

1. Prior Authorization Gateway User Guide

About the Prior Authorization Gateway

The Prior Authorization Gateway allows users to process a pharmacy direct submit prior authorization as well as create a prior authorization notification with the related patient and prescription information. A pharmacy direct submit prior authorization is initiated and completed in full by a pharmacy user. Alternatively, a prior authorization notification is associated to a TRX code that is delivered to a provider to retrieve and quickly submit an electronic prior authorization request from the Prior Authorization Gateway. The Prior Authorization Gateway is a web-based solution with no applications to install and can be accessed at

<https://providerportal.surescripts.net/ProviderPortal/signin>.

About This Document

The Prior Authorization Gateway User Guide provides information to assist users with the steps needed to create a pharmacy direct submit prior authorization and prior authorization notification. It includes details related to workflows and monitoring of prior authorization tasks. The intended audience of this document is any user that will have direct interaction with the application.

Note: Any examples provided in this user guide do not include actual patient data.

2. Getting Started

Browser Requirements

A web browser with JavaScript and session cookies enabled is required. Surescripts expects, but does not guarantee, performance on any up-to-date web browser or client/server web browser control. There may be compatibility issues if an older version of a browser is used. If compatibility issues occur, another browser or a later version should be used.

Note: Please be aware that individual browser security settings may prevent the application from properly launching. The website surescripts.net may also need to be added as a "trusted site" for proper functioning.

Registration and Signing In

Individual users must be registered before using the Prior Authorization Gateway. Provisioning of users is managed by Surescripts. Contact Customer Support at CustomerSupportPriorAuthorization@surescripts.com for information related to the registration process.

A username will be associated to an individual's organization email. Each user will receive a welcome email with a link to create a password. A password reset can be done at any time for the user's associated email. Establishing a new password will be required on a 90-day interval. Passwords must be at least 10 characters long and contain:

- At least one uppercase letter
- At least one lowercase letter
- At least one special character
- At least one digit

Users are required to accept and adhere to the User Agreements Terms of Use and HIPAA Business Associate Agreement upon their initial sign in. The User Agreement may be changed at any time and users will be required to accept any changes before being allowed to sign in and use the Prior Authorization Gateway.

3. Prior Authorization Use Cases

The Prior Authorization Gateway supports two use cases:

- Pharmacy direct-submit prior authorizations – pharmacy initiates and submits the prior authorization on behalf of the provider.
- Pharmacy prior authorization notification – pharmacy creates a notification that contains the necessary patient and prescription information to generate a TRX code that is delivered to the provider to complete the prior authorization.

Note: TRX codes are delivered to a provider to retrieve and quickly submit an electronic prior authorization from the Prior Authorization Gateway.

Add New PA

Each prior authorization use case begins by selecting **Add New PA** from the top navigation to enter the related prescriber, patient, and prescription information.

Prescriber Search

Creating a new prior authorization begins with selecting the prescriber. The prescriber search requires an NPI. Users can access the [NPPES NPI Registry](#) to search by prescriber name to find the NPI.

Create New Prior Authorization

Prescriber
Patient
Coverage
Medication
Pharmacy

Prescriber
NPIs can be looked up in the [NPPES NPI Registry](#)

Prescriber Search
NPI

Search for Prescriber

Users will enter the NPI and click **Search for Prescriber**. The prescriber location and fax number are then selected.

Create New Prior Authorization

Prescriber
Patient
Coverage
Prescription
Pharmacy

Prescriber
NPIs can be looked up in the [NPPES NPI Registry](#)

Prescriber Search
NPI
1376946079
Search for Prescriber

ABIGAIL ANDERSON

Locations	Fax
9500 EUCLID AVE # DESKAB1 CLEVELAND, OH 44195-0001 US	(216) 636-5129

+ Add new prescriber Location

Note: The fax number of the location selected will be used to deliver the Prior Authorization with the associated TRX code when creating a PA Notification.

If a location with an appropriate fax number is not listed, a new location can be added by clicking on **Add new prescriber Location**.

Create New Prior Authorization

Prescriber
ANDERSON, ABIGAIL
NPI - 1376946079

Patient

Coverage

Prescription

Pharmacy

Cancel

Prescriber

NPIs can be looked up in the [NPPES NPI Registry](#)

Name
ABIGAIL ANDERSON

NPI
1376946079

Address 1

Please enter a valid Address 1.

Address 2

City State Postal Code
Please enter a valid City. Please enter a valid State. Please enter a valid Postal Code.

Phone Fax
Please enter a valid Phone. Please enter a valid Fax.

