PRESBYTERIAN

Step by Step:

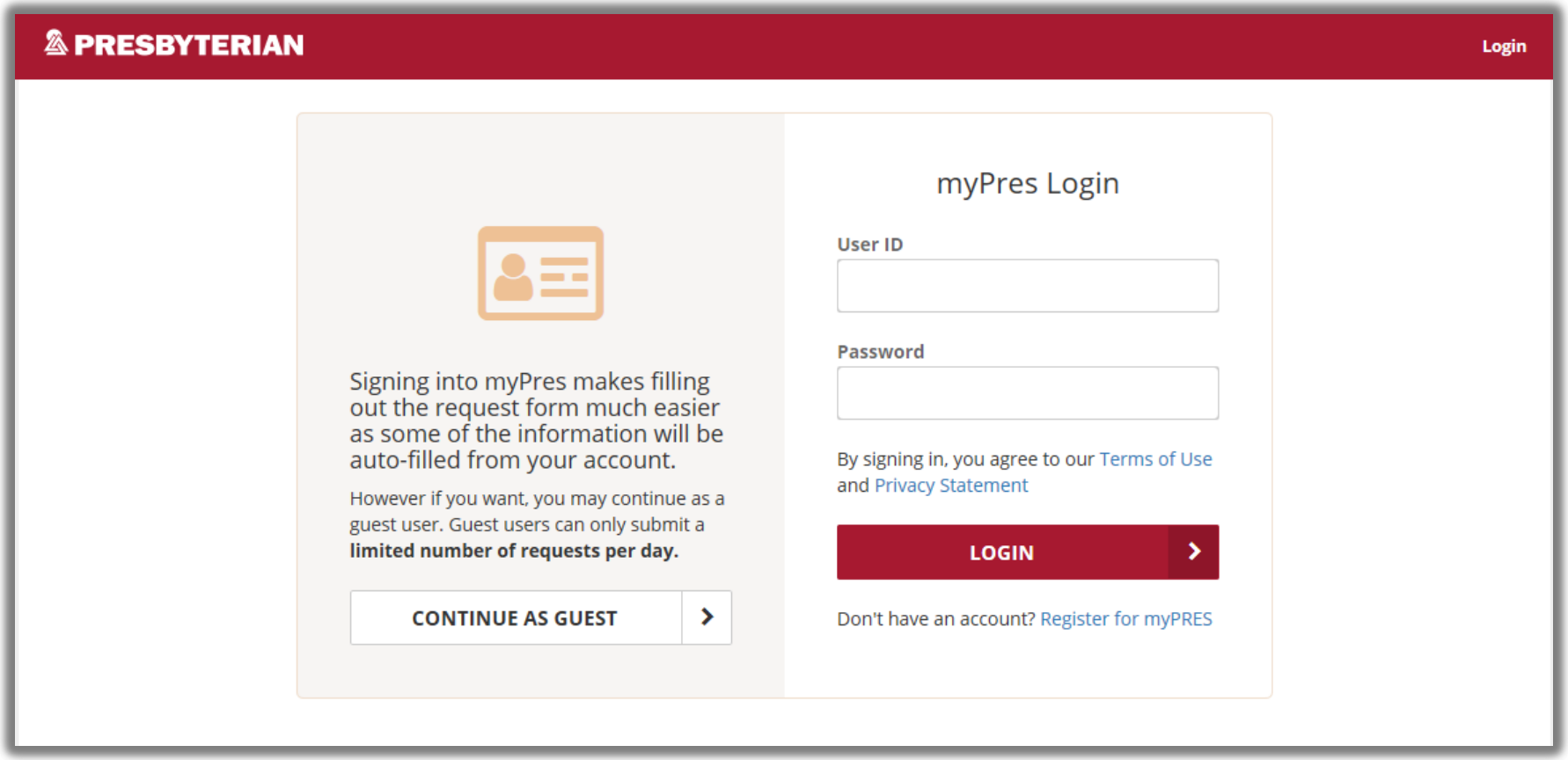
How to Submit a Prior Authorization Online

