

Novologix[®] Provider User Authorization Guide

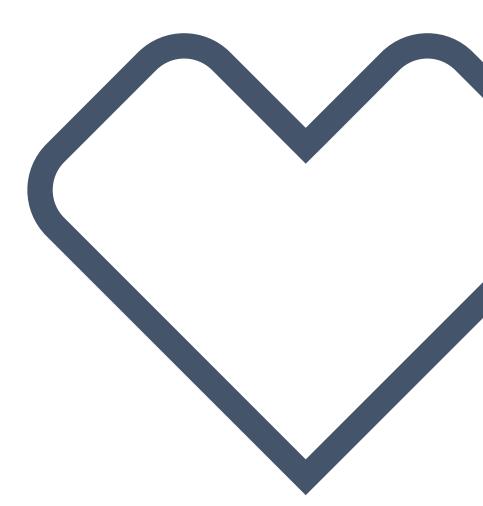


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ABOUT NOVOLOGIX

Novologix is a company developed and led by Clinical, IT, and Business professionals who are dedicated to driving healthcare innovation. Throughout our history, we have introduced revolutionary ideas, advanced processes, and pioneering technologies to many of the nation's leading health plans and thousands of healthcare providers.

Through our Software-as-a-Service (SaaS) platform, we deliver innovative software solutions to the medical pharmacy industry. Our software enables our clients to stay ahead of the shifting healthcare landscape, changes in the administration and sites of care, and other competitive forces affecting their bottom line.

CONTACT NOVOLOGIX

Novologix Client Support Services are available Monday – Friday, 7:00am to 6:00pm Central Time. Contact Client Support Services by e-mail at <u>CVS.NLX.IT.Help_Desk@CVSHeath.com</u> or by phone at the number provided for the Health Plan for which you are seeking assistance. Please do not include Protected Health Information (PHI) when sending e-mail messages to Novologix. For application assistance or to request a User ID and password, contact Novologix Client Support Services by e-mail at <u>CVS.NLX.IT.Help_Desk@CVSHeath.com</u>.

MINIMUM SYSTEM REQUIREMENTS

The Novologix system supports the use of Microsoft Internet Explorer and Firefox web browsers. The standard browser options for cookies and JavaScript must be enabled. We strongly recommend users upgrade to the most recent version, which will provide the best user experience.

To install the most recent version of Internet Explorer you can use the following link: <u>http://www.microsoft.com/ie</u>.

- 1. Add app.Novologix.net to Internet Explorer's list of trusted sites
- 2. Open the new site in Internet Explorer
- 3. Go to Tools > Internet Options
- 4. Open the Security tab
- 5. Select Trusted sites
- 6. Click the Sites button
- 7. The site URL should be showing in the Add this website to the zone: box. Click Add
- 8. Click Close
- 9. Click OK

1. CREATE AN AUTHORIZATION REQUEST

1. From the User Home Page, hover over Authorizations and click Create Authorization.

		horization							Last Logi	in: 5/27/2021 11:14
	_						Columns Filte	r 🗆 Sorting 🗹 All 🗨	Reset Records per p	page: 25 👻
Task	ID	Member Last Name	Drug Name	Plan	Provider	Received Date	Due Date 🕇	Assigned To	Assign Method	Line of Busine
τ.	Υ.	τ	τ		τ	т 🛛 🛛 🛪 🖽 🔻	х 🗇 т	τ	τ	
Provider Action	838813					04/25/2021 15:23	04/30/2021 15:23	LisaD11 Stacked	A	Medicaid
Provider Action	858141					05/14/2021 13:27	05/15/2021 13:27	LisaD11 Stacked	A	Medicare
Provider Action	868951					05/20/2021 05:02	05/27/2021 05:02	LisaD55 Provider	A	Medicaid
P	Provider Action	Create A Task ID Tovider Action 838813	T T T Provider Action 838813 T Provider Action 858141 S56141	Deak Identer Last Name Drug Name Toxider Action \$35813 Y Y Toxider Action \$558141 Y Y	Task Ø Member Last Name Drug Name Pan Toxider Action 53813 Y	Dask ID Member Last Name Drug Name Plan Provider Toxider Action 33813 Y	Desk D Member Last Name Drug Name Plan Povider Received Date Toxider Action	Oracle Automotation Occurrent Plane Pan Provider Exceived Date Des Date + Task 0 Member Last Name Ding Name Pan Provider File Ding Date + Ding Name Pan Provider V	Desk Desk butter/cation Desk butter/cation Desk butter/cation Desk but et / Assigned To Task V	Duck Search Create Author/Zation Disk Member Last Nume Ding Name Plan Provider Received Date Duck Date Assign Method Task ID Member Last Nume Ding Name Plan Provider T T Assign Method Ty T

- 2. To select your patient, you may either:
 - a. Enter the patient's **Member ID** under Quick Start to search for existing authorizations to copy. Click on the Authorization record you wish to copy form the dropdown.

	~					
Select Option to E	Begin New Authorization					
QUICK START (Se	elect Previous Authorizatio	on to copy)				
724 1			Q			
Member Id	Authorization #	Patient Name	NPI	Requesting Provider	Item Name	
Г 	807668				SUMAtriptan	
	822643				Anjeso	
	822737				SUMAtriptan	
	836661				Akynzeo	
	836677				Actemra	
	841757				Caverject Impulse	
Last Name*	0					
State ID*	0		~			
Gender	0		~			
Date of Birth*	ſ					

b. Enter the **Member ID**, **Date of Birth**, and any other required information (*), under the Search for Existing Patient field, then click Search. If multiple Members display in the search results, click on the **Member ID** of the patient you wish to select. Click on line to select your member from the results returned at the bottom of the screen.

SELECT A PLAN	v
Select Option to	
	vious Authorization to capy)
Enter the patient	te member ID or an authorization number
- SEARCH EXIST	NT .
Member ID*	724567840
Authorization Sta	66270021
First Name	
Last Name*	
State ID*	WA v
Gender	
Date of Birth*	12/

3. Enter all required information in each section. Any section and field missing required Information will display a reminder in red.

Skil(s).None
Skil(s) None
Skil(s).None
_
_
_
rmation A
0

MEMBER DETAILS

- 1. Confirm patient information and complete any additional fields (*) under the **Member Details** screen.
- 2. Click on arrows next to each heading to expand/collapse each section.

		Status: Incomplete	Assigned User:	
Authorization Details Member's PA History				
Member			e: Standard	
010				
✓ Member Details				
Patient Details				
Last Name				Middle Initial
Dete of Birth				
Weight				Body Surface Area (BSA) (m2) 0
Height				
Carrier				
Account				
Group Name				
- Addresses				
Primary				
O Add Address				
Insurance Details				
Member ID		Relationship to Insured		Plan
Membership Details				
Insurance Group Number	Effective Date		Termination Date	Line of Business
Exception Group Name				
Standard				

AUTHORIZATION DETAILS

- 1. If the **Requesting Provider** field is not auto populated, search for the provider by entering the **Provider Name** or **NPI** in the NPI field and clicking the search icon.
- 2. Select the provider from the dropdown results by clicking on the Provider name.
- 3. For certain clients, **Rendering Provider** is also required. Rendering Provider will never be auto populated. Search using **NPI** or **Provider Name** and make your selection from the list.

Туре	NPI *		Name		Address		
Requesting		Q	BATTAGLIA, BETTY		111 W HIGH ST ELKTON, MD 2	1921	
			External Provider ID P1515537				
MD Office Contact Name*	ſ	MD O	ffice Contact Phone Number*	(444) 444-4444	MD Office Co	ntact Fax Number*	(444) 444-4444
In Network	Y						
MD Office Contact Email	(none)						
	NPI *						
Туре		Q	Name		Address		
Rendering	SI. Name	NPI	Address Line1	Address Line2 City	State Tax ID	21236	
	1. BET				MD	-	
	2. BET				MD		
Rendering Contact Name	3. RICH				MD		<u> </u>
In Network	4. RICH				DE		
	5. SAM				MD		
			C IDda			-	

4. Enter the MD Office Contact Name, Phone Number and Fax Number.

		331049603				
\rightarrow	MD Office Contact Name*	LARRY CURTIS	MD Office Contact Phone Number*	(222) 222-2222	MD Office Contact Fax Number*	(333) 333-3333
-	in Network	N				

5. Search for the **Primary Diagnosis** code by entering the diagnosis description or by the diagnosis code and clicking the search icon. Select your diagnosis from the dropdown results.

norization Number : New thorization Details Member's PA History		Benefit Type: 🚺 🕑	Status: Incomplete Assigned User	r.			
ember Name:							Skill(s):Non
Rendering Contact Name In Network		331049603	Rendering Contact Phone Number	(222) 222-2222	Rendering Fax Number	(333) 333-3333	awin(s), ruun
Add Provider Disgnosis							
Primary Diagnosis*		basal Code	Description				
O Add Diagnosis		C44.01 C44.111 C44.1121	Basal cell carcinoma of skin of lip (ICD-10) Basal cell carcinoma skin/ unsp eyelid, incl Basal cell carcinoma skin/ right upper eyeli	uding canthus (ICD-10)		A	
	05/27/20	C44.1122 C44.1191 C44.1192	Basal cell carcinoma skin/ right lower eyelid Basal cell carcinoma skin/ left upper eyelid, Basal cell carcinoma skin/ left lower eyelid,	d, inc canthus (ICD-10) , inc canthus (ICD-10)			
Authorization Priority*	Norma	Online	назакон сакатуре Ацентисация раке туре	onspectieu			

AUTHORIZATION LINES

1. Select the place of administration and dispense from the dropdown menus

Clover Healt	Authorizations - Report	ts & Tools 👻 Administration 👻 My Accour	nt 🗸 🕜]	WELCOME ADRIENNE USER LOG OUT
Authorization Number : New Authorization Details Member's PA History					
Member Name: FNAME LNAME Member Id: CL	ICHMEDHMO7 Plan Name: CLOVER Gender: Male Date of	f Birth: 1/1/2001 (20 years) Line of Business: Medi	care		
✓ Authorization Lines					Missing Information A
Line 1					
Where will this drug be administered?* Where will this drug be dispensed?* Date(s) of Service* Drug* HCPCS Code Route Generic Name Frequency (Days)	Office		Strengt Dosage	Measure Form	
Refilis	Sig				
		BACK CANCEL SAVE S	SUBMIT		

2. Enter applicable start date under **Date(s) of Service**.

Clover Heal	th 🏾 🐔 Authoriz	ations 🗸 Reports & Tools 🗸	Administration 🗸 My Account 🗸 😮		WELCOME ADRIENNE USER
Authorization Number : New	Benefit Type: 🚺 🕑	Status: Incomplete	Assigned User:		
Authorization Details Member's PA Histor	·				
Member Name: FNAME LNAME Member Id: C	CLOVER G	ender: Male Date of Birth: 1/1/20	01 (20 years) Line of Business: Medicare		
✓ Authorization Lines					Missing Informatio
Line 1					
Where will this drug be administered?*	Office	~			
Where will this drug be dispensed?*	Office	~			
Date(s) of Service*	10/06/2021				
Drug*	Enter Drug Name or NDC				
	Drug could not be copied. Please re-enter.				
HCPCS Code		Drug Name		Strength/Measure	
Route		Pkg. Size		Dosage Form	
Generic Name					
Frequency (Days)	30				
Refills		Sig			
		_			
		BACK	CANCEL SAVE SUBMIT		

norization Number : New	Benefit Type:	🕺 🕑	Status: Incomplete	Assigned User:				
thorization Details Member's PA History								
ember Name: FNAME LNAME Member Id: CLI	HCHMEDHMO7 Plan Nam	e: CLOVER Gender: M	Aale Date of Birth: 1	1/2001 (20 years) Line of E	Business: Medicare			
٥								
Authorization Lines								Missing Information
Line 1								
Where will this drug be administered?"	Office		~					
Where will this drug be dispensed?*	Office		~					
Date(s) of Service*	10/06/2021							
Drug*	Botox							
	Drug Name	Generic Name	Code	Strength/ Measure	Dosage Form	Pkg.Size		
HCPCS Code	Botox	Onabotulinumt	00023114501	100 UNIT	SOLR	1.000 EA	A	
Route	Botox	Onabotulinumt	00023114502	100 UNIT	SOLR	1.000 EA		
Generic Name	Botox	Onabotulinumt	00023392102	200 UNIT	SOLR	1.000 EA		
Frequency (Days)	3 Botox Cosmetic	Onabotulinumt	00023923201	100 UNIT	SOLR	1.000 EA		
Refills	Botox Cosmetic	Onabotulinumt Si	00023391950	50 UNIT	SOLR	1.000 EA	-	
Renis		5	9					