Add Prescriber Location Cancel

Patient Search

Full demographic patient information is required to identify benefit coverage. Enter the required data fields and click **Search for Patient**.

Create New Prior Authorization

Prescriber
ANDERSON, ABIGAIL
NPI - 1376946079
FAX - (216) 636-5129
9500 EUCLID AVE # DESKAB1
CLEVELAND, OH 44195-0001 US

Patient

Coverage

Prescription

Pharmacy

Cancel

Patient

First Name Middle Name/Initial Last Name
First Name is required. Last Name is required.

Birth Date Gender
Date of Birth is required. Gender is required.

Country
Country is required.

Address 1

Address Line 1 is required.

Address 2

City State Postal Code
City is required. State is required. Zip Code is required.

Submit Patient

Coverage information for the patient will be returned. Select the Plan / PBM where the prior authorization will be processed and click **Confirm the Coverage**.

Prescriber

ANDERSON, ABIGAIL

NPI - 1376946079

FAX - (216) 636-5129

9500 EUCLID AVE # DESKAB1

CLEVELAND, OH 44195-0001 US

change

Patient

DOCKENDORF, TAD ALAN

Male - 07/04/1975

32 RANCH PASS

CHEYENNE, WY 82001 US

change

Coverage

PLANAS

BIN/PCN 003858/A5

change

Prescription

Pharmacy

Cancel

Coverage

Select Coverage

Plan Name	PBM Name	BIN	PCN
PLANZ	CERT PBM-B	55101	
PLANAS	CERT PBM-A	003858	A5
Unknown	CERT PBM-C		

Confirm the Coverage

Note: If a patient has dual coverage, a list of each individual plan information will be displayed for selection. Users can manually enter benefit information when coverage is not found for the patient.

Prescription Information

The Medication, Quantity, Days Supply, and SIG are required prescription information. Users can enter the medication name in the Medication Search to select.

Prescriber

ANDERSON, ABIGAIL

NPI - 1376946079

FAX - (216) 636-5129

9500 EUCLID AVE # DESKAB1

CLEVELAND, OH 44195-0001 US

change

Patient

DOCKENDORF, TAD ALAN

Male - 07/04/1975

32 RANCH PASS

CHEYENNE, WY 82001 US

change

Coverage

PLANAS

BIN/PCN 003858/A5

change

Prescription

Pharmacy

Cancel

Select Prescription

Medication Search

Xarelto 20 mg tablet

Medication Quantity

Quantity Unit of Measure

Days Supply

SIG

Confirm Prescription

The Quantity Unit of Measure will default based on the selected medication. The Quantity and Days Supply of the prescription can then be entered. The SIG is also required and can be updated. Click **Confirm Prescription** after the prescription information is entered.

Pharmacy Information

Users are associated to at least one pharmacy. The pharmacies associated to the user will be available to select and assign to the prior authorization. If only one pharmacy is associated to a user, it will be selected by default and the pharmacy selection will be bypassed. The pharmacy associated to the prior authorization is displayed on the left navigation card.

Create New Prior Authorization

Prescriber
change

ANDERSON, ABIGAIL
NPI - 1376946079
FAX - (216) 636-5129
9500 EUCLID AVE # DESKA81
CLEVELAND, OH 44195-0001 US

Patient
change

DOCKENDORF, TAD ALAN
Male - 07/04/1975
32 RANCH PASS
CHEYENNE, WY 82001 US

Coverage
change

PLANAS
BIN/PCN 003858/AS

Prescription
change

Xarelto 20 mg tablet
Quantity: 90
Days Supply: 90
Take as directed

Pharmacy
change

TESTING PHARMACY
333 8th Ave S
Minneapolis, MN 55402

Review and Send...

Cancel

Pharmacy

Testing Pharmacy
333 8th Ave S
Minneapolis, MN 55402

Confirm Pharmacy

Users can click **Confirm Pharmacy** or select *Review and Send...* to continue to the final process of selecting the use case to use to initiate the prior authorization.

Prior Authorization Review and Use Case Selection

Users will be required to select the use case for how the prior authorization will be initiated and processed.

- **Direct Submit** – The pharmacy initiates, completes the required question set on behalf of the provider, and submits the prior authorization for a determination.
- **Send PA Notification** – The pharmacy creates a notification that contains the necessary patient and prescription information to generate a TRX code that is delivered to the provider's office to complete the prior authorization.