PPC031815

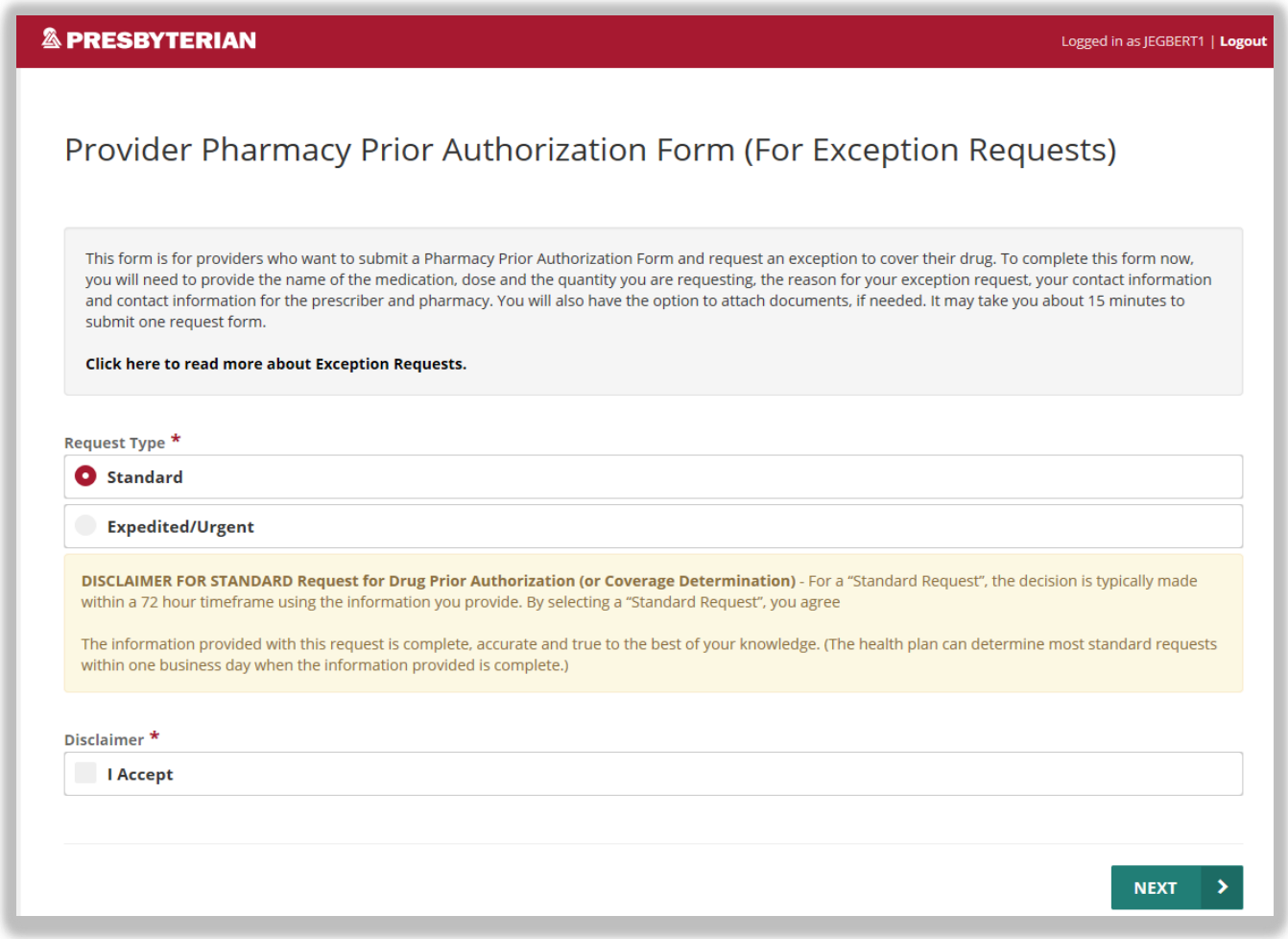
Attention:

Prescribers may submit a prior authorization request for a formulary medication **or** request an exception once a member has tried and failed formulary medications.