3. Search for the requested drug by entering the drug name (either brand or generic) or NDC into the **Drug** field and clicking the search icon. Select the drug from the results in the dropdown menu.

horization Details Member's PA Histor	ry				
mber Name: FNAME LNAME Member Id: C	CLHCHMEDHMO7 Plan Name: CLOVER	Gender: Male Date of Birth: 1/1/2001	(20 years) Line of Business: Medicare		
Channel	Online				
uthorization Lines					C
Line 1					
Where will this drug be administered?*	Office	~			
Where will this drug be dispensed?*	Office	~			
Date(s) of Service*	10/06/2021				
Drug*	00023114501				
HCPCS Code	J0585	Drug Name	Botox	Strength/Measure	100 UNIT
Route	IJ	Pkg. Size	1 EA	Dosage Form	SOLR
Generic Name	OnabotulinumtoxinA				
Frequency (Days)	30				
Refills		Sig			

- 4. Enter the quantity in the quantity field(s) Frequency (Days) if applicable.
- 5. Enter any additional information in their applicable fields (i.e. Refills or Sig).

There may be instances, once you have selected your drug, when you will be presented with a pop up offering alternative drugs.

The p	referred products for your patien	t's health plan are shown be	low for requests for the treatment of select a preferred prod		s. If the patient's therapy can be switched please	
Lemtrada 🕜			select a preferred prod	UCE.		
hoose One*	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg. Size	
Select-	✓ Lemtrada	58468020001	12 MG/1.2ML	SOLN	1.200 ML	
eferred Drug(s)						
	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
	Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML	
۲	lysabri	64406000801	300 MG/15ML	CONC	15.000 ML	

			low for requests for the treatment of a select a preferred prod			
emtrada 🕜						
oose One*	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
elect-	 Lemtrada 	58468020001	12 MG/1.2ML	SOLN	1.200 ML	
hange Drug						
o Not Change	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
())	Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML	
	Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML	

1. From the dropdown select either **Change Drug** or **Do Not Change Drug**.

			select a preferred prod	uct.		
🕶 Lemtrada 🥑						
Choose One*	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
Change Drug	✓ Lemtrada	58468020001	12 MG/1.2ML	SOLN	1.200 ML	
Preferred Drug(s)						
	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
	Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML	

2. If you select **Change Drug**, select the drug from the Preferred Drug(s) list.

	The preferred prod	idets for your patient	s nearar plan are snown be	select a preferred prod		s. If the patient's therapy can be switched please	
Lemtrada 🥑							
Choose One*		Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
Change Drug	~	Lemtrada	58468020001	12 MG/1.2ML	SOLN	1.200 ML	
referred Drug(s)							
		Drug Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
(Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML	
		.,					

3. Whether you have changed the drug or not, once finished, click **Done**.

uthorization Details Member's PA History	Benefit Type: 🚺 🕑 Status: incomplete	Assigned User:		
ember Name: K				
D				Skill(s) Me
Member Details				
Patient Details				
Last Name			Middle Initial	
Date of Birth				
Weight			Body Surface Area (BSA) (m2) 0	
Height				
Carrier				
Account				
Group Name				
Addresses				
Primary				
Add Address				
Insurance Details				
Member ID	Relationship to In:	turad.	Plan	
	a construction of the second			
Membership Details				
Insurance Group Number	Effective Date	Termination Date	Line of Business	
Standard				
Authorization Details				
Authorization Lines				

- 4. Review information entered under the **Authorization Detail Screen**. Once all required information has been entered, each section will display a green checkmark in each section heading.
- 5. If no changes are needed, select **Submit**.

2. SELECT A REGIMEN OR COMPLETE THE PROTOCOLS

Upon clicking **Submit**, you will either be presented with a list of possible oncology regimens to select from, or you will be presented with a series of protocol questions to be completed.

NCCN Regimen Authorization Request

If there is an NCCN recommended regimen for the drug and diagnosis submitted in your request, you will be presented with a popup.

NCCN Recommended Use : Perjeta				×
	Regimen Questions NCCN Recommende	d Use Chemotherapy Templates Template Detail	Add Notes/Document	
Please select appropriate values to continue with NCCN	recommendations			
6				
	Stage *	Stage III 🗸		
	Treatment Setting *	First-line 🗸		
	Molecular marker *	HER2 Positive	•]	
	Performance Status *	eCOG-1 V		
By checking this box, I attest that the regimen selected is appropriate base				
By checking this box, I agree to be bound by the terms and conditions laid	out by NCCN in the following license age	reement : NCCN F		
		CANC L CONTINUE		

1. Select the appropriate values for the **Stage**, **Treatment Setting**, **Molecular Marker**, and **Performance Status**. Acknowledge the Attestation Statement and End User License Agreement by clicking on the checkboxes. Then click **Continue**.

You will then be presented with a list of NCCN recommended regimens in the pop up that displays.

ICCN Recommende	ed Use : Perjet	а					
			Regimen Questions NCCN	Recommended Use Chemotherapy Terr	plates Template Detais Add Notes/Document		
CCN Disease	Agent	Brand Names	Histology	ICD10 Code	NCCN Recommended Use	NCCN Category	FDA Disease Indications
east Cancer - Invasive Breast	Perluzumab	Perjeta®	Lobular, Mined Metaplastic, Ductal/NST, Micropapillary	C50 011, C50 012, C50 019, C50 021, C50 022, C50 029, C50 111, C50 112, C50 119, C50 121, C50 122, C50 129, C50 221, C50 122, C50 129, C50 221, C50 222, C50 225, C50 225, C50 225, C50 225, C50 225, C50 225, C50 225, C50 225, C50 255, C50	Prespective systemic herary to patients with human electromal growth accreasing 2 (Herary)-positive tumors and locally advanced C+12 or C+4 and M0 disease • In combination with thathucanable and pacificated tollowing AC (doconcidion and cyclophosphamide) (doce-dense or every 3 weeks) regimes (bob useful) and or electronic circumstances)? • as a composition toth transmit recommunication with therarch following AC regiment "It is acceptable to change administration sequence to taxana (with or white V-Langeled therapy) followed by AC	24	Metastatic Eress': Cancer (MBC): Perturuma b is indicated for use in combinition with instatzumata and docatava for the treatment of patients with HER2. positive metalatic breast cancer with have not received prior and -HER2 breasy or chemotherapy for metastatic disease. Early presex Cancer (EBC): Perturuma b indicated for use in combination with traitsucuruma and chemotherapy for the neoadjuvant threatment of patients with HER2-positive, locally advanced, inflammatory or any stage breast cancer (ather greater than 2 cm in diameter on hole part) the star cancer (athermatory cancer) that and combined threatment of patients with HER2- positive early breast cancer al high risk of recurrence. Consult the UFDA table with particular attention to boxed warning(s).
east Cancer - Invasive Breast ancer	Pertuzumab	Perjeta®	Lobular, Mixed, Metaplastic, Ductal/NST, Micropapilary	C50 011, C50 012, C50 019, C50 021, C50 022, C50 029, C50 011, C50 022, C50 029, C50 112, C50 119, C50 119, C50 121, C50 122, C50 129, C50 211, C50 212, C50 219, C50 221, C50 222, C50 239, C50 321, C50 312, C50 319, C50 321, C50 312, C50 319, C50 321, C50 312, C50 319, C50 421,	Preferred adjuvant systemic therapy for patients with human explortmal growth factor receptor 2 (HER2): positive turnors and locally advanced ca12 or cN+ and M0 dasase following completion of planned chemotherapy and following mastectiony or lumpectomy with surgical auditary staging, with trastuzumab // adv-trastuzumab discontinued for • v0T1-N0 or pCR	2A	Metastatic Breast Cancer (MBC): Pertuzumab is indicated for use in combination with trastuzumab and doceasian for the setament of patients with FERZ- positive metastatic createst cancer who have not nearestatic createst cancer who have not restrict and -HERZ breast Cancer (ERC): Pertuzumab is indicated for use in combination with trastuzumab and chambergary for the nearestioner with HERZ-notive the HERZ-notive nearestioner with HERZ-notive the main of nearesting the nearest nearesting the nearest nea

2. Review the list of recommended regimens and click the blue hyperlink to select the regimen you would like to use.

NCCN Recommended Use : Herce	eptin				
	Regimen Questions	NCCN Recommended Use	Chemotherapy Templates	Template Details	
NCCN Chemotherapy Order Templates (I	ncludes Reference-	based References)			
No NCCN Chemotherapy Order Template has bee li			entry. To pursue prior aut the "No" link to go back to NO		cular treatment regimen please click the "Ye

There may be instances when a drug, that is appropriate for its recommended use, but NCCN has not yet published the template yet. In these instances, you can continue with your request by selecting **Yes.** Selecting **No** will bring you back to the previous screen.

	Regimen Questions NCCN Recommended Use Chemotherapy Templates Template De	
NCCN Chemotherapy Order Templates (Includes	Poforonce based References)	
BRS179B Dose-Dense AC (DOXOrubicin/Cyclophosphami	e) followed by Pertuzumab + Trastuzumab + PACLitaxel	\$
BRS92640 (CONTRACTOR		\$
BRS93B AC (DOXOrubicin/Cyclophosphamide) followed by	Pertuzumab + Trastuzumab + PACLitaxel	\$
BRS99 TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + 1	istuzumab)	\$

3. This will bring you to the templates tab. From here, select the chosen template form the list by clicking on the blue hyperlink.

