landing page select **Cancel PA**. Refer to *Figure 7.0-1*.

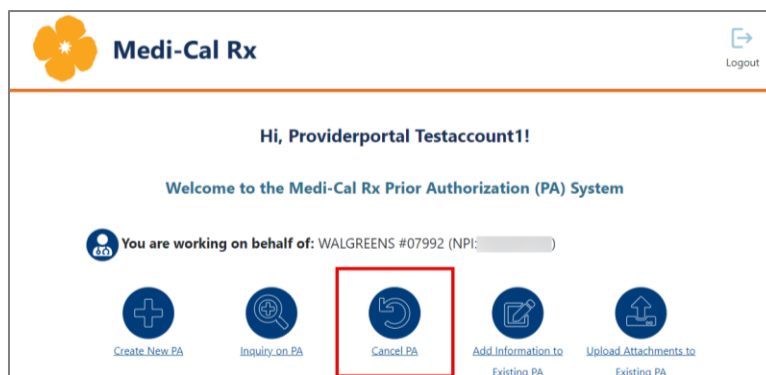


Figure 7.0-1: Cancel PA

2. Enter your Authorization Number and select **SEARCH**. Select **CANCEL**. Refer to *Figure 7.0-2*.

Authorization #	PA Status	PA Note	Last Name	First Name	Date of Birth	Drug Name/Strength	PA Response	Action
WEB0000000000	IN PROGRESS	Additional info received. PA in progress.	DOE	JANE	10/18/2005	ZENPEP DR 60,000 UNIT CAPSULE/100-185 BK		Cancel

Figure 7.0-2: Cancel PA Page

3. Select **CANCEL PA**. Refer to *Figure 7.0-3*.

PA Response: Your Prior Auth request with Authorization Number WEB0000000000

CANCEL PA  
VIEW PA

Figure 7.0-3: PA Response Page – Cancel PA

4. A confirmation pop-up box appears. Select **YES, CANCEL** to cancel the PA request. Refer to *Figure 7.0-4*.

Are you sure you want to cancel this prior authorization request? All information will be lost.

YES, CANCEL NO, GO BACK

Figure 7.0-4: Confirm Cancellation Pop-Up Box

5. A PA cancellation confirmation page appears. Select **CONTINUE** to return to the PA landing page. Refer to *Figure 7.0-5*.

PA cancellation request successfully submitted,  
please allow 24 hours for this request to process.

CONTINUE

Figure 7.0-5: PA Cancellation Confirmation Page