1. Enter your **myPRES** user ID and password.

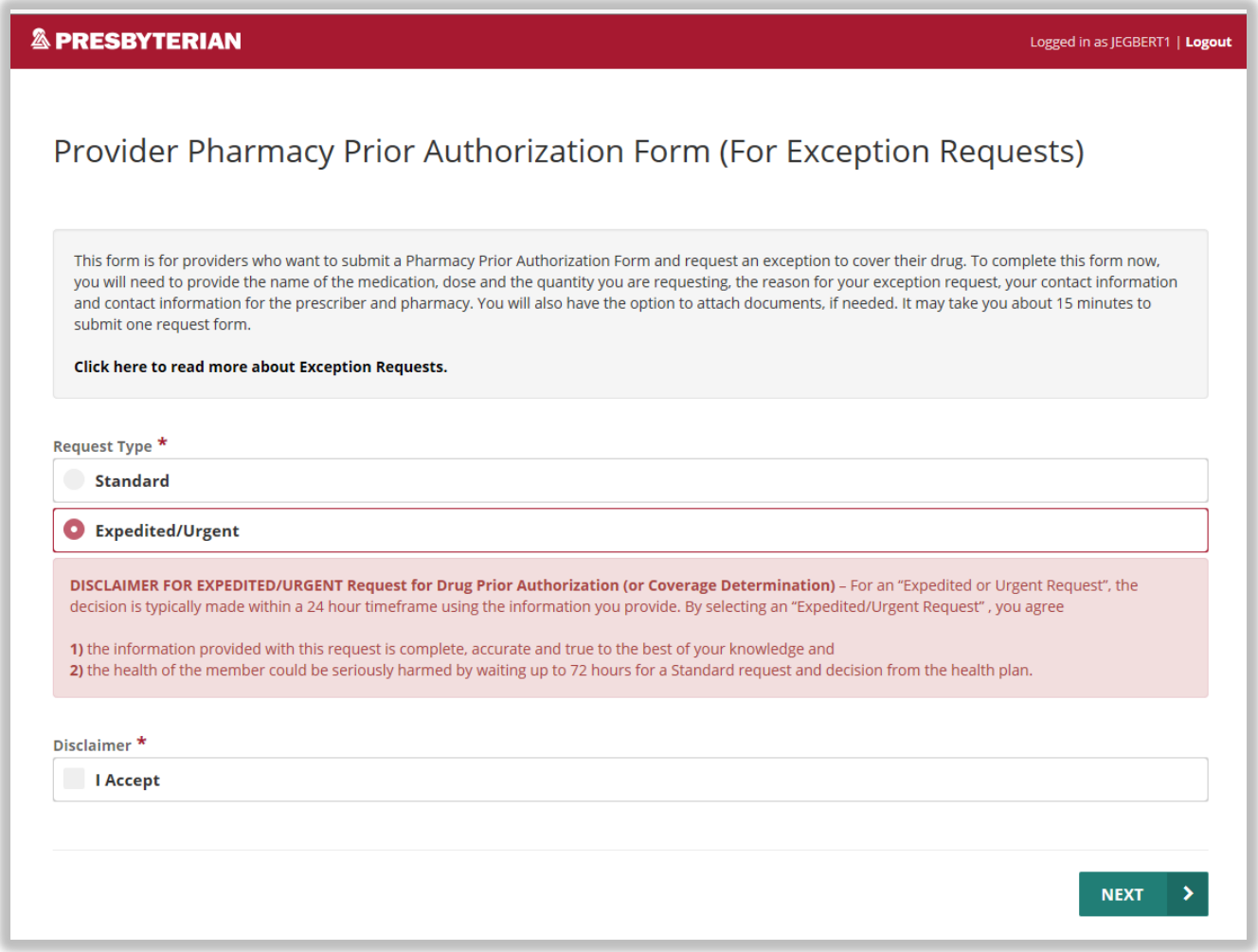


2. Select the "**Standard**" request type if a response can be returned with 72 hours.