		Regime	en Questions NCCN Recomm	nended Use Chemotherapy Templab	S Template Details				
4	Template : Dose-Dense AC (DOXOrubicin/Cyclophosphamide) follow	,	+ Trastuzumab + PACLitaxe	el - Pertuzumab + Trastuzumab + F	ACLitaxel Course				Range : \$
	Molecular marker BRCA1/2 Positive,HER	2 Positive							^
	Instructions		Dru	-		osage	Place of Service	Benefit Type	-
	21-day cycle for 4 cycles		pertuzumab		over 60 minutes on Day	1 of Cycle 1 FOLLOWED BY 1 of Cycles 2 - 4	Ambulatory Surgical	00	
U.			trastuzumab 💌	 8 mg/kg IV 	over 90 minutes on Day	1 of Cycle FOLLOWED BY	Select	00	- 6
			Drug Name	Generic Name	Drug Benefit	Please order template BRS158 for	Selection is required. trastuzumab and hyaluronidase-oysk dosing.		
			Herceptin	Trastuzumab	00	se refer to disease-specific guideline.			
			Herceptin Hylecta	Trastuzumab-Hyaluronidase-oysk	00	and '	Select	00	- 1
			Herzuma	Trastuzumab-pkrb	00		Selection is required.		
	FOLLOWED BY		Kanjinti	Trastuzumab-anns	00				-1
	21-day cycle to complete 52 weeks total of trastuzumab and pertu-	rumab therapy	Ontruzant	Trastuzumab-dttb	00	ing van Week 13	Ambulatory Surgical	00	
			Trazimera	Trastuzumab-qyyp	00	ing with Week 13	Select	00	
			*Your select	ion will replace all instances of the drug in b	emplate details (if any).	Pleat see order template BRS158 for se ref to disease-specific guideline.	Selection is required. trastuzumab and hyaluronidase-oysk dosing.		
	This course is 4 cycles of Pertuzumab + Trastuzumab + PACLitaxel. Thi (DOXOrubicin/Cyclophosphamide) course.	s course is in lated	follo: 4			a. Philise see order template BR	S179a for the Dose-Dense AC		

4. If a biosimilar is available, it will be listed in the drop-down for selection.

Regim	en Questions NCCN Recommended Use	Chemotherapy Templates Template Details Add Notes/Document	
Template : TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + Trastuzumab)		Citemonicapy reinpondo	
	FOLLOWED BY		
	CARBOplatin	AUC 6 IV over 30 minutes on Day 1	Home
	See Safety Parameters and Special Instru	uctions for information on AUC calculation.	
FOLLOWED BY			
21-day cycle to complete 52 weeks total of trastuzumab and pertuzumab therapy	pertuzumab	 420 mg IV over 30 minutes on Day 1 beginning with Week 19 	On Campus Outpatient Hospital
	Trastuzumab-Hyaluronidase-oysk	 600 mg subcutaneous over 2-5 minutes on Day 1 	Inpatient Hospital
		available as 600 mg trastuzumab and 10,000 units hyaluronidase per 5 mL (120 mg/2,000 units per mL) se. No dose adjustments for patient body weight or for different concomitant chemotherapy regimens are	
v Supportive Care Details			
Supportive Care Details			
Premedications			
	Dne recommended dosing strategy is:		
Premedications For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. C	Dne recommended dosing strategy is:		
Premedications For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. C o Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior AntiemeticTherapy Scheduld prophylactic antiemetic therapy should be given for prevention of acute to	Die recommended dosing strategy is: to DOCEtaxel administration and delayed nausea and vomiting based	on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy	
Premedications For DOCEtwel: Premedication with dexamethasone for fluid retention is required. Commenter the service of the service of the service days starting 1 day prior Antiemetic Therapy	Ine recommended dosing strategy is: to DOCEtaxel administration and delayed nausea and vomiting based the NCCN Chemotherapy Order Templa	on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy tes.	
Premedications For DOCElaxel: Premedication with dexamethasone for fluid retention is required. o Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior Antiemetic Therapy Scheduld grophytics, refer to the NCCN Guidelines for Antennesia and Appendix D to an encomprised, schedule and the NCCN Guidelines for Antennesia and Appendix D to	Dne recommended dosing strategy is: to DCCELexel administration and delayed nausea and vomiting based the NCCN Chemotherapy Order Templase consu	on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy tes.	

5. Review the Instructions and Supportive Care Details for the course of therapy.

NCCN R	ecommended	Use Chemotherapy Temp	lates Template Details	
Template : Weekly Fluorouracil/Leucovorin + Beva	acizumat)		Range : S
Chemotherapy Regimen				
Instructions	Price	Drug	Dosage	Benefit Type
Bolus fluorouracil: weekly cycle until disease progression or unacceptable toxicity	\$	leucovorin	20 mg/m2 IV over 2 hours on Day 1	00 🕑
progression of unacceptable toxicity		fluorouracil	 500 mg/m2 IV push on Day 1 administered one hour after the start of the leucovorin infusion 	0
CONCURRENT WITH				
14-day cycle until disease progression or unacceptable	\$\$	bevacizumab	 5 mg/kg IV on Day 1 	0
toxicity		See Safety Parameters and S	special Instructions for recommended infusion rate.	
		OR		
Infusional fluorouracil: weekly cycle until disease	\$	leucovorin	 500 mg/m2 IV over 2 hours on Day 1 	(M) 🕑
progression or unacceptable toxicity		fluorouracil	2,600 mg/m2 IV continuous infusion over 24 hours on Day 1	00
CONCURRENT WITH				
14-day cycle until disease progression or unacceptable	\$\$	bevacizumab	 5 mg/kg IV on Day 1 	() ()
toxicity		· · · · · ·		

*In some instances, there may be more than one option under instructions to select from. Click the radio button to select the Instruction you wish to use.

Regime	en Questions NCCN Recommended Use	Chemotherapy Templates Template Details Add Notes/Document	
mplate : TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + Trastuzumab)			Ra
	FOLLOWED BY		
	DOCEtaxel	 75 mg/m² IV over 60 minutes on Day 1 	Inpatient Hospital
	FOLLOWED BY		
	CARBOplatin	 AUC 6 IV over 30 minutes on Day 1 	Home
	See Safety Parameters and Special Instru	uctions for information on AUC calculation.	
FOLLOWED BY			
1-day cycle to complete 52 weeks total of trastuzumab and pertuzumab therapy	pertuzumab	 420 mg IV over 30 minutes on Day 1 beginning with Week 19 	On Campus Outpatient Hospital
	Trastuzumab-Hyaluronidase-oysk	 600 mg subcutaneous over 2-5 minutes on Day 1 	Inpatient Hospital
		vailable as 600 mg trastuzumab and 10,000 units hyaluronidase per 5 mL (120 mg/2,000 units per mL) s	
	This agent does not require a loading dos	e. No dose adjustments for patient body weight or for different concomitant chemotherapy regimens are i	equired.
Supportive Care Details			0
r Supportive Care Details			0
Premedications			0
Supportive Care Details Premedications • For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. C o Paramethasone 8 mp PO RID for three consecutive days starting 1 day index			0
Premedications For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. Oxamethasone 8 mg PO BID for three consecutive days starting 1 day prior			0
*remedications. For DOCEssel Premedication with dexamethasone for fluid retention is required. • Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior intermeticTherapy	r to DOCEtaxel administration	on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy g	
Premedications For DOCEtaxel: Pramedication with dexamethasone for fluid retention is required. • Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior Internet/Dherapy	r to DOCEtaxel administration and delayed nausea and vomiting based the NCCN Chemotherapy Or <u>der Templa</u>		

- 6. If you choose to accept the recommended regimen, click Accept.
- 7. If you wish to make changes to the regimen, click **Modify**.

ICCN Recommended Use : Perjeta		
	Regimen Questions NCON Recommended Use Chemotherapy Templates Template Datab Add Notes/Document	
Template : TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + Trastuz	umab)	Range : :
	FOLLOWED BY DOCEtaxel • 75 mg/m ² IV over 60 minutes on Day 1	-
	DOCEtaxel • 75 mg/m ² IV over 60 minutes on Day 1 Inpatient Hospital FOLLOWED BY	
	CARBOplatin • AUC 6 IV over 30 minutes on Day 1 Home	
FOLLOWED BY	See Safety Parameters and Special Instructions for information on AUC calculation.	
21-day cycle to complete 52 weeks total of trastuzumab and pert	zzumab therapy pertuzumab • 420 mg IV over 30 minutes on Day 1 beginning with Week 19 On Campus Outpatient Hospital	
	Trastuzumab.Hyaluronidase.oysk 600 mg subcutaneous over 2-5 minutes on Day 1 Inpatient Hospital	_
	This agent does not require a loading dose. No dose adjustments for patient body weight or for different concomitant chemotherapy regimens are required.	
	Attention!	
		•
Premedications For DOCEtaxel: Premedication with dexamethasone or fluid r Dexamethasone 8 mg PO BID for three conse utive data 	A modification is not required for a reduction in dosage or frequency of administration. The regimen may be accepted as is. If modifying the regimen for any other reason, the request will no longer be considered NCCN aligned. Applicable supportive care selections will no longer apply.	
AntiemeticTherapy	Proceeding to modify may require additional review of the request.	
 Scheduled prophylactic antiemetic therapy should be given for emetic prophylaxis, refer to the NCCN Guidelines for antiemetic 	Continue to modify?	ormation on
 PRN for breakthrough: All patients should be provided with a 	YES NO	Ŧ
	ACCEPT MODIFY	

8. Upon selecting **Modify**, a pop up will display, asking for you to confirm that you do want to modify the request.

			Regimen Details		
Treatment Setting	First-line	Stage	Stage III	Performance	eCOG-1
Molecular marker	HER2 Positive				
structions		Drug	Dosage	Place of Service	
1-day cycle for 6 cycles		pertuzumab	840 mg IV over 60 minutes on Day 1 of Cycle 1	On Campus Outpatient Hos	ß
			420 mg IV over 30 minutes on Day 1 of Cycles 2 - 6		
		Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital	
		DOCEtaxel	75 mg/m² IV over 60 minutes on Day 1	Inpatient Hospital	
		CARBOplatin	AUC 6 IV over 30 minutes on Day 1	Home	
OLLOWED BY		*			
1-day cycle to complete 52 weeks ertuzumab therapy	total of trastuzumab and	pertuzumab	420 mg IV over 30 minutes on Day 1 beginning with Week 19	On Campus Outpatient Hos	ß
		Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital	
Add Drug (max 8 Drugs allowed)					

9. If you click "yes", the screen will enable you to edit the regimen information. You can edit the existing medication, by editing the fields, or you can add additional therapies by clicking the "add therapy" button and entering the drug information, instruction information.

Treatment Setting First-line	Stage	Stage III	Performance	eCOG-1	
Molecular marker HER2 Positive					
tructions	Drug	Dosage	Place of Service		
1-day cycle for 6 cycles	pertuzumab	840 mg IV over 60 minutes on Day 1 of Cycle 1	On Campus Outpatient Hos	ß	
		420 mg IV over 30 minutes on Day 1 of Cycles 2 - 6			
	Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital		
	DOCEtaxel	75 mg/m² IV over 60 minutes on Day 1	Inpatient Hospital		
	CARBOplatin	AUC 6 IV over 30 minutes on Day 1	Home		
DLLOWED BY	~				
1-day cycle to complete 52 weeks total of trastuzumab and ertuzumab therapy	pertuzumab	420 mg IV over 30 minutes on Day 1 beginning with Week 19	On Campus Outpatient Hos	ß	
	Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital		
Add Drug (max 8 Drugs allowed)					

10. Once you've made modifications to your instructions, click **Save and Submit**. Your request will then be pended for review.

NCCN Recommended Use : Perjeta		×
	Regimen Questions NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document	
	An and the state for the state of the state	
	You can skip this step by clicking 'Continue' button, if you don't have notes or document to submit.	
Add Notes		_
please add	notes here	
listed Bas	ument (Optional)	
+ Choose		
	You can 'Drag & Drop' a file here or click the 'Choose' button above.	
i		
	BACK CONTINUE	

Upon selecting Accept or Modify, the screen will advance to the Add Notes/Document section.

You can add optional notes or upload a document here. You can also click continue without entering anything here or click the Back button to edit data from other tabs. Click **continue**.

Authoriz	ation Number : 978246	Benefit Type: 🛯 🔐	Status: Incomplete	R-PA	Assigned User: Adrienne Provider	Workflow: Auth Cres	ite Provider 3.0 v1
Authori	zation Details Member's PA History						
Memb	NCCN Recommended Use	: Verzenio					×
						Additional Information	
- Aut		Summary-					•
-	Chemotherapy Verzenio		Please provide addition	al information for dru	gs with a red icon by clicking the hyperlink on the d	ug name.	
Pla	Faslodex						
Da							
Dn							
QU HC							
Ro							
Ge							
Re							×
Nu				Cancel	Done		
				SUBI	AIT		
			BACK	N KEEP	COPY VOID SAVE		

Click on the drug name to provide additional information.

