Five Ways to Submit a Prior Authorization Request

CoverMyMeds® Prior Authorization

The CoverMyMeds prior authorization (PA) request submission channel allows pharmacies to initiate PA requests and prescribers to initiate and submit PA requests, with covered alternatives and approvals given in real time. More information can be found in the *Medi-Cal Rx: CoverMyMeds® How-To Guide* on the Forms & Information page (https://www.medi-calrx.dhcs.ca.gov/provider/forms/) on the Medi-Cal Rx Provider Portal or on the CoverMyMeds website (https://www.covermymeds.health/).

Medi-Cal Rx Secured Provider Portal

Registered pharmacy providers and prescribers are able to log in to the Medi-Cal Rx Secured Provider Portal (https://www.medi-calrx.dhcs.ca.gov/provider/login) to submit, inquire about, cancel, or add additional information to existing PA requests, as well as attach documents to any PA requests in progress.

Fax Submission

Pharmacy providers and prescribers can submit a PA request via fax number 1-800-869-4325 by utilizing the preferred *Medi-Cal Rx Prior Authorization Request* form (DHCS 6560) or any of the following approved forms: 50-1, 50-2, 61-211. The *Medi-Cal Rx Prior Authorization Request* form (DHCS 6560) is available on the Forms & Information page on the Medi-Cal Rx Provider Portal.

NCPDP Transaction Using Pharmacy POS System

An NCPDP transaction will use the pharmacy point-of-sale (POS) system to submit a PA request. Pharmacies must use the Medi-Cal Rx Secured Provider Portal (https://medi-calrx.dhcs.ca.gov/provider/login) to upload attachments or fax additional information to the Medi-Cal Rx Customer Service Center (CSC) when needed if submitting via POS.

P Transactions:

- P4 – Request a PA by submitting the basic claim information (member, drug, prescriber, etc.) along with clinical information (diagnosis, dosing, justification, etc.).
- P3 – Inquire about the status of a PA request submitted via P4 transaction.
- P2 – Cancel an "In Progress" PA request submitted via P4 transaction.

Mail

Pharmacy providers and prescribers may also submit a PA request via mail using the preferred *Medi-Cal Rx Prior Authorization Request* form (DHCS 6560) or any of the following approved forms: 50-1, 50-2, 61-211. PA requests can be sent to the following address:

Medi-Cal Rx Customer Service Center
ATTN: Provider PA Requests
P.O. Box 730
Rancho Cordova, CA 95741-0730