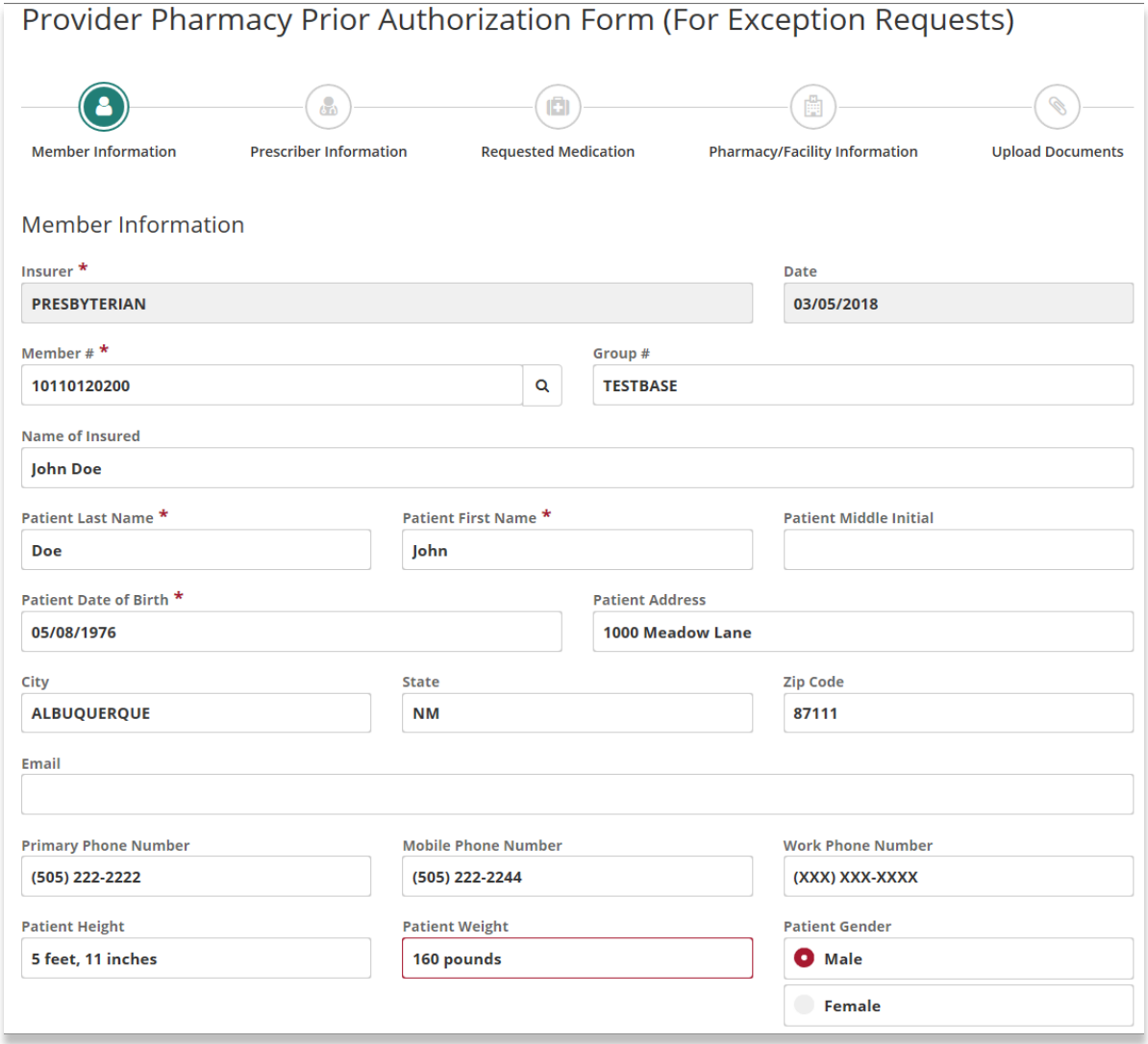
*Required Information

3. Select "**Expedited/Urgent**" request type if a response must be returned within 24 hours.