Authori	zation Details Member's PA History			
Memb	NCCN Recommended Use	e : Verzenio	×	None
		Regimen Questions NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document Additional Information		E.
O A		TO EXITO	*	u
- Aut	Chemotherapy Verzenio	Benefit_Determination (v1.0.2)		0
* Aut	Faslodex		- 11	
Li	-	_Benefit_Determination.Question5 Under which benefit do you intend to bill the requested drug?		
Pla				
Da				
Dn		Pharmacy		
Qu				
нс				
Ro				
Ge				
			*	
Re				
Nu		Cancel Done		
			_	
		SUBMIT		

Select the answer to the question that displays and click the blue arrow.

Author	zation Details Member's PA H	istory	
Memb	NCCN Recommend	ded Use : Verzenio	× None
OA		Regimen Questions NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document Additional Information	
- Aut		Summary	^
* Aut	Chemotherapy		
Li	Verzenio	We have gathered required information for this drug. Please provide additional information for remaining drugs with a red icon by clicking the hyperlink on the drug name.	
Pla	Faslodex		
Da			
Dr			
Qu	-		
HC			
Ro			
Ge			
Re			Ψ
Nu		Cancel Done	
		Califer Dolle	
			- 8
			_

Repeat this process for each drug that has a red trianlge next to it.

	tion Number : 978240	ренен туре. 🚻 🧃	Status, Incomplete ASSI, incomplete Violation, Authenine Provider Violation, Author	reate Provider 3.0 41
	NCCN Recommended Use	e : Verzenio		×
•••		Regimen Questions	NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document Additional Information	
ut Lir	Chemotherapy Verzenio	Summary		-
Pla Da	Faslodex	Verzenio	Additional Information This drug requires prior authorization under the member's pharmacy benefit.	
On Qu		Faslodex	This drug requires prior authorization under the member's medical benefit.	
Ro Ge				
Re			Cancel Done	
			Cancel Done	
			SUBMIT	

Click **Done**.

	🐐 Authorizations 🗸 F	Reports & Tools 🚽 Admin	stration 🚽 My Account 🚽 😮		WELCOME ADRIENNE PRO	VIDER
Authorization Number : 978246	Status: Tech Review	R-PA Assigned Us	ar.	Workflow: Auth Create Provider 3.0 v1		
Authorization Details Member's Pa	A History					
Member Name						
Member Details					Skill(s): Multi	
Member Details						0
Authorization Details	This request has duplicate/overlapping d	dates of service. Please void th	is request and modify the original authorization.(Over	lap of Auth #977137)		0
						۲
- Original						
Priority	Request Date/Time	Decision	Decision Date/Time	Rationale	Enhanced Review	
Normal	8/6/2021 4:02:00 PM					
Final Oral Notification	Final Written Notification	Final Provider Oral N	otification Other Action	Level Of Appeal		
						٢
Mock Claim Sequence	Processed Date/Time	Code Desc	iption			
1 - 00002481554 (Verzenio)	08/06/2021 3:55:39 PM	831 Bill M	dicaid Fee-For-Service			
1 - 00310072010 (Faslodex)	08/06/2021 3:55:48 PM	70 NDC	Product/Service Not Covered			
2 - 00002481554 (Verzenio)	08/06/2021 4:02:11 PM	831 Bill M	dicaid Fee-For-Service			
▼ Notes, Letters & Documents						۲

The Authorization will then have an Authorization number assigned and it's new status will display at the top of the screen.

If the request is a single drug request, upon clicking **Submit** you will be presented with a series of protocol questions.

		-
		- 8
ell <u>c</u>	MedB_Erbitux (v1.0.2)	- 8
	Question: MedB_Erbitux.Question1	- 8
	Is the patient currently receiving treatment with Erbitux?	- 8
	• Yes	n E
		- 8
		n C
		- 8
		- 8
		- 84
	SAVE AND CLOSE NEXT	- 8
me		- 8
17/2		-1

1. Answer clinical questions as they are presented in the pop-up screen that displays and click **Next** to move on to the next question. If you are unable to complete all the protocol questions, you can click **Save and Close** to complete the question set later.

edB_Erbitux (v1.0.2)	
Question: MedB_Erbitux.Pend1	
Thank you, your authorization has been	pended for further review.
BACK	DONE

2. Once the protocol questions are completed your authorization will be auto approved or released to the next party for review. Once the outcome is displayed on the last pop up, click **Done**.

	👫 Authorizations 🗸 Re	ports & Tools 🗸 Administration 🗸 My Accoun	- 0	(WELCOME ADRIENNE	ł US
Authorization Number : 876301		Status: Tech Review Assigned User		Workflow: Auth Create Provi	der 3.0 v1	
Authorization Details Override Config	guration Transaction History Member's PA	History Member's Claims History				
Member Name: I						
					Work Inst	ruct
Member Details						
✓ Authorization Details						
Authorization Requestor Type*	×					
Patroneauor requestor type						
* Providers						
Туре	NPI *	Name	Addres			
Requesting	1639160708	180 MEDICAL INC	5324 V	V RENO AVE OKLAHOMA CITY, OK 73127		
	Tax ID 134211220					
MD Office Contact Name*	Requesting Provider	MD Office Contact Phone Number* (1	11) 111-1111	MD Office Contact Fax Number*	(111) 111-1111	
	N	MD Office Contact Phone Number*		MD Office Contact Fax Number*		
In Network	N					
Add Provider						
▼ Diagnosis						
Primary Diagnosis*	A00.0 Cholera due to Vibrio cholerae 0	1, biovar cholerae (ICD-10)				
Add Diagnosis						
		BACK COPY VOID	SAVE EXPORT TO	PDE		

3. The outcome or status of the authorization will be displayed at the top of the screen along with the authorization number assigned.

WorkBox Items										Last Log	gin: 5/27/2021 1:08:1
0								Columns Filte	r 🗆 Sorting 🗹 All 🧲	Reset Records per	page: 25 🗸
	Provider Notificat	ID 768159 874119 861071	Member Last Name	Drug Name	Plan	Provider T	Received Date x m Y 03/08/2021 12:45 05/24/2021 07:39 05/17/2021 05:01	Due Date ↑ × 10 ¥ 05/28/2021 13:32 05/29/2021 07:47 05/30/2021 09:40	Assigned To LisaD55 Provider LisaD55 Provider LisaD55 Provider	Assign Method	Line of Busine Medicaid Medicaid Medicaid

4. Once a determination is made, all Authorizations will be sent back to your homepage under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

3. NOTES AND DOCUMENTS

Once the Authorization has been created, you will have the ability to add notes or documents directly to the Authorization.

NOTES

To add a note to the Authorization, from the **Notes, Letters & Documents** section, select **Add Note**.

Authorization Number : 876356	Benefit Type: 🜃 🕑	Status: Tech Review Assigned User:	Workflow: Auth Create Provider 3.0 v1
Authorization Details Member's PA History			
Member Name: 0			
D D Normal	5/27/2021 3:43:36 PM		
Final Oral Notification	Final Written Notification	Final Provider Oral Notification Other Action	
▼ Notes, Letters & Documents			
Notes & Contact Attempts			
		No Notes & Contact Attempts Found	
O Add Note O Add Centact Allempt			
✓ Letters & Documents			
		No Documents Found	
Add Document			

1. Enter your note in the pop up that displays and click **Save**.

Add New Note	×
Note* Enter your note here	Firs
	Firs
No documents found	_

2. Your note will then be saved under the Authorization's **Notes**, Letters & Documents section. To view a note, click on the note **Description** in blue.

View Notes

otes & Contact Attemp	te.									
Date \$	Туре	Description		Attempt#	Applies To	Added By	Status	Status Details	Actions	
5/27/2021	Contact Attempt	Add Contact Type		1	Line 1	Pat Rooney	N/A	N/A		
5/27/2021	General	Add New Note		N/A	Line 1	Pat Rooney	N/A	N/A		
								1 to 2 of 2	First Previous Page 1 of 1 New	at L
Add Note Add Con	act Attempt									
tters & Documents										
tiers a bocumenta _										
				No Docun	tents Found!					
Add Document										
Hos Document										
ites, Letters & Docur	nents									
tes & Contact Attemp	ts									
tes & Contact Attemp Date \$	ts	Description		Attempt#	Applies To	Added By	Status	Status Defails	Actions	
Date \$ 5/27/2021	ts Type Contact Attempt	Add Contact Type		1	Line 1	Pat Rooney	N/A	N/A	Actions	
otes & Contact Attemp	ts							N/A N/A		
5/27/2021 5/27/2021	ts Type Contact Attempt General	Add Contact Type	Add New Yolk	1	Line 1	Pat Rooney	N/A	N/A N/A	Actions Trac Page 1 of 1	4
Date \$ 5/27/2021	Type Contact Attempt General	Add Contact Type	Add New Yole	1	Line 1	Pat Rooney	N/A	N/A N/A		4
Date \$ 5/27/2021 5/27/2021	Type Contact Attempt General	Add Contact Type	Add New Hole	1	Line 1	Pat Rooney	N/A	N/A N/A		
Date \$ 5/27/2021 5/27/2021	Type Contact Attempt General	Add Contact Type	Add New Note	1	Line 1	Pat Rooney	N/A	N/A N/A		d L
Date \$ 5/27/2021 5/27/2021 sidd Note O Add Cont	Type Contact Attempt General	Add Contact Type	Add New Note	1 N/A	Line 1	Pat Rooney	N/A	N/A N/A		

3. You can view the note by hovering over the note **Description** in blue.

DOCUMENTS

- 1. If prompted to add a document during the clinical question process, you can:
 - a. Save and Close your clinical questions and add the document
 - b. Add after the questions have been completed.
- 2. To attach a document to the Authorization, from the **Notes, Letter & Documents** section, select **Add Document**.

Notes, Letters & Docur	ients							
Notes & Contact Attemp	s							
Date \$	Туре	Description	Attempt#	Applies To	Added By	Status		Actions
5/27/2021	Contact Attempt	Add Contact Type	1	Line 1	Pat Rooney	N/A	N/A	
5/27/2021	General	Add New Note	N/A	Line 1	Pat Rooney	N/A	N/A	
Add Note Add Cont	act Attempt						1 10 2	of 2 First Previous Page 1 of 1 Next Lad
			No Docum	nents Found!				
• Add Document								

- 3. Browse through your directories to locate the desired file.
- 4. Select **Document** and rename the document.
- 5. Click **Upload** to attach.

Add Document	×
* Title Chart Details	
Upload a File Select from History + Choose	
807337.docx 126.809 KB	
Upload Cancel	

- 6. Your document will then be saved in the **Documents** section of the Authorization detail.
- 7. To view a document, click on the **Document** title in blue.

▼ Notes, Letter	s & Documents										0
* Notes & Conta	act Attempts										
Date 4	5	Туре	Description		A	ttempt# Applies To	Added By	Status	Status Details	Actions	
5/27/20	21	Contact Attempt	Add Contact Type			1 Line 1	Pat Rooney	N/A	N/A		
5/27/20	21	General	Add New Note			N/A Line 1	Pat Rooney	N/A	N/A		
										1 to 2 of 2 First Pressours Page 1 of 1 New	t Lost
O Add Note	Add Contact Atler	mpt									
- Letters & Doc	uments										
Dat	te Attached \$	Title (click to vi	ew)	Applies To	Added By	Delive	ry Method	Delivery Status	Status Details	Actions	
	5/27/2021	Chart Details		Line 1	Pat Rooney				5/27/2021 4:12:31 PM		∕ C ×
O Add Documer	nt										

4. QUICK SEARCH

The **Quick Search** option allows you to search for Authorizations in the system using simple text or advanced filters.