Create New Prior Authorization

Prescriber	change
ANDERSON, ABIGAIL	
NPI - 1376946079 FAX - (216) 636-5129 9500 EUCLID AVE # DESKA81 CLEVELAND, OH 44195-0001 US	
Patient	change
DOCKENDORF, TAD ALAN	
Male - 07/04/1975 32 RANCH PASS CHEYENNE, WY 82001 US	
Coverage	change
PLANAS	
BIN/PCN 003858/AS	
Prescription	change
Xarelto 20 mg tablet	
Quantity: 90 Days Supply: 90 Take as directed	
Pharmacy	change
TESTING PHARMACY	
333 8th Ave S Minneapolis, MN 55402	
Cancel	

Review

Prior Authorization Direct Submit

Click here to submit the prior authorization on behalf of the prescriber. The payer will return a question set in your worklist to be completed for a prior authorization determination.

[Direct Submit](#)

Prior Authorization Notification

Click here to send a prior authorization notification to the prescriber's location. The notification includes a unique TRX code to initiate and complete the prior authorization. The status and determination will be available in your worklist for review after the payer responds.

[Send PA Notification](#)

Direct Submit Summary

Prior Authorization Sent

Your prior authorization has been sent. A response is usually received within 15 seconds.

Patient	Coverage	Prescription	Pharmacy		
DOCKENDORF, TAD ALAN Male - 07/04/1975 32 RANCH PASS CHEYENNE, WY 82001 US	PLANAS / CERT PBM-A BIN - 003858 PCN - AS	Xarelto 20 mg tablet Quantity - 90 Days Supply - 90 Take as directed	Testing Pharmacy 333 8th Ave S Minneapolis, MN 55402		
<table border="1"> <tr> <td>Prescriber</td> </tr> <tr> <td>ANDERSON, ABIGAIL NPI - 1376946079 9500 EUCLID AVE # DESKA81 CLEVELAND, OH 44195-0001 US FAX - (216) 636-5129</td> </tr> </table>				Prescriber	ANDERSON, ABIGAIL NPI - 1376946079 9500 EUCLID AVE # DESKA81 CLEVELAND, OH 44195-0001 US FAX - (216) 636-5129
Prescriber					
ANDERSON, ABIGAIL NPI - 1376946079 9500 EUCLID AVE # DESKA81 CLEVELAND, OH 44195-0001 US FAX - (216) 636-5129					
Create New Prior Authorization Go to WorkList					

Prior Authorization Notification Sent

Patient	Coverage	Prescription	Pharmacy
DOCKENDORF, TAD ALAN Male - 07/04/1975 32 RANCH PASS CHEYENNE, WY 82001 US	PLANAS / CERT PBM-A BIN - 003858 PCN - A5	Xarelto 20 mg tablet Quantity - 90 Days Supply - 90 Take as directed	Testing Pharmacy 333 8th Ave S Minneapolis, MN 55402

Prescriber	Prior Auth TRX Code
ANDERSON, ABIGAIL NPI - 1376946079 9500 EUCLID AVE # DESKA81 CLEVELAND, OH 44195-0001 US FAX - (216) 636-5129	ps6j-k5h8 (Valid through 06/01/2020 12:56 PM) Surescripts delivered a notification with a unique TRX code to (216) 636-5129. The provider will use the TRX code to initiate the prior authorization at surescripts.com/priorauthportal .

[Create New Prior Authorization](#)
[Go to WorkList](#)

Note: TRX codes are faxed to a provider location and can be used to submit the electronic prior authorization. Provider users need to create an account in the Prior Authorization Gateway before they can use the TRX code to complete the prior authorization.

4. Accessing Prior Authorization Tasks

The worklist provides access to prior authorization tasks for review and completion. Users have access to all tasks under their pharmacy account.

Worklist Access and Navigation

At login, users will be brought to their pharmacy account worklist. The worklist can be accessed any time by selecting **Worklist** on the top menu navigation.



The worklist provides access to all prior authorization tasks created with **Add New PA**.

Worklist Filter Clear All

Results Filtered By: "Created On Range: 05/21/2020 - 06/21/2020" X

Status	Type	Patient	DOB	Created	Description
Complete	PA Notification	Doe, John	01/21/1986	05/29/2020	Humira 10 mg/0.2 mL subcutaneous syringe kit
TRX Delivered	PA Notification	DOCKENDORF, TAD	07/04/1975	05/25/2020	Xarelto 20 mg tablet
In Progress	Direct Submit	DOCKENDORF, TAD	07/04/1975	05/25/2020	Xarelto 20 mg tablet
In Progress	Direct Submit	Demo, John	01/01/1950	05/22/2020	Enbrel 25 mg (1 mL) subcutaneous solution

Worklist Filters

By default, the worklist is filtered on tasks with a create date within the last 30 days. Worklist filters can be updated for each worklist column by expanding the filter parameters shown below.

