



Electronic Prior Authorization Portal

Quick-Start Guide for Department of Defense

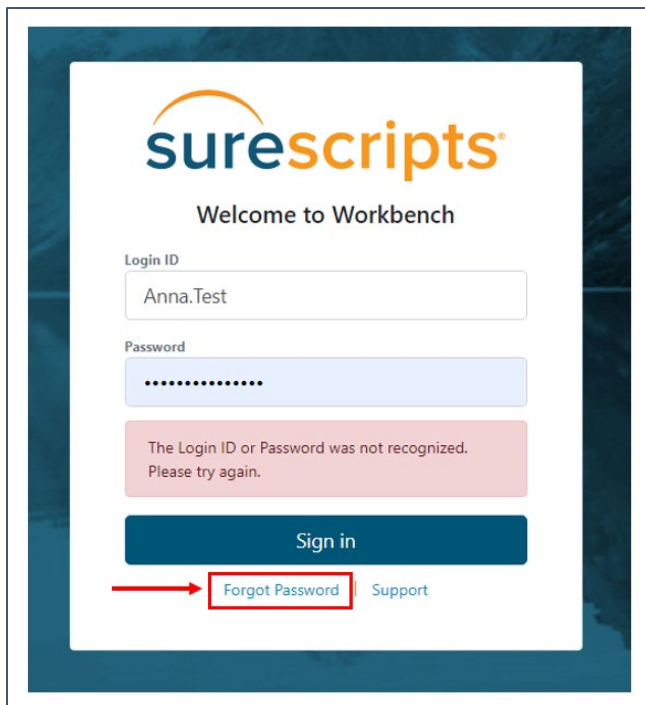
Document Purpose: This quick start guide is intended for Department of Defense end-users who have already been registered and identity-proofed for the Surescripts Electronic Prior Authorization (ePA) Portal. The complete ePA Portal User Guide can be referenced [here](#).

1. Sign Into Your Account

Sign into your account at <https://providerportal.surescripts.net/ProviderPortal/DoD/login>

Your username will be the email address with which you registered.

If you are unable to log in, click the **Forgot Password** link. Password reset instructions will be sent to the email address associated with the login ID. If you do not receive an email within 2 hours, please contact Surescripts Support at support@surescripts.com, or by clicking **Support** and filling out the web form.



2. Start a New Prior Authorization Request

Click **Start Prior Authorization**.

Create New Prior Authorization

Use an Existing TRX Code

Enter TRX Code

OR

Start Prior Authorization

Your prescriber has completed the ID Proofing process to enable Prior Authorization initiations. Click the button below to begin.

Add a new patient or search for an existing patient by navigating to either the **Add New Patient** or **Patient List** tab, then complete the required fields.

Create New Prior Authorization

Prescriber **Testa, Marie**
NPI 1285792226
FAX - (617) 323-3012

Enter Patient Information

First Name Middle Name/Initial Last Name

Birth Date Gender

Country

Address 1

Address 2

City State Postal Code US

TRICARE
Plan Information
Plan - TRICARE
IIN (BIN) # - 003858
PCN# - DODMTFD

Use this TRICARE
Plan information if
it does not auto fill.

In the **Select Prescription** section, complete each field and click **Confirm Prescription**.

Select Prescription

Medication Search


Medication Quantity **Quantity Unit of Measure** **Days Supply**

SIG

Navigate to the **Pharmacy** tab and complete each of the Pharmacy fields to help provide the most accurate patient information.

This page indicates **(optional)**, although we suggest **MTF Pharmacy** be selected in order to receive the most accurate response from the PBM/Payer – Express Scripts.

Create New Prior Authorization

Prescriber change Testa, Marie NPI - 1285792226 FAX - (612) 322-3012	<h3>Pharmacy (Optional) </h3> <p>Pharmacy Name (Starts with...) <input type="text"/></p> <p>City (Optional) <input type="text"/> State (Optional) <input type="text"/></p> <p>ZIP Code (Optional) <input type="text"/></p> <p>Pharmacy Type</p> <p><input type="checkbox"/> Mail Order Pharmacy</p> <p><input type="checkbox"/> Specialty Pharmacy</p> <p><input type="button" value="Search"/> <input type="button" value="Skip"/></p>
Patient change Donaldson, Walter Male - 06/09/1974 1011 Lakeshore Dr Provo, UT 84601 US	
Coverage change PROVO-7H6 IIN/PCN 004874/TWR-7H6	
Prescription change Xeljanz 10 mg tablet Quantity: 30 Days Supply: 30 Take as directed	
Pharmacy Cancel	

Click **Send Prior Authorization** once Pharmacy is added.

Once the PA case has been created, the PBM/Payer's response will automatically be populated on the user's **Worklist** to process.

3. Completing a PBM/Payer's Question Set

When an electronic question set is returned by the PBM/Payer, it will appear in the Worklist as a **Complete Prior Auth Criteria** task. Click on the task to open it.

Task	Patient	DOB	Due	Created	Description
Complete Prior Auth Criteria	Allysis, Di	01/21/1986	08/30/2021	07/30/2021	Enbrel 25 mg (1 mL) subcutaneous powder for s ...