1. To access Quick Search, from the Authorization dropdown menu select Quick Search.

		Quick Search				
		Create Authorization	Filtered Sear	rch Text Search		
AUTHORIZATION DETAILS			PATIENT DETAILS		ADDITIONAL DETAILS	
Transaction Type	[AII]	۲	First Name		Drug Name	
Plan	Select	•	Last Name		NDC Code	
uthorization #			Member ID	Enter minimum 5 characters	-	
uthorization Status	[AI]	•	Benefit Type	[AI]	DATE RANGE	
lequesting Provider			Group #		Date Type	Select
endering Provider					Date Range	MM/DD/YYY - MM/DD/YYY
ax File ID						
demal Authorization #						

2. Once in the **Quick Search** screen, you have the option to search by **Text Search** and **Filtered Search**.

Sea	Irch Authorization								
Γ				Filtered Search	Text Search				
1.7	AUTHORIZATION DETAILS		PATIENT	ETAILS			ADDITIONAL DETAILS		
	Transaction Type	[AII] •	First Name				Drug Name		
	Plan	Select	Last Name				NDC Code		_
	Authorization #		Member I		Enter minimum 5 charac	ters			
	Authorization Status	[AI]	Benefit Ty	e	[AII]	•	DATE RANGE Date Type		
	Requesting Provider		Group #				Date Range	Select	•
	Rendering Provider						Date Range	MM/DD0000 - MM/DD0000	=
	Fax File ID								
	External Authorization #								
•8	lesuits may be limited if you do not have security access rights t	to certain content.		Sear	ch				

TEXT SEARCH

1. To search by text, click on the **Text Search** tab. The text search will look for matches anywhere in the prior authorization.

								Filtered S	Search	Text Se	arch										
					perjetaj Enter at least 5 characters				Search	Use "Se	arch will also dis arch Operators hing for a speci	for refined r	esults.	e use "Filtered							
					MEMBER DETAILS	-				۲	r		IMPOF		Columns 🗆 Fi	ter 🗌 Sorting	All Res	et Records ;	per page: (25 🔻	8 D
uth #	Ext. Auth #	Fax File ID	First Name	Last Name	Member ID	Priority	Line of Busi	Provider		Drug	Request	Start Date	End Date	Decision	Status	Diagnosis	Referring	Rendering	Doc.	Notes	Сору
6240			ROP						210	Perieta	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011			~		2
6234			Y							Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011		CURTIS, LARRY			2
5225										Perjeta	5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011		CURTIS, LARRY	1		0
3224										Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00		CURTIS, LARRY	1		20
5118										Perieta	5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011			~		2
5287										Trazimera	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponde	C19			~	~	2
6281										Herzuma	5/13/2021	5/13/2021	10/28/2021			C19			~		0
6271										Ontruzant	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponde	C19			~	~	0
6263										Kaniinti	5/12/2021	5/12/2021	10/27/2021	5/12/2021	Corresponde	C19			~	~	2
0987										Perjeta		4/30/2021	10/15/2021		Approved	C50.011			~	~	2
957										Perieta	4/27/2021	4/30/2021		4/27/2021	Approved	C50.011			~	~	2
643										Perieta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R.	A00.0			~	~	0
1564										Perieta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Actio.	C50.011			~	~	2
753										Trazimera		4/20/2021	10/17/2021	5/10/2021	Void	C19			~		2
750										Herzuma	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			~		Q
745										Ontruzant	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			~	~	2
740										Kanjinti	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			× .	×	2
723										Herceptin	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			~		Q
721										Perjeta	4/20/2021	4/20/2021	10/17/2021	4/25/2021	Void	C19					Q
712										Perjeta	4/20/2021	5/19/2021	5/19/2021	4/20/2021	Approved	C50.011			~	~	2
702										Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
700										Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
7694										Perjeta		4/20/2021	10/17/2021		Incomplete	C50.011					e e
7693										Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
			MArs							Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2

2. Enter your search term in the search field and click **Search**. Your results will display at the bottom of the screen.

Sear	ch Autho	rization																				
								[Filtered Se	earch	Text Se	arch										
						7 Enter at least 5 characters				Search		arch Operator		esults.	e use 'Filtered Searc							
							· · · ·					· · · · ·				s 🗌 Filter	Sorting	Z Ali 🛛 R	R	ecords per page:	25 🔻	Export
Au	th#	Ext. Auth #	Fax File ID	First Name	Last Name	MEMBER DETAILS Member ID	Priority	Line of Busi	Provider	D	•	Request	Start Date		Decision Statu	is D	iagnosis	Referring	Renderin	J Doc.	Notes	Сору

3. From the search results, you can view the high-level detail of an Authorization record (i.e., Novologix authorization number, provider, member name and ID, etc.).

Search Auth	orization																				
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4. You are also able to filter by the headings by clicking on the name of the heading. Columns with a "+" sign are expandable to display additional details.

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5. Click on the "+" sign to view additional details of a particular column. Once expanded, click on the "-" sign to collapse.

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7. Drag the column to its new location.

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6287			Trazimera								5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponde	C19			~	~	2
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827753			Trazimera							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			*	~	
827750			Herzuma							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			~		
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827723			Herceptin							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			*		
827721			Perjeta							4/20/2021	4/20/2021	10/17/2021	4/25/2021	Void	C19					
827712			Perjeta							4/20/2021	5/19/2021	5/19/2021	4/20/2021	Approved	C50.011			~	4	
827702			Perjeta							4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					
827700			Perjeta							4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					
827694			Perjeta							4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					
827693			Perjeta							4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					

9. To export the search results, click the **Export** icon.

			۲			MEMBER DETAILS				۲			IMPOF I IMPOF I IMPOF I	TANT DATES						·	
Auth #	Ext. Auth #	Fax File ID	Drug	First Name	Last Name	Member ID	Prinrity	Line of Busi	Provider		Request	Start Date	End Date	Decision	Status	Diagnosis	Referring	Rendering	Doc.	Notes	Сору
76240			Perjeta							10	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011			-		2
76234			Perjeta								5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011		CURTIS, LARRY			20
76225			Perjeta								5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011		CURTIS, LARRY			2
76224			Perjeta								5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00		CURTIS, LARRY			23
75118			Perjeta								5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011			*		2
56287			Trazimera								5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponde	C19			~	1	20
56281			Herzuma								5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19			~		2
56271			Ontruzant								5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponde	C19			~	~	20
6263			Kanjinti								5/12/2021	5/12/2021	10/27/2021	5/12/2021	Corresponde	C19			~	~	2
0987			Perjeta								4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			~	-	3
0957			Perjeta								4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			~	~	23
18643			Perjeta								4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R.	A00.0			~	~	3
8564			Perjeta								4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Actio.	C50.011			~	~	2
27753			Trazimera								4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19				~	2
7750			Herzuma								4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			~		2
27745			Ontruzant								4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			*	~	2
27740			Kanjinti								4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			~	~	2
27723			Herceptin								4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			4		2
27721			Perjeta								4/20/2021	4/20/2021	10/17/2021	4/25/2021	Void	C19					2
27712			Perjeta								4/20/2021	5/19/2021	5/19/2021	4/20/2021	Approved	C50.011			~	*	23
27702			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
7700			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
7694			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					20
27693			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
27677			Perjeta							.0	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					20

10. To make a quick copy of an Authorization from the search results, click the **Copy** icon.

			۲			MEMBER DETAILS				۲			IMPOF I IMPOF I IMPOF I	TANT DATES							
uth #	Ext. Auth #	Fax File ID	Drug	First Name	Last Name	Member ID	Priority	Line of Busi	Provider		Request	Start Date	End Date	Decision	Status	Diagnosis	Referring	Rendering	Doc.	Notes	Сору
6240			Perjeta	ROC						INC	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011			-		2
6234			Perjeta								5/27/2021	5/27/2021		5/27/2021	Void	C50.011		CURTIS, LARRY			2
6225			Perjeta								5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011		CURTIS, LARRY			2
6224			Perjeta								5/27/2021	5/27/2021			Void	A01.00		CURTIS, LARRY			23
75118			Perjeta								5/25/2021	5/25/2021	11/9/2021	5/25/2021		C50.011			~		2
56287			Trazimera								5/13/2021	5/13/2021	10/28/2021		Corresponde				~	1	20
56281			Herzuma								5/13/2021	5/13/2021	10/28/2021			C19			~		2
56271			Ontruzant								5/13/2021	5/12/2021	10/27/2021		Corresponde				~	~	25
56263			Kanjinti								5/12/2021	5/12/2021	10/27/2021		Corresponde				-	×	2
40987			Perjeta								4/27/2021	4/30/2021		4/27/2021	Approved	C50.011			~	~	2
40957			Perjeta								4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			~	~	2
38843			Perjeta								4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R.				~	~	2
38564			Perjeta								4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Actio.				~	~	20
27753			Trazimera								4/20/2021	4/20/2021			Void	C19			~	~	2
27750			Herzuma								4/20/2021	4/20/2021	10/17/2021		Void	C19			~		2
27745			Ontruzant								4/20/2021	4/20/2021	10/17/2021		Void	C19			*	~	20
27740			Kanjinti								4/20/2021	4/20/2021	10/17/2021		Void	C19			~	~	2
27723			Herceptin								4/20/2021	4/20/2021	10/17/2021		Void	C19			*		20
7721			Perjeta								4/20/2021	4/20/2021			Void	C19					2
27712			Perjeta								4/20/2021	5/19/2021		4/20/2021	Approved	C50.011			~	4	23
27702			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
7700			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
694			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					20
7693			Perjeta								4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					2
27677			Perjeta	he.						-+C	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					

11. To refine your results, you can use Search Operators.

Search Aut	horization																
								Filtered Se	arch	Text Search							
					perjeta Enter at least 5 c	haracters			Searc	Text search will also display "near matching" results. Use "Search Operators" for refined results.							
										SEARCH OPERATORS	id Search" tab						
										To search for an exact phrase, place your phrase within the	Columns 🗆 F	iter 🗌 Sorting	Al Re	set Record	s per page:	25 v	Export Export
				1		MEMBER DETAIL	S			quotes*** • To search for a given term OR an equivalent term, place the							
Auth #	Ext. Auth #	Fax File ID	Drug	First Name	Last Name	Member ID	Priority	Line of Busi	Pr		Status	Diagnosis	Referring	Rendering	Doc.	Notes	Сору
683550			Perjeta	R'					11	Jon		C50.011					3
682761			Perjeta	1					PS	 To return results that meet both given terms, place the word 	Tech Review	C50.011					20
669507			Perjeta	C					LA	"AND" (ALL CAPS) in between the terms e.g. Gamunex AND Gammacard	Void	C50.011					20
669506			Perjeta	T					EV	To exclude a term, place the word "NOT" (ALL CAPS) before	Void	C50.011					3
668660			Perjeta	5					VIC	the term e.g. John NOT Johnson	Tech Review	C50.111			~	~	20
668339			Perjeta	L					HA	the term e.g. sent nor senten	Tech Review	A00.0					20
651027			Perjeta	C					HA		Tech Review	C50.011					3
639918			Perjeta	Th.					EV	E INCORPORATED 10/16/2020 10/16/2020 4/16/2021 10/16/2021	Tech Review	C50.011			4		20

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- a. To search for an exact phrase, place quotes around the text entered on the search field.
- b. To search for an equivalent or a given term, enter the word "OR" (in all caps) between both search terms in the search text field.
- c. To search for results that include more than one term, enter the word "AND" (in all caps) between both search terms in the search text field.
- d. To exclude a search term from your results, enter the word "NOT" (in all caps) before the search term in the search text field.

FILTERED SEARCH

Filtered Search provides the same filtering results as the Find Authorization feature.