Worklist Filter

Patient First Name	Patient Last Name	Date Of Birth	Description
First Name	Last Name	mm/dd/yyyy	Description
Created On Range		Status	
07/12/2020 - 08/11/2020			
		CLEAR	APPLY

Worklist Status

The status of a task from the worklist will vary based on the type of use case invoked to create the prior authorization.

Type (Use Case)	Status	Description
PA Notification	TRX Created	The TRX code has been created for the prior authorization but not yet delivered.
PA Notification	Fax Failed	The fax of the TRX code failed.
PA Notification	TRX Delivered	The fax of the TRX code was successfully delivered.
PA Notification	TRX Entered	The TRX code has been entered by the provider or their delegate to initiate the prior authorization.
PA Notification	In Progress	The prior authorization has been initiated by the provider or their delegate and is in progress.
PA Notification	Complete	A prior authorization determination has been made available.
Direct Submit	In Progress	The prior authorization has been initiated by a pharmacy user and is in progress.
Direct Submit	Complete	A prior authorization determination has been made available.

Processing Direct Submit Prior Authorization

Direct submit prior authorization tasks are accessed from the worklist to process and complete. Selecting a task will open the details with an available **Action Required** link to **Complete Prior Auth Criteria**. Selecting the link will open the prior authorization criteria summary.

Prior Authorization Details

Received: 08/11/2020
Status: In Progress

Patient	Coverage	Prescription	Prescriber	Pharmacy
Doe, John male - 01/01/1950 123 Main St Minneapolis, MN 55434 US	PBM Sim / Unknown iIN - 111000 PCN - ABC	Humira(CF) 40 mg/0.4 mL subcutaneous syringe kit Quantity - 1 Days Supply - 30 Take as directed	Testa, Marie NPI - 1285792226 920 2nd Ave South Minneapolis, MN 55402 US FAX - (612) 332-2112	Testing Pharmacy 333 8th Ave S Minneapolis, MN 55402

Doe, John
Humira(CF) 40 mg/0.4 mL subcutaneous syringe kit

Process Information

Process
ePA Case

Status
In Progress

Action Required
[Complete Prior Auth Criteria](#)

PA Information

Case Id
93814b

Reference Id
b5544d08a95146dca9db74ab593814b

Notes
[View](#)

TASK HISTORY				
Task	Status	Recipient(s)	User	Date/Time
Initiate Prior Auth	Assigned	AcceleratorPBM		08/11/2020 03:52:17 PM
Initiate Prior Auth	Completed	AcceleratorPBM		08/11/2020 03:52:22 PM
Complete Prior Auth Criteria	Assigned	Testa, Marie		08/11/2020 03:52:22 PM

CANCEL PROCESS

Opening the prior authorization criteria summary allows users to launch the prior authorization criteria question set by clicking **Start**. The question set is to be completed for a determination by the payer.

Doe, John
 DOB: 01/01/1950

Humira(CF) 40 mg/0.4 mL subcutaneous syringe kit 138140 Options

PRIOR AUTHORIZATION

Surescripts ePA PBM Prior Authorization Criteria
Deadline For Reply: 09/11/2020

Standard Clinical Criteria - 2019 Plan Year

Patient
 Patient
 Doe, John
 Date of Birth
 01/01/1950
 Medical Records ID
 N/A

Medication
 Name
 Humira(CF) 40 mg/0.4 mL subcutaneous syringe kit
 Qty
 1
 Days' Supply
 30
 Sig
 Take as directed

Payer
 Name
 AcceleratorPBM
 Email
 support@surescripts.com
 Phone
 (565) 888-4567 ext. 444
 Fax
 (565) 888-4568

Provider
 Prescriber
 Testa, Marie
 Submitter
 N/A
 Pharmacy
 Testing Pharmacy
 Facility
 N/A

Notes
 Please provide all of the requested information prior to the deadline for reply. Failure to provide requested detail may result in delays or prior authorization denials. Please contact our Prior Authorization department for questions or concerns related to your request.

START

A determination will be returned after the prior authorization criteria is completed and sent. Prior authorization tasks with a status of Completed can be accessed from the worklist to view approval or denial details. The details of the determination can be accessed from the **Prior Auth Approved or Denied** link.