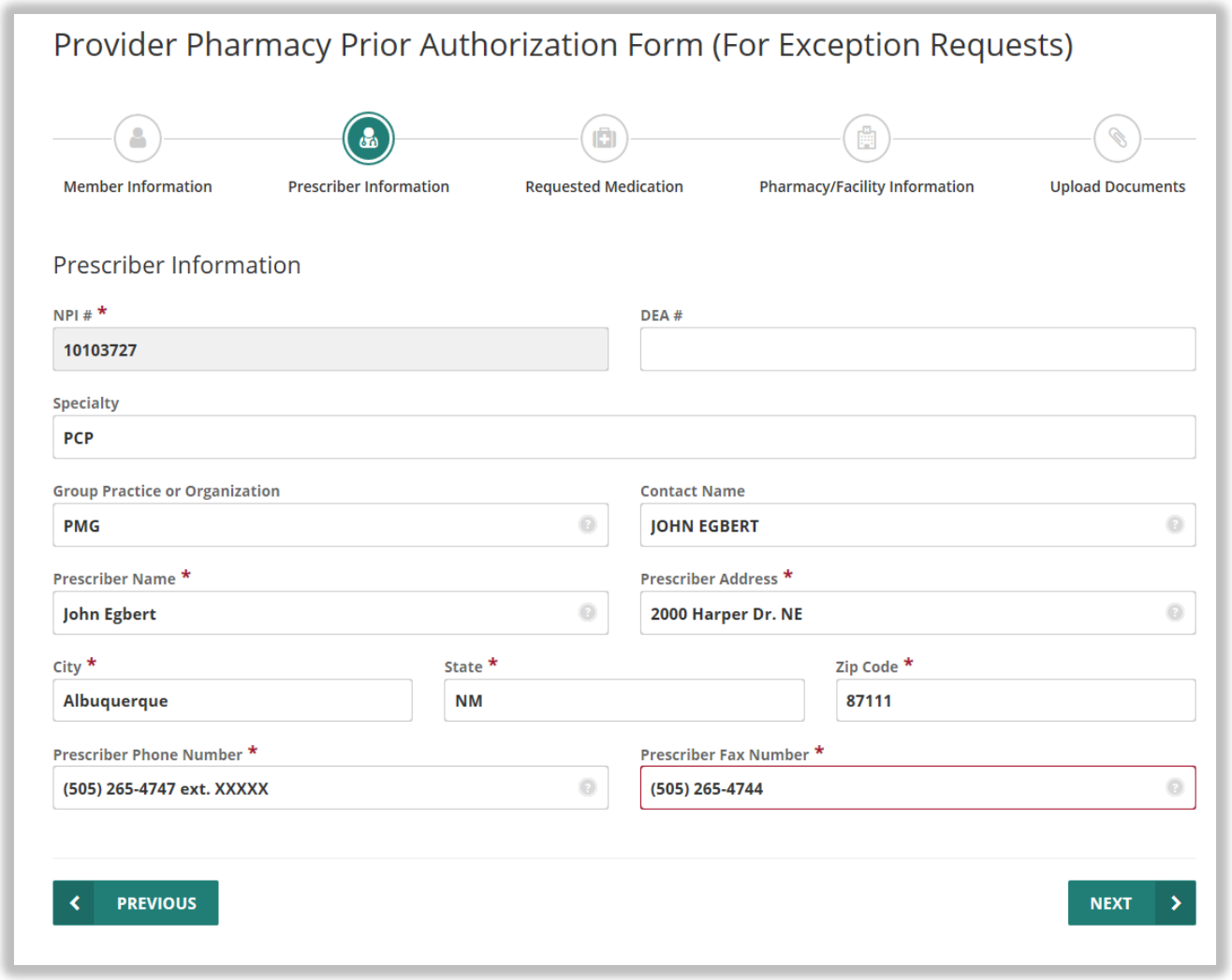
*Required Information

4. Enter "**Member Information**."



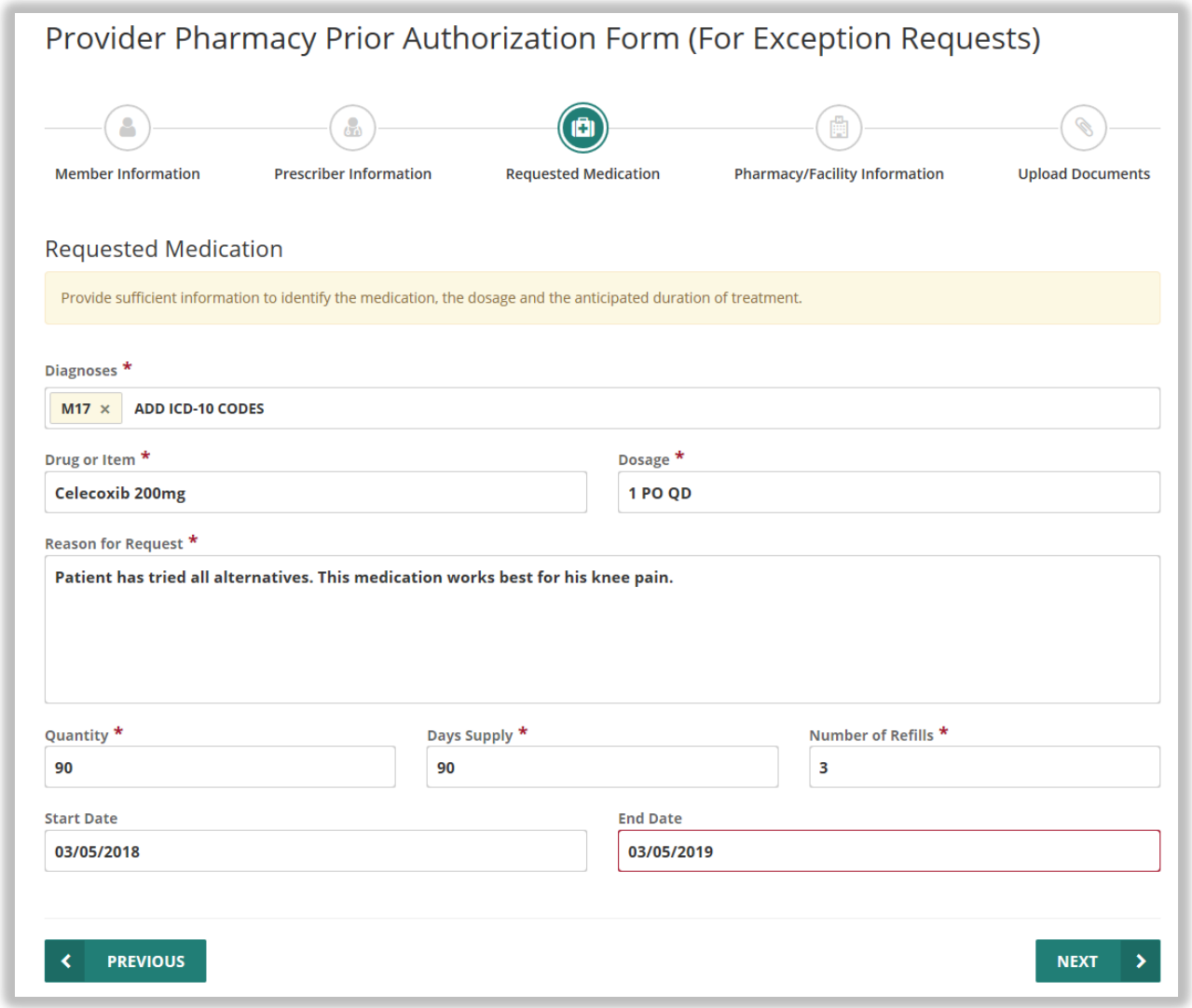
*Required Information