Search Authorization							
			Filtered Search	fext Search	-		
AUTHORIZATION DETAILS		PATIENT	ETAIL C		ADDITIONAL DETAILS		
Transaction Type	[AII] •	First Name			Drug Name		
Plan	Select	Last Name			NDC Code		
Authorization #		Member ID		Enter minimum 5 characters			
Authorization Status	[AI]	Benefit Type		[AII] •	DATE RANGE Date Type		
Requesting Provider		Group #			Date Range	Select	•
Rendering Provider		ĺ			Date Kalge	MM/DD/YYYY - MM/DD/YYYY	
Fax File ID		í					
External Authorization #		j					
*Results may be limited if you do not have security access rights	s to certain content.		Searc	h			

1. To reach Filtered Search, click the **Filtered Search** tab.

Search Authorization						
		Filtered Search	Text Search			
AUTHORIZATION DETAILS		PATIENT DETAILS		ADDITIONAL DETAILS		_
Transaction Type	[AII] •	First Name		Drug Name	Actemra	
Plan	Molina	Last Name		NDC Code		5
Authorization #		Member ID	Enter minimum 5 characters			
Authorization Status	[AI]	Benefit Type	[AII] •	DATE RANGE Date Type	(*	_
Requesting Provider		Group #		Date Range	Select	-
Rendering Provider				Date Kalige	MMDDYYYY - MMDDYYYY	
Fax File ID						
External Authorization #						
*Results may be limited if you do not have security access right	a to certain content.	Sear	rch			

2. Once in the **Filtered Search** tab, complete the fields you wish to filter your results by and click **Search**.

								Clines of Decemb	Text S	1 t										
								Filtered Search	lext S	Search										
	RIZATION DETA	AILS				PATIENT	DETAILS							ONAL DETA	LS					
Transaction	un Type		[AII]		۲	First Name							Drug Nar	ne			Actemra			
Plan			Molina		•	Last Name							NDC Coc	le						
Authorizati	Sion #					Member ID			Entermin	nimum 5 chara	tors									
Authorizati	Eas Otatus					Benefit Type							DATE F	ANGE						
			[IIA]		۲		0		[AII]			•	Date Typ	e			Select			
Requesting	g Provider					Group #							Date Rar	ae			MMDDmmm -			
																	MMOD/////	MMODMM		
Rendering	1 Provider																			
Rendering Fax File ID			_																	
Fax File ID	D																			
Fax File ID																				
Fax File ID External Au	D Authorization #	not have security	access rights to certain r	content.				Si	arch											
Fax File ID External Au	D Authorization #	not have security	access rights to certain r	rontent.				Se	earch					Columns 🗌	Filter Sorti	10 🗹 All 🖉	Densed Pro	cords per pa	anar 25	•
Fax File ID External Au	D Authorization #	not have security	access rights to certain r	content.				Se		~				Columns 🗆	Filter Sortin	ng 🖬 All 🗨	Reset Re	cords per pa	age: 25	*
Fax File ID External Au "Results may b	D Authorization # be limited if you do				MEMBER DETAILS				۲	ſ			TANT DATES	1						
Fax File ID External Au "Results may b	D Authorization # be limited if you do	not have security Fax File ID		content. Last Name	MEMBER DETAILS Member ID	Priority Li	ine of Bus	Provider		Request	Start Date	End Date	TANT DATES	Status	Diagnosis	ng 🖸 All 🗨 Referring	Reset Re	cords per pa		¥
Fax File ID External Au *Results may b Auth # 876503	D Authorization # be limited if you do						ine of Bus	Provider LINK TO LIFE	Drug Actemra	5/28/2021	5/28/2021	End Date 5/27/2022	Decision	Status Tech Review	Diagnosis A15.0				Notes	
Fax File ID External Au "Results may b	D Authorization # be limited if you do						ine of Bus	Provider LINK TO LIFE LINK TO LIFE	• Drug			End Date	Decision	Status	Diagnosis A15.0 A15.0				Notes	

3. Your filtered results will appear at the bottom of the screen.

5. FIND AN AUTHORIZATION

The Find Authorization features allows users to look up any authorizations in the system submitted by your Provider office. Since the Quick Search feature have been implemented in the system, the Find Authorization feature will be discontinued at some point in the future.

Search Authorization		Find Authorization Quick Search					
		Create Authorization	Filtered Search	Text Search			
AUTHORIZATION DETAILS			PATIENT DETAILS		ADDITIONAL DETAILS		
Transaction Type	[AII]	۲	First Name		Drug Name		
Plan	Molina	۲	Last Name		NDC Code		5
Authorization #			Member ID	Enter minimum 5 characters			
Authorization Status	[AI]	•	Benefit Type	[All]	DATE RANGE Date Type		_
Requesting Provider			Group #		Date Range	Select	•
Rendering Provider					Date Range	MM/DDMMM - MW/DDMMM	
Fax File ID							
External Authorization #							
*Results may be limited if you do not have security access rights t	o certain content.		Se	earch			

1. From the Homepage select **Find Authorization** from the Authorizations from the top navigation menu.

Pind Authorization Results may be lim	ited if you do not have security as	cess rights to certain cont	ent.	
SEARCH CRITERIA				
Authorization #:			Authorization Status:	[40] •
Plan:	Select a plan	•	External Authorization #:	
Requesting Provider:	Enter at least 3 characters to sear	th for a Provider.	Patient Account #:	
First Name:			Drug Name:	
Last Name:			Advanced Search	
Member ID:			The following fields will only nar additional criteria in the fields at	arrow your search results. If you do not include how your results will be skewed.
Date Range			HCPCS/CPT Code:	
Date Type:	Start Date of Service	•	NDC Code:	
Date Range:	[AII]	*	Physician NPI:	
Start Date:			Physician Last Name:	
End Date:			Physician First Name:	
		SE	ARCH	

- 2. Enter search criteria.
- 3. Click Search.
- 4. Select the Authorization you wish to view by clicking on the **Auth#** in blue from the search results presented at the bottom of the screen.

Authorization #:	876240		Authorization Status:	[AII]	*								
Plan:	Select a plan	-	External Authorization #:										
Requesting Provider:		2	Patient Account #:										
	Enter at least 3 characters to search	for a Provider.	Drug Name:										
First Name:			Advanced Search										
Last Name: Member ID:			The following fields will only na additional criteria in the fields a	rrow your search results. bove your results will be	If you do not include skewed.								
Date Range			HCPCS/CPT Code:										
Date Type:	Start Date of Service	•	NDC Code:										
Date Range:	[AI]	จั	Physician NPI:										
Start Date:			Physician Last Name:										
End Date:			Physician First Name:										
			ARCH										
AUTHORIZATION SEAR	CH RESULTS											Max Recor	rds 100
												1 rei	cords in 1 p
Page size: 25 💌		Last Name	Member ID	Plan	Provider Name	Drug Name	Start Date	End Date	Last Activity Date	Notification	Written Notification Date	Status	Docume
	tt. Auth # First Name												

6. MEMBER PRIOR AUTHORIZATION HISTORY

Member Prior Authorization History allows a provider facility to access to the complete history of prior authorizations submitted to Novologix for that member and their content from the prior authorization detail screen.

1. To access the Member Prior Authorization History tab, click on the **Member's PA History** tab at the top if the authorization details screen.

Authorization Number : 876240		Status: Tech Review	R-PA	Assigned User:		Vorkflow: Auth Create Provider 3.0 v1		
Authorization Petalls Member's PA History		Status: Tech Review	К-РА	Assigned Over.		IORCION: AUDI Create Provider 5.0 41		
Member Name: R								
0 0								Skill(s): Multiple 🕶
✓ Member Details								0
✓ Patient Details								
Last Name				First Name		Middle Initial	8	
Date of Birth	10/23/1948	(72 years)		Gender	Male			
Weight	KG LB	80				Body Surface Area (BSA) (m2)	1.98	
Height	CM IN	176						
Carrier	0733			Preferred Language	Spanish			
Account	014			Secondary Phone Number	(111) 111-1111			
Group Name	011MFL			Phone	(111) 111-1111			
Addresses								
Primary								33125
Insurance Details								
Member ID				Relationship to Insured		Plan		
- Membership Details								
Insurance Group Number		Effective Date			Termination Date	Line of Busine:	\$\$	
Exception Group Name								
MMA								

2. Every authorization in the system submitted by your provider facility for that member will be listed under **Member's PA History**.

orization Det	ails Member's PA History								
nber Nari									
lember	's PA History								Records per page: 25
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876527	180 MEDICAL INC	A02.0	Xeomin	05/19/2031	05/19/2031	05/28/2021	Void		
876516	ABLER, PAUL	A02.0	Xeomin	05/18/2032	05/18/2032	05/28/2021	Approved		
876464	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876463	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876459	180 MEDICAL INC	A02.0	Symbyax	05/27/2021	11/25/2021	05/27/2021	Tech Review		
876450	180 MEDICAL INC	A02.0	Saphris	05/27/2021	11/23/2021	05/27/2021	Void		=
876445	180 MEDICAL INC	A02.0	Droperidol	05/27/2021	11/23/2021	05/27/2021	Void		
876438	180 MEDICAL INC	A02.0	Invega	05/27/2021	11/23/2021	05/27/2021	Void		
876434	180 MEDICAL INC	A02.0	Adasuve	05/27/2021	11/23/2021	05/27/2021	Void		
876430	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876424	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Incomplete		
876414	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876409	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876369	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
876360	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876347	180 MEDICAL INC	A02.0	Palforzia (12 MG Daily Dose)	05/27/2021	11/23/2021	05/27/2021	Void		—
876338	180 MEDICAL INC	A02.0	Trogarzo	05/27/2021	11/23/2021	05/27/2021	Void		
876321	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876306	180 MEDICAL INC	A02.0	Adasuve	05/27/2021	11/23/2021	05/27/2021	Void		
876302	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void		=
876298	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void		
876293	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
876289	180 MEDICAL INC	A02.0	Ruconest	05/27/2021	11/23/2021	05/27/2021	Void		
876288	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
876284	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		

3. The details listed for each authorization include the authorization number, provider name, diagnosis code, drug name, start and end dates, authorization status, documents, and notes.

orization Nu	umber : 876240	Status: Te	ch Review R-PA	Assigned User:		Workflow	r. Auth Create Provider 3.0 v1		
norization Deta	alls Member's PA History								
mber Name:					MA				
/lember'	's PA History								Records per page: 25 🗸
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876527	180 MEDICAL INC	A02.0	Xeomin	05/19/2031	05/19/2031	05/28/2021	Void		
876516	ABLER, PAUL	A02.0	Xeomin	05/18/2032	05/18/2032	05/28/2021	Approved		
876464	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876463	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		=
876459	180 MEDICAL INC	A02.0	Symbyax	05/27/2021	11/25/2021	05/27/2021	Tech Review		
876450	180 MEDICAL INC	A02.0	Saphris	05/27/2021	11/23/2021	05/27/2021	Void		
876445	180 MEDICAL INC	A02.0	Droperidol	05/27/2021	11/23/2021	05/27/2021	Void		
876438	180 MEDICAL INC	A02.0	Invega	05/27/2021	11/23/2021	05/27/2021	Void		
876434	180 MEDICAL INC	A02.0	Adasuve	05/27/2021	11/23/2021	05/27/2021	Void		
876430	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876424	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Incomplete		
876414	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876409	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876369	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
876360	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876347	180 MEDICAL INC	A02.0	Palforzia (12 MG Daily Dose)	05/27/2021	11/23/2021	05/27/2021	Void		
876338	180 MEDICAL INC	A02.0	Trogarzo	05/27/2021	11/23/2021	05/27/2021	Void		
876321	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876306	180 MEDICAL INC	A02.0	Adasuve	05/27/2021	11/23/2021	05/27/2021	Void		
876302	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void		
876298	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void		
876293	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
876289	180 MEDICAL INC	A02.0	Ruconest	05/27/2021	11/23/2021	05/27/2021	Void		
876288	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
876284	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	05/27/2021	Void		
								1 to 25 of 499	Previous Page 1 of 20 Next Las