Demo, John

Humira 10 mg/0.2 mL subcutaneous syringe kit 138140

Process Information
 Process
 ePA Case
 Status
 Complete

PA Information
 Case Id
 4c0b5c
 Reference Id
 845f0d9cac24312afeb177a344c0b5c
 Notes
[View](#)

TASK HISTORY

Task	Status	Recipient(s)	User	Date/Time
Initiate Prior Auth	Assigned	AcceleratorPBM		05/20/2020 10:18:06 AM
Initiate Prior Auth	Completed	AcceleratorPBM		05/20/2020 10:18:10 AM
Complete Prior Auth Criteria	Assigned	Testa, Marie		05/20/2020 10:18:10 AM
Complete Prior Auth Criteria	Locked	Testa, Marie	bnorsted+stagepharma@gmail.com	05/20/2020 10:32:28 AM
Complete Prior Auth Criteria	Completed	Testa, Marie	bnorsted+stagepharma@gmail.com	05/20/2020 10:34:14 AM
Send Prior Auth Request	Assigned	System Generated		05/20/2020 10:34:14 AM
Send Prior Auth Request	Completed	System Generated		05/20/2020 10:34:19 AM
PBM Response	Assigned	AcceleratorPBM		05/20/2020 10:34:19 AM
PBM Response	Completed	AcceleratorPBM		05/20/2020 10:34:24 AM
Prior Auth Approved	Assigned	Testa, Marie		05/20/2020 10:34:24 AM
Prior Auth Approved	Locked	Testa, Marie	bnorsted+stagepharma@gmail.com	05/20/2020 10:35:02 AM
Prior Auth Approved	Completed	Testa, Marie	bnorsted+stagepharma@gmail.com	05/20/2020 10:35:02 AM

Reviewing a Prior Authorization Notification

Prior authorization notification tasks are also accessed from the worklist. Selecting a task will open the details of the prior authorization with its task history. Users can review the progress and status of the prior authorization from task history.

Prior Authorization Details

Received: 08/28/2020
Status: Complete

Patient	Coverage	Prescription	Prescriber	Pharmacy
Allysis, Di female - 01/21/1986 9424 Wishing Rise Townline Goodnight, DC 20505 US	PBM Sim / Unknown BIN - 111000 PCN - ABC	Xeljanz 10 mg tablet Quantity - 1 Days Supply - 30 Take as directed	Testa, Marie NPI - 1285792226 addr1 st addr2 city, MN 12345 US FAX - (612) 322-3012	Testing Pharmacy 333 8th Ave S Minneapolis, MN 55402

Allysis, Di

Xeljanz 10 mg tablet

Process Information	PA Information
Process aPA Case Status Complete	Case Id cd5a3e Reference Id b4f7642ad44a3d8e25961c1ecd5a3e Notes View

TASK HISTORY				
Task	Status	Recipient(s)	User	Date/Time
Initiate Prior Auth	Assigned	AcceleratorPBM		08/28/2020 02:12:53 PM
Initiate Prior Auth	Completed	AcceleratorPBM		08/28/2020 02:12:54 PM
Complete Prior Auth Criteria	Assigned	Testa, Marie		08/28/2020 02:12:54 PM
Complete Prior Auth Criteria	Locked	Testa, Marie	Nick.Webber@surescripts.com	08/28/2020 02:14:32 PM
Complete Prior Auth Criteria	Completed	Testa, Marie	Nick.Webber@surescripts.com	08/28/2020 02:16:37 PM
Send Prior Auth Request	Assigned	System Generated		08/28/2020 02:16:37 PM
Send Prior Auth Request	Completed	System Generated		08/28/2020 02:16:42 PM
PBM Response	Assigned	AcceleratorPBM		08/28/2020 02:16:42 PM
PBM Response	Completed	AcceleratorPBM		08/28/2020 02:16:47 PM
Prior Auth Approved	Assigned	Testa, Marie		08/28/2020 02:16:47 PM
Prior Auth Approved	Locked	Testa, Marie	Timothy.Steege@surescripts.com	08/31/2020 11:28:00 AM
Prior Auth Approved	Completed	Testa, Marie	Timothy.Steege@surescripts.com	08/31/2020 11:28:00 AM

5. Frequently Asked Questions

Who should I contact if there is a question about the application?

A **Contact Customer Support** link is available at the bottom menu of the application. Select the link and complete the form with the required information. Someone from customer support will get back to you within 24 hours during standard business hours (Monday – Friday from 8 am – 5 pm CT).

6. Disclaimers

Prior Authorization Gateway User Guide

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7. Document Change Log

▼ 2026-08-21

Section Title	Change Description
N/A	N/A - Developer Portal - initial release