5. Enter "**Prescriber**" information.



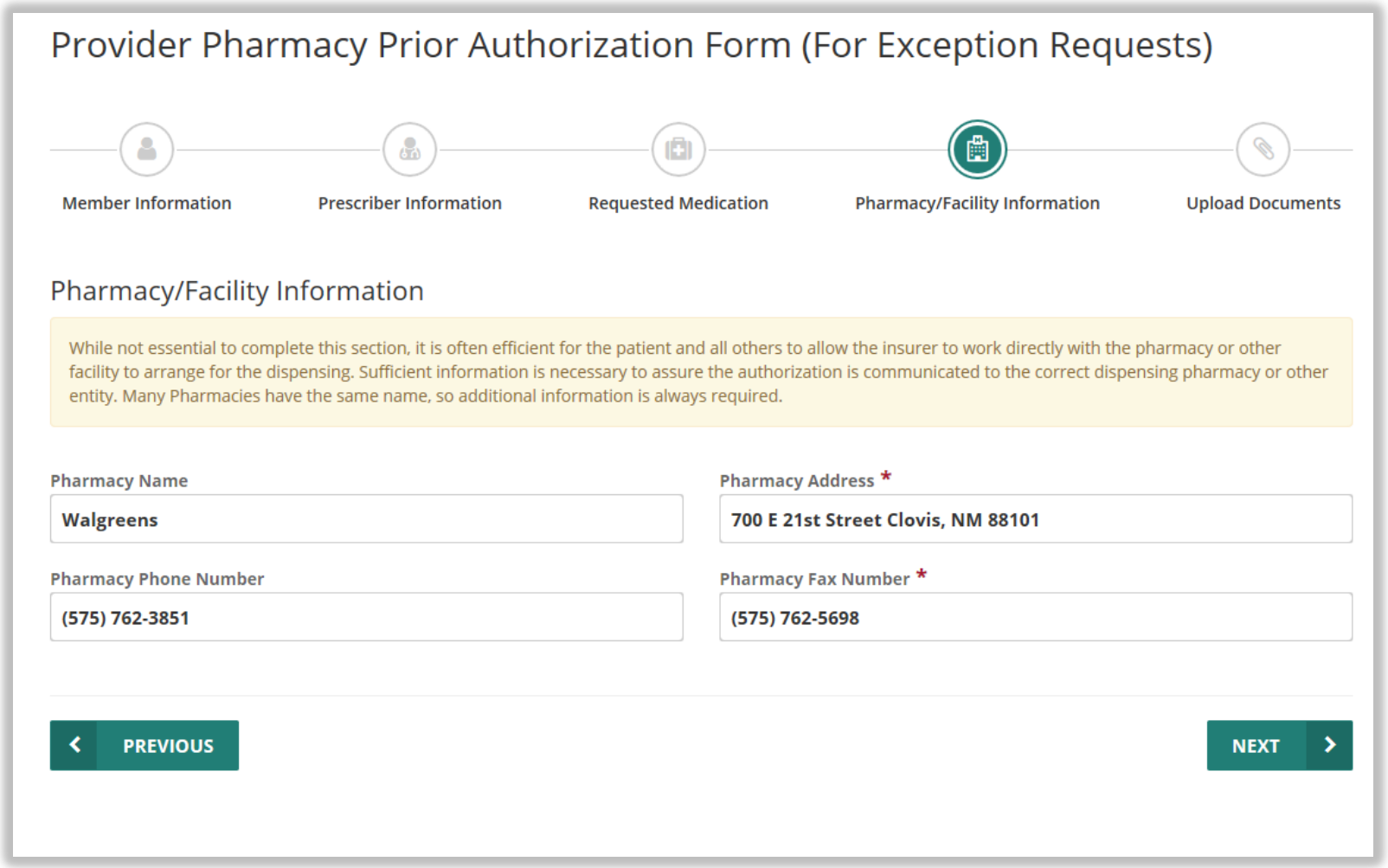
*Required Information

6. Enter "**Requested Medication**."



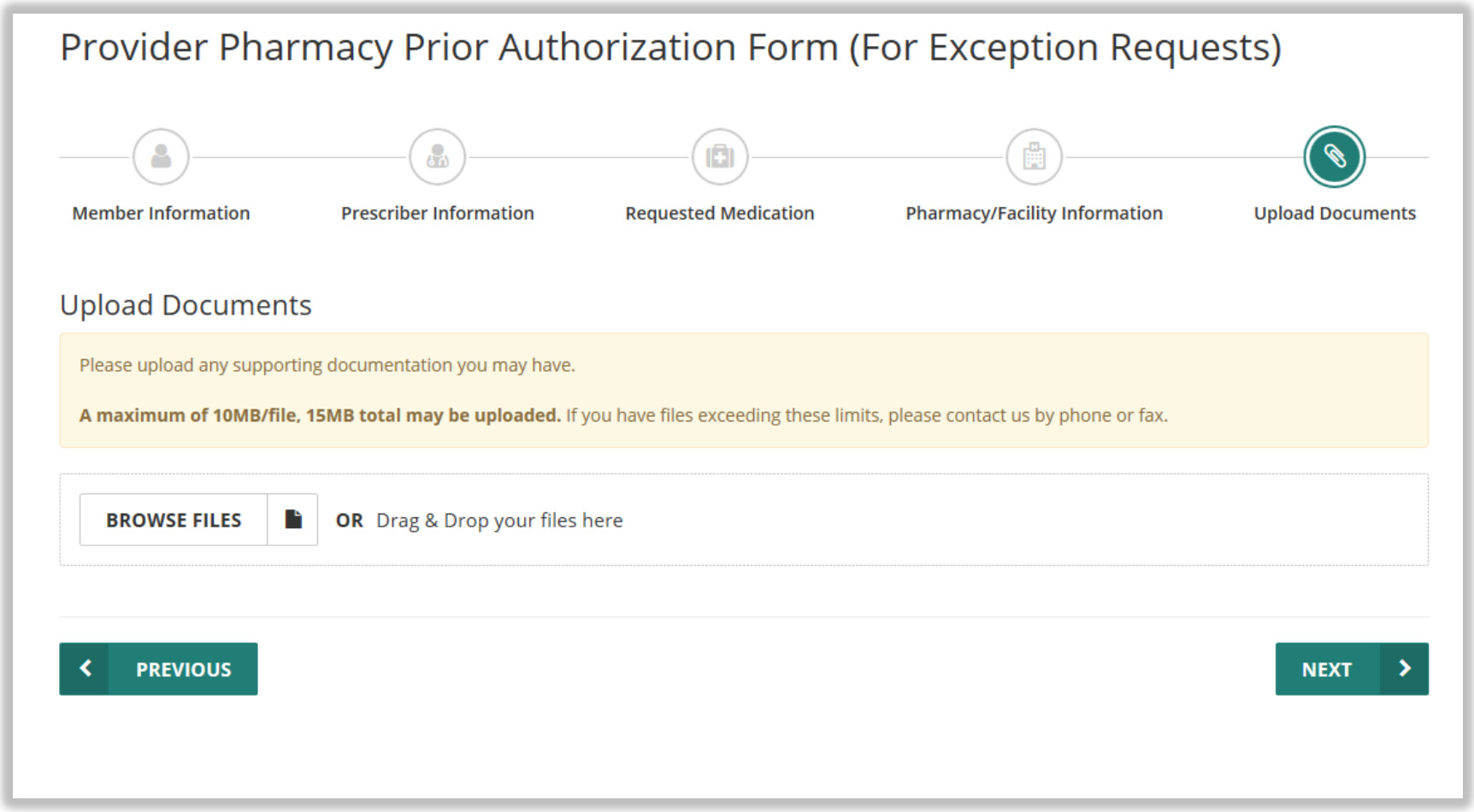