4. The **Diagnosis** descriptions are viewable by hovering over the diagnosis code in blue.

Authorization N	umber : 876240	Status: Tech F	Review (R-PA	Assigned User:		Workflow	: Auth Create Provider 3.0 v1		
Authorization Deta	ails Member's PA History								
Member Nam									
Member	's PA History								Records per page: 25 V
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876527	180 MEDICAL INC	A02.0	Xeomi	05/19/2031	05/19/2031	05/28/2021	Void		
876516	ABLER, PAUL	Salmonella enteritis (ICD-10)		05/18/2032	05/18/2032	05/28/2021	Approved		
876464	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		
876463	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Void		=
876459	180 MEDICAL INC	A02.0	Symbyax	05/27/2021	11/25/2021	05/27/2021	Tech Review		
876450	180 MEDICAL INC	A02.0	Saphris	05/27/2021	11/23/2021	05/27/2021	Void		
876445	180 MEDICAL INC	A02.0	Droperidol	05/27/2021	11/23/2021	05/27/2021	Void		
876438	180 MEDICAL INC	A02.0	Invega	05/27/2021	11/23/2021	05/27/2021	Void		
876434	180 MEDICAL INC	A02.0	Adasuve	05/27/2021	11/23/2021	05/27/2021	Void		
876430	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876424	180 MEDICAL INC	A02.0	Ability	05/27/2021	11/23/2021	05/27/2021	Incomplete		

5. Documents associated with an authorization can be opened by clicking on the document name in blue.

ember	's PA History								Records per page: 2
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
376133	180 MEDICAL INC	A02.0	Vitrakvi	05/27/2021	11/23/2021	05/27/2021	Void		
376110	180 MEDICAL INC	A02.0	Valium	05/26/2021	11/22/2021	05/27/2021	Void		
376084	180 MEDICAL INC	A02.0	Spravato (56 MG Dose)	05/26/2021	11/22/2021	05/27/2021	Void		
876078	180 MEDICAL INC	A02.0	Afrezza	05/26/2021	11/22/2021	05/27/2021	Void		
376073	180 MEDICAL INC	A02.0	Afrezza	05/26/2021	11/22/2021	05/27/2021	Void		
376071	180 MEDICAL INC	A02.0	Enspryng	05/26/2021	11/22/2021	05/27/2021	Void		
376066	180 MEDICAL INC	A02.0	Enspryng	05/26/2021	11/22/2021	05/27/2021	Void		
376042	180 MEDICAL INC	A02.0	Afrezza	05/26/2021	11/22/2021	05/27/2021	Void		
375982	180 MEDICAL INC	A00.0	Xeomin	05/21/2031	05/21/2031	05/27/2021	Incomplete		
875968	180 MEDICAL INC	A02.0	Xeomin	05/24/2022	05/24/2022	05/27/2021	Void		
875960	180 MEDICAL INC	A01.00	Xeomin	05/18/2026	05/18/2026	05/27/2021	Incomplete		
375959	ABLER, PAUL	A02.0	Xeomin	05/02/2033	05/02/2033	05/27/2021	Incomplete		
375953	180 MEDICAL INC	A02.0	Abraxane	05/16/2033	05/16/2033	05/27/2021	Correspondence Action Needed	Multiple	Multiple
375952	180 MEDICAL INC	A02.0	Abraxane	05/18/2030	05/18/2030	05/27/2021	Dismissed	Multiple -	Multiple
875951	180 MEDICAL INC	A02.0	Abraxane	05/23/2032	05/23/2032	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
375944	180 MEDICAL INC	A02.0	Abraxane	05/27/2022	05/27/2022	05/27/2021	Denied	Multiple -	Multiple
875938	180 MEDICAL INC	A02.0	Abraxane	05/21/2029	05/21/2029	05/27/2021	Pending	Multiple -	Multiple
375937	180 MEDICAL INC	A02.0	Abraxane	05/11/2022	05/11/2022	05/27/2021	Approved	Multiple -	Multiple
375936	180 MEDICAL INC	A02.0	Abraxane	05/10/2026	05/10/2026	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
375934	180 MEDICAL INC	A02.0	Abraxane	05/02/2036	05/02/2036	05/27/2021	Approved	Multiple -	Multiple
375927	180 MEDICAL INC	A02.0	Abraxane	05/03/2028	05/03/2028	05/27/2021	Approved	Muttiple -	Multiple
375924	180 MEDICAL INC	A02.0	Abraxane	05/11/2034	05/11/2034	05/27/2021	Dismissed		Multiple
375923	180 MEDICAL INC	A02.0	Abraxane	05/19/2027	05/19/2027	05/27/2021	Dismissed		Multiple
375922	180 MEDICAL INC	A02.0	Abraxane	05/19/2035	05/19/2035	05/27/2021	Dismissed	Multiple -	Multiple
375911	180 MEDICAL INC	A02.0	Abraxane	05/05/2026	05/05/2026	05/27/2021	Correspondence Action Needed	Multiple -	Multiple

6. For authorizations that have multiple documents attached, click on the down arrow to view the list of documents attached to that authorization.

Member	's PA History								Records per page: 25
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876133	180 MEDICAL INC	A02.0	Vitrakvi	05/27/2021	11/23/2021	05/27/2021	Void		
876110	180 MEDICAL INC	A02.0	Valium	05/26/2021	11/22/2021	05/27/2021	Void		
876084	180 MEDICAL INC	A02.0	Spravato (56 MG Dose)	05/26/2021	11/22/2021	05/27/2021	Void		=
876078	180 MEDICAL INC	A02.0	Afrezza	05/26/2021	11/22/2021	05/27/2021	Void		—
876073	180 MEDICAL INC	A02.0	Afrezza	05/26/2021	11/22/2021	05/27/2021	Void		-
876071	180 MEDICAL INC	A02.0	Enspryng	05/26/2021	11/22/2021	05/27/2021	Void		
876066	180 MEDICAL INC	A02.0	Enspryng	05/26/2021	11/22/2021	05/27/2021	Void		—
876042	180 MEDICAL INC	A02.0	Afrezza	05/26/2021	11/22/2021	05/27/2021	Void		
875982	180 MEDICAL INC	A00.0	Xeomin	05/21/2031	05/21/2031	05/27/2021	Incomplete		
875968	180 MEDICAL INC	A02.0	Xeomin	05/24/2022	05/24/2022	05/27/2021	Void		
875960	180 MEDICAL INC	A01.00	Xeomin	05/18/2026	05/18/2026	05/27/2021	Incomplete		
875959	ABLER, PAUL	A02.0	Xeomin	05/02/2033	05/02/2033	05/27/2021	Incomplete		
875953	180 MEDICAL INC	A02.0	Abraxane	05/16/2033	05/16/2033	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
875952	180 MEDICAL INC	A02.0	Abraxane	05/18/2030	05/18/2030	05/27/2021	Dismissed	FL MMA Notice of	Multiple
875951	180 MEDICAL INC	A02.0	Abraxane	05/23/2032	05/23/2032	05/27/2021	Correspondence Action Needed	Denial_Mem	
875944	180 MEDICAL INC	A02.0	Abraxane	05/27/2022	05/27/2022	05/27/2021	Denied	FL MMA Notice of	Multips
875938	180 MEDICAL INC	A02.0	Abraxane	05/21/2029	05/21/2029	05/27/2021	Pending	Denial Reg	Multiple
875937	180 MEDICAL INC	A02.0	Abraxane	05/11/2022	05/11/2022	05/27/2021	Approved	manpro	Multiple
875936	180 MEDICAL INC	A02.0	Abraxane	05/10/2026	05/10/2026	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
875934	180 MEDICAL INC	A02.0	Abraxane	05/02/2036	05/02/2036	05/27/2021	Approved	Multiple -	Multiple
875927	180 MEDICAL INC	A02.0	Abraxane	05/03/2028	05/03/2028	05/27/2021	Approved	Multiple -	Multiple

7. To view the details of a note, hover over the note link in blue.

horization N	lumber : 876240	Status: Te	ch Review 🛛 💦 🖓	Assigned User:		Workflow: a	Auth Create Provider 3.0 v1		
uthorization Del	talls Member's PA History								
tember Name:									
Mombor	's PA History								Records per page: 25
Member	S FA HISTORY								
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876281	180 MEDICAL INC	A02.0	Wakix	05/27/2021	11/23/2021	45/07/0404			
					11/23/2021	05/27/2021	Void		
876275	180 MEDICAL INC	A02.0	cloZAPine	05/27/2021	11/23/2021	05/27/2021	Void		test) =
876275 876273	180 MEDICAL INC 180 MEDICAL INC	A02.0 A02.0							lest)
			cloZAPine	05/27/2021	11/23/2021	05/27/2021	Void		tost) 📼
876273	180 MEDICAL INC	A02.0	cloZAPine cloZAPine	05/27/2021 05/27/2021	11/23/2021 11/23/2021	05/27/2021 05/27/2021	Void Void		•
876273 876258	180 MEDICAL INC 180 MEDICAL INC	A02.0 A02.0	cloZAPine cloZAPine Ruconest	05/27/2021 05/27/2021 05/27/2021	11/23/2021 11/23/2021 11/23/2021	05/27/2021 05/27/2021 05/27/2021	Void Void Void		•

8. For authorizations that contain multiple notes, click on the **Multiple** notes link in blue.

uthoriza	tion Number: 149016	Benef	it Type: 💮	Status: Approved	Assigned User:				
Authorizat	tion Details Transaction H	History Membe	er's PA History						
Member N	Name: FNNLXTraPATest1 LN	NLXTraPATest1	Member Id: NLXTRAPATEST	1 Plan Name: CVS NLX Der	mo Gender: Male	Date of Birth: 1/1/1990 Li	ne of Business: Commercial		
wen	nber's PA History	/						Records per page: 25	Export
Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
		•	•						
	MARY WASHINGTO	L40.1	Benlysta	05/17/2083	05/17/2083	09/12/2018	Void	Multiple 👻	
	MARY WASHINGTO	L40.1	Benlysta	03/04/2088	03/04/2088	09/12/2018	Tech Review		
146126	MARY WASHINGTO	A02.9	Benlysta	09/11/2018	09/11/2018	09/11/2018	Approved	Multiple 👻	Multiple
146086	MARY WASHINGTO	L40.1	Benlysta	06/25/2071	06/25/2071	09/11/2018	Denied	Multiple 👻	Multiple
145713	MARY WASHINGTO	L40.1	Benlysta	12/18/2081	06/17/2082	09/10/2018	Tech Review		
145696	MARY WASHINGTO	L40.1	Benlysta	08/20/2083	08/20/2083	09/11/2018	Denied	Multiple -	Multiple
145690	MARY WASHINGTO	L40.1	Benlysta	07/25/2087	07/25/2087	09/10/2018	Denied	Multiple -	Multiple
145682	MARY WASHINGTO	L40.1	Benlysta	07/14/2078	07/14/2078	09/10/2018	Clinical review reopen	Multiple -	Multiple
145670	MARY WASHINGTO	L40.1	Benlysta	06/18/2070	12/17/2070	09/10/2018	Tech Review		
145668	MARY WASHINGTO	L40.1	Benlysta	02/25/2075	02/25/2075	09/10/2018	Clinical review reopen	Multiple -	Multiple
	MARY WASHINGTO	L40.1	Benlysta	05/29/2077	05/29/2077	09/11/2018	Approved	Multiple -	Multiple
	MARY WASHINGTO	L40.0	Benlysta	07/06/2080	07/06/2080	09/10/2018	Approved	Multiple -	Multiple
	MARY WASHINGTO	L40.1	Benlysta	03/04/2076	03/04/2076	09/10/2018	Split Decision	Multiple -	Multiple
	MARY WASHINGTO	A02.9	Benlysta	09/10/2018	09/10/2018	09/10/2018	Denied	Multiple -	Multiple
	MARY WASHINGTO	140.4	Denlysta	42/40/2016	42/40/2016	09/10/2018	Olisiaslassissa	Multiple +	Multiple