Once the task is opened, the user will see a summary of the ePA case, which will be pre-populated with the Patient, Medication, Payer, and Provider information previously entered.

Click **Start** to begin answering the PBM/Payer's clinical question set.

Allysis, Di
DOB: 01/21/1986

Tylenol 325 mg capsule 318173 Options

PRIOR AUTHORIZATION
Surescripts ePA PBM Prior Authorization Criteria
Standard Clinical Criteria - 2019 Plan Year
Deadline For Reply: 11/26/2021

Patient	Medication
Patient Allysis, Di Date of Birth 01/21/1986 Medical Records ID N/A	Name Tylenol 325 mg capsule Qty 1 Days' Supply 12 Sig Take as directed

Payer	Provider
Name AcceleratorPBM	Prescriber Testa, Marie Pharmacy N/A

START

Once all questions have been answered, a summary screen will appear along with the option to submit the form.

Click **Submit** to send the completed question set to the PBM/Payer for review.

Allysis, Di
DOB: 01/21/1986

Tylenol 325 mg capsule 318173 Options

PRIOR AUTHORIZATION

Prior Authorization Questionnaire

What is the patient's diagnosis?
Rheumatoid arthritis

Is this request for a NEW START or CONTINUATION OF THERAPY?
New start

Has the patient had prior therapy, contraindication or intolerance to any of the following: (Please mark all that apply)
None of the above

Has the patient been on any other therapies that may be pertinent to the review of the requested medication? If yes, please provide medication name(s) with start/end dates and reason for discontinuation
No

Attachments
Attach supporting documentation (Optional)
UPLOAD FILE PDF Files only. 18MB max file size

Additional comments (optional):
Additional comments (optional):

BACK SUBMIT

4. Check the Status of Your Submitted Case

Navigate to your **Worklist** to view the status of your submitted prior authorization requests.

Worklist					
Task	Patient	DOB	Due	Created	Description
Complete Prior Auth Criteria	Allysis, Di	10/31/1950	11/22/2019	10/23/2019	fenofibrate 160 mg tablet
Prior Auth Closed	Testerson, Testy	12/11/1982		10/22/2019	Vitamin B-12 50 mcg tablet
Complete Prior Auth Criteria	Allysis, Di	10/31/1950	10/05/2019	10/19/2019	Humira 20 mg/0.4 mL subcutaneous syringe kit
Complete Prior Auth Criteria	Allysis, Di	01/21/1988	11/08/2019	10/08/2019	Erbix (cetuximab)
Complete Prior Auth Criteria with PDR	Testerson, Testy	12/11/1982		10/08/2019	Humira 10 mg/0.2 mL subcutaneous syringe kit
Complete Prior Auth Criteria with PDR	Testerson, Testy	12/11/1982		09/08/2019	Prilosec 10 mg oral suspension, delayed releas ...
Prior Auth Approved	Allysis, Di	10/31/1950		08/19/2019	Valium 10 mg tablet
Prior Auth Closed	Allysis, Di	10/31/1950		07/17/2019	Humira 10 mg/0.2 mL subcutaneous syringe kit
Prior Auth Not Needed	Allysis, Di	10/31/1950		07/09/2019	Humira 10 mg/0.2 mL subcutaneous syringe kit
Prior Auth Approved	Allysis, Di	10/31/1950		07/09/2019	Zoloft 25 mg tablet

View the prior authorization request's status in the **Task** column.

- **Complete Prior Auth Criteria:** The user must complete and submit question set.
- **Approved:** Indicates that the PBM/Payer has approved the prior authorization.
- **Denied:** Indicates that the PBM/Payer has denied the prior authorization request.
- **Closed:** Indicates that the PBM/payer neither approved nor denied the request but closed it due to the reason specified in the "Notes" field. OR, in less frequent cases, it could mean that the PBM/payer did not return a question set.

Users may clear a task from their Worklist by opening the task and acknowledging it.

5. Need Help?

The complete [User Guide](#) can be referenced on the Prior Authorization Portal website, on the bottom navigation bar.

Surescripts Support is standing by to assist! For problems with signing into or using the Portal, click [Contact Customer Support](#) on the bottom navigation bar.

Submit Electronic Prior Authorization Requests

✓ Free ✓ Secure ✓ Easy

Through their ongoing collaboration, Express Scripts and Surescripts have teamed up to provide free ePA services for all your Express Scripts patients.

Already Signed In

You are currently signed in as **meghan.lindberg**.

Click Continue to continue as **meghan.lindberg** or Sign Out if you wish to sign in as a different user.

Continue

Sign Out

1

Register

You can create a prescriber account using your NPI—or work on behalf of a prescriber with a delegate account

2

Sign In

Sign in to access your worklist, view your task history, and manage your account settings

3

Start Your Prior Authorization

Use the TRX code on your fax or verify your prescribers and start prior authorizations at the time of prescribing

Surescripts does not store or maintain information of portal transactions for, or on behalf of, any end user. End users must retain a copy of each transaction for their record keeping purposes. End users located outside the United States may not access, acquire, use, or disclose protected health information through the portal