*Required Information

7. Enter "**Pharmacy/Facility**" information.



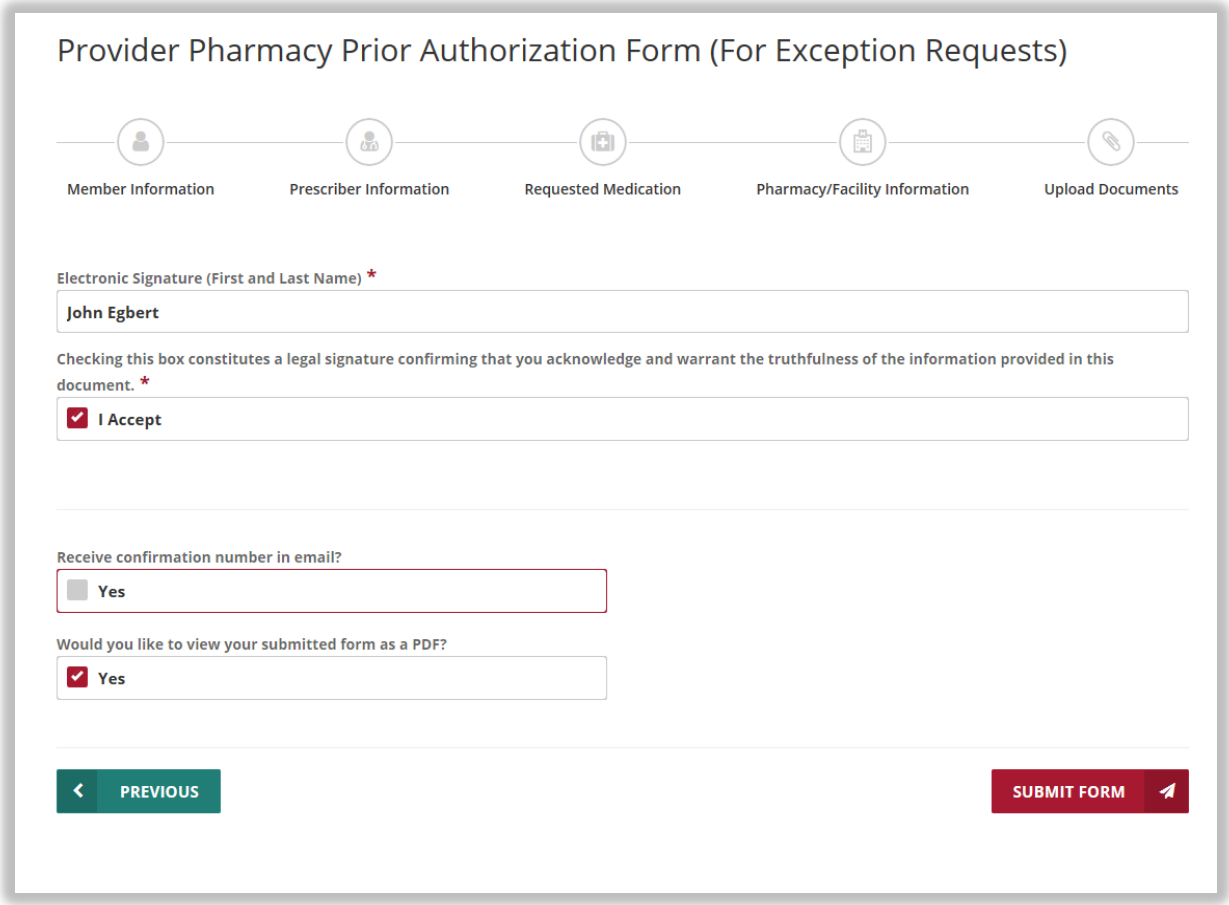
*Required Information

8. “Upload” supporting documents.