9. All notes associated with that authorization will be presented in the pop up that displays.

View / Co	opy Note(s)			×
Date	Туре	Description	Added by	
07/17/2018	Contact Attempt	esfe	Adrienne Matimba	
07/17/2018	Denial Reason	According to the information provided, the case does not meet our criteria for medical necessity and appropriate level of care.	Adrienne Matimba	
07/17/2018	Denial Reason	According to the information provided, the case does not meet our criteria for medical necessity and appropriate level of care. ghd	Adrienne Matimba	
07/17/2018	General	note	Adrienne Matimba	
07/17/2018	General	note	Adrienne Matimba	

10. To copy a note to your computer's clipboard, click on the note content in blue.

	-	🕋 Autho	rizations 🚽 Adi	ministration 🚽 My Accoun	t• 😧			WELCOME LOG OU	ADRIENNE PROVIDER T
Authoriza	ation Number: 139179	Benefit Type	· 🕅 🖪	Status: Approved	Assigned User:				
	ation Details Transaction History								
Member	Name: Fl								
_									
Mo	mber's PA History							ecords per page: 25	Export
IVIE	TIDELS FA HISTOLY	Minus (Or	······································					x	
Auth #	Provider Name - D		opy Note(s)					Documents	Notes
154902								Multiple -	Multiple
154902		Date	Туре	Description			Added by	Multiple -	indupie
	MARY WASHINGTO	10/02/2018	Denial	Automation Note				Multiple -	Multiple
	MARY WASHINGTO		Reason					Multiple -	
	MARY WASHINGTO	10/02/2018	General	Automation Modify Note				Multiple -	Multiple
	MARY WASHINGTO	10/02/2018	General	Automation Note				Multiple -	
154370	MARY WASHINGTO							Multiple -	Multiple
154365	MARY WASHINGTO	10/02/2018	Overturn Reason	Automation Note				Multiple -	
154321	MARY WASHINGTO							Multiple -	
154320	MARY WASHINGTO								
154296	MARY WASHINGTO							Multiple 👻	
154293	MARY WASHINGTO				Close			Multiple 👻	
154292	MARY WASHINGTO							Multiple 👻	
154290	MARY WASHINGTO		enlysta	12/08/2075	12/08/2075	09/28/2018	Denied	Multiple 👻	
154289	MARY WASHINGTO		enlysta	03/15/2079	03/15/2079	09/28/2018	Denied	Multiple 👻	
154287	MARY WASHINGTO		enlysta	05/22/2083	05/22/2083	09/28/2018	Denied	Multiple 👻	
	MARY WASHINGTO		enlysta	06/08/2074	06/08/2074	09/28/2018	Denied	Multiple 👻	
	MARY WASHINGTO		enlysta	02/02/2070	02/02/2070	09/28/2018	Denied	Multiple 👻	
154281			enlysta	03/29/2077	03/29/2077	09/28/2018	Denied	Multiple 👻	
	MARY WASHINGTO		enlysta	12/29/2082	12/29/2082	09/28/2018	Denied	Multiple 👻	
	MARY WASHINGTO		enlysta	03/11/2071	03/11/2071	09/28/2018	Denied	Multiple 👻	
	MARY WASHINGTO		enlysta	10/28/2072	10/28/2072	09/28/2018	Denied	Multiple -	
	MARY WASHINGTO		enlysta	02/21/2072	02/21/2072	09/28/2018	Denied	Multiple -	
	MARY WASHINGTO		enlysta	09/12/2076	09/12/2076	09/27/2018	Denied	Multiple -	
154264	MARY WASHINGTO	L40.1 B	enlysta	01/23/2087	01/23/2087	09/27/2018	Denied	Multiple 👻	
								🖌 Note content copie	d to clipboard
							1 to 25 of 401		

7. HOW TO RESPOND TO A PROVIDER ACTION REQUEST

There may be instances when you have submitted an authorization request and upon review the plan will need additional information from you, the Provider. The plan can request this additional documentation online through the web site, directly to your homepage, under **Provider Action**.

0									Columns Filte	er 🗆 Sorting 🗹 All 🚺	Reset Records per	rpage: 25 🗸
}- My Work Items - (6)	1	Task	ID	Member Last Name	Drug Name	Plan	Provider	Received Date	Due Date 🕇	Assigned To	Assign Method	Line of Bus
- Shared Work Items - (17)		T	T	Ţ	Ţ	Ŧ		r 🛛 🗙 🗄 T	XÖT	T	τ.	
incomplete - (11)		Provider Action	838813					04/25/2021 15:23	04/30/2021 15:23	LisaD11 Stacked	4	Medicaid
Provider Action - (3)	1	Provider Action	3141					05/14/2021 13:27	05/15/2021 13:27	LisaD11 Stacked	4	Medicare
Provider Notification - (3)		Provider Action	51					05/20/2021 05:02	05/27/2021 05:02			Medicaid

	ber's PA History											
0 0												Skil(s
▼ Decision Details												
+ Original												
Priority *		Request Date/Time		Decision			Decision Date/Time		Rationale		Enhanced Review	
Normal 🗸		4/25/2021 3:24:53 PM										
Final Oral Notification		Final Written Notification		Final Provide	r Oral Notification		Other Action					
								~				
▼ RxClaim Details												
Mock Claim Sequence		Processed Date/Time		Code	Description							
1 - 51144005001 (Adcetris)		04/25/2021 3:24:10 PM		0								
Date \$	Туре	Description				Attempt#	Applies To	Added By	Status	Status Details	Actions	
Date +			locumentation			N/A	Line 1	Pat Rooney	N/A	N/A		
5/28/2021	General	Please attach clinical d										
	General Contact Attempt	Please attach clinical d H	Please attach clinical do	cumentation.		1	Line 1	LisaD11 Stacked	N/A	N/A		
5/28/2021				cumentation.		1		LisaD11 Stacked	N/A		of2 First Previous Page1of1 No.	st l
5/28/2021 4/25/2021				cumentation.		1		LisaD11 Stacked	N/A		of 2 Finit Previous Page 1 of 1 Fier	st t
5/28/2021				cumentation.		1		LisaD11 Stacked	N/A		of2 fint Previous Page Lof1 for	st t
5/28/2021 4/25/2021				cumentation.				LisaD11 Stacked	NA		of2 Test Providence Page Lof 1 Test	od I
5/28/2021 4/25/2021				cumentation.			Line 1	LiseD11 Stacked	NIA		d2 Free Prevent Page 1 of 1 fr	22 L
5/28/2021 4/25/2021				cumentation.			Line 1	LisaD11 Stacked	NIA		d2 mi Pagetati in	st L
5/28/2021 4/25/2021				cumentation.			Line 1	LisaD11 Stacked	NA		d2 nm Provins Pagetoft Da	at L
S/28/2021 4/25/2021				cumentation.		No Docum	Line 1	LisaD11 Stacked	NA		d2 Test Product Page 1 of 1 Tes	of t

1. The description of what is being requested will appear under the **Notes** section of the authorization detail.

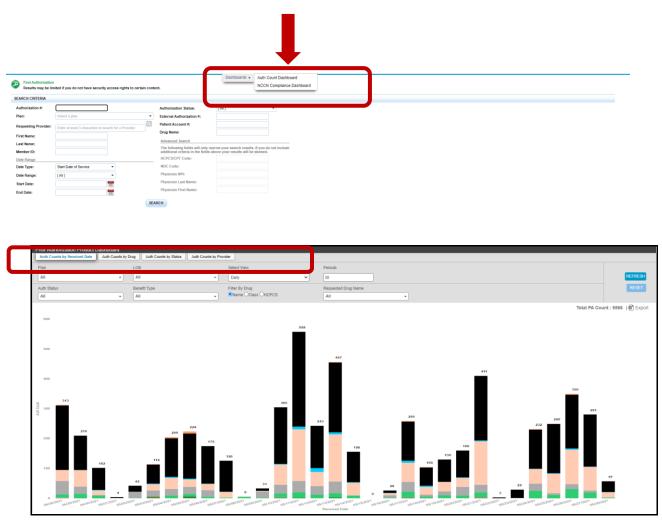
Authorization Number : 838813	Benefit Type: 🜃 🕑	Status: Provider Action	Assigned User: Pat I	Rooney		Workflow:	Auth Create Provider 3.0 v1		
Authorization Details Member's PA History									
Member Name: I									
ID Vecision Details									Skill(s):None
- Decision Dotans									•
✓ Original									
Priority *	Landman Para Lina	LARCENTER .				I SERVICE HERE	En	hanced Review	
Normal 🗸	4/25/2021 3:24:53 PM								
Final Oral Notification	Final Written Notification	Final Provider Oral Notification		Other Action					
					~				
				RESPOND					
									•
Mock Claim Sequence	Processed Date/Time	Code Description							
1 - 51144005001 (Adcetris)	04/25/2021 3:24:10 PM	0							
L									
▼ Notes, Letters & Documents									0
Notes & Contact Attempts									
Date Type	Description		Attempt#	Applies To	Added By	Status	Status Details	Actions	
5/28/2021 General	Please attach clinical documentation.		N/A	Line 1	Pat Rooney	N/A	N/A		_
4/25/2021 Contact Attempt	н		1	Line 1	LisaD11 Stacked	N/A	N/A		
							1 to 2 of 2	First Previous Page 1 of 1 Next	Last
Add Note Add Contact Attempt									
- Letters & Documents									
			No Docum	tents Found!					
Add Document									
Authorization Lines									0
Line 1				BMIT					
				UMIT					
		BACK	RETURN	COPY	SAVE				

2. Upon review of the authorization and adding any notes or additional documentation, you can then release the authorization back to the plan by selecting the **Respond** from the Other action dropdown in the Decision Details section and click **Submit**.

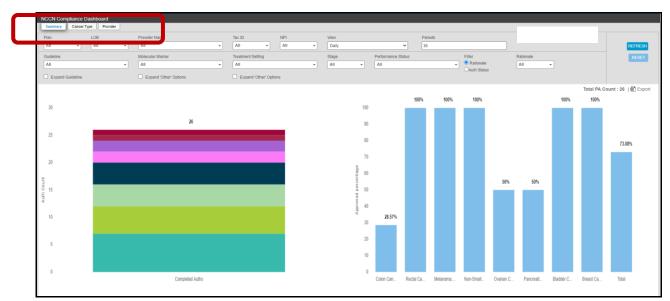
8. PROVIDER ACTIVITY DASHBOARDS

Provider activity Dashboards provide a snapshot of Provider activity in Novologix.

To view the dashboards, from the Report& Tools dropdown menu, hover over **Dashboards.** From there, select either Auth Count Dashboard, or NCCN Compliance Dashboard.



The Auth Count Dashboard provides details on Authorizations in the system by received date, by drug, by status and by Provider. Navigate through each by clicking on the respective tabs at the top of the screen.



The NCCN Compliance Dashboard provides details on NCCN Regimen requests in the system. You can view results in a summary, by cancer type and by provider. Navigate through each by clicking on the respective tabs at the top of the screen.

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