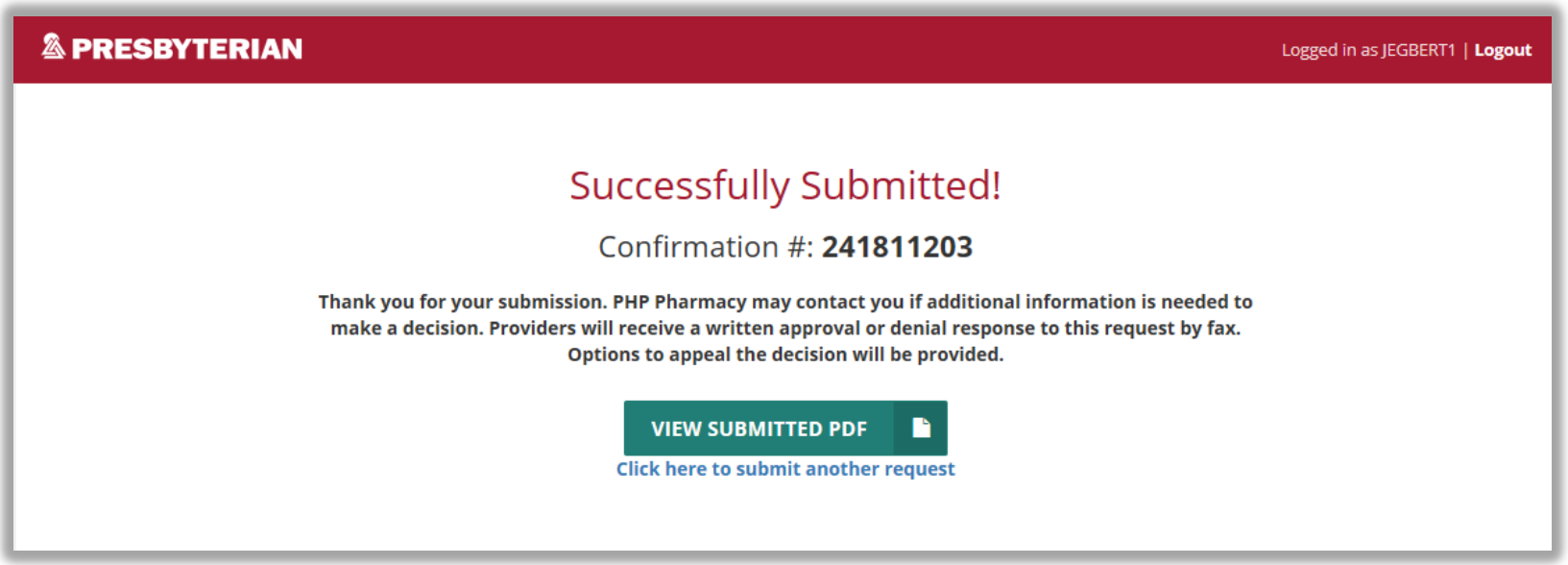
*Required Information

9. Type in your first and last name, confirm and acknowledge, and select "**Yes**" if you want to view your form. Then submit form.



*Required Information

10. Receive Confirmation.



EXAMPLE

PRESBYTERIAN

Provider Pharmacy Prior Authorization Form

Request Type	Confirmation #	Insurer	Timestamp
Standard	241811203	PRESBYTERIAN	03/05/2018 09:23 am

Member Information	Group #	Member #	Name of Insured
	TESTBASE	10110120200	John Doe

Patient Last Name	First	Initial	Date of Birth
Doe	John		05/08/1976

Patient Address	City	State	Zip Code
1000 Meadow Lane	ALBUQUERQUE	NM	87111

Primary Phone #	Mobile Phone #	Work Phone #	Email
(505) 222-2222	(505) 222-2244		

Patient Height	Patient Weight	Patient Gender
5 feet, 11 inches	160 pounds	Male

Prescriber Information	NPI #	DEA #
	10103727	

Specialty	Group Practice or Organization
PCP	PMG

Prescriber Name	Contact Name
John Egbert	JOHN EGBERT

Prescriber Address	City	State	Zip Code
2000 Harper Dr. NE	Albuquerque	NM	87111

Prescriber Phone #	Prescriber Fax #
(505) 265-4747 ext. XXXXX	(505) 265-4744

Requested Medication	Drug or Item	Dosage
	Celecoxib 200mg	1 PO QD

Diagnoses
M17

Reason for Request
Patient has tried all alternatives. This medication works best for his knee pain.

Quantity	Days Supply	Number of Refills
90	90	3

Pharmacy/Facility Information	Pharmacy Name
	Walgreens

Pharmacy Address	Pharmacy Phone #	Pharmacy Fax #
700 E 21st Street Clovis, NM 88101	(575) 762-3851	(575) 762-5698

Provided Documents
none