

# 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 [CVS.NLX.IT.Help\\_Desk@CVSHeath.com](mailto:CVS.NLX.IT.Help_Desk@CVSHeath.com) 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 [CVS.NLX.IT.Help\\_Desk@CVSHeath.com](mailto:CVS.NLX.IT.Help_Desk@CVSHeath.com).

## MINIMUM SYSTEM REQUIREMENTS

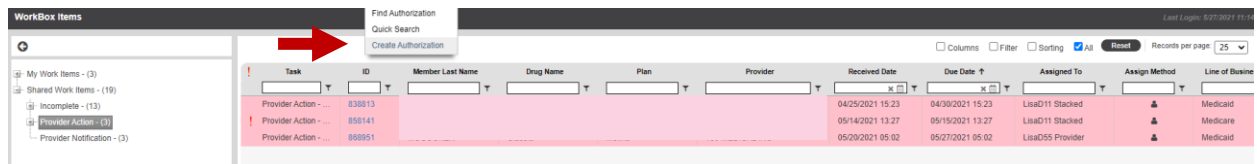
The Novologix system supports the use of Microsoft Internet Explorer and Firefox web browsers. The standard browser options for cookies and JavaScript must be enabled. We strongly recommend users upgrade to the most recent version, which will provide the best user experience.

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

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**.



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 from the dropdown.

The screenshot shows the 'Create Authorization' form. A red arrow points to the 'QUICK START' dropdown menu, which is open and displays a list of patient records. The form includes fields for 'SELECT A PLAN', 'Last Name\*', 'State ID\*', 'Gender', and 'Date of Birth\*'. The 'QUICK START' dropdown menu is titled 'QUICK START (Select Previous Authorization to copy)' and contains a search bar with the value '724'. Below the search bar is a table of patient records.

Member Id	Authorization #	Patient Name	NPI	Requesting Provider	Item Name
807688					SUMAIRipitan
822843					Aspro
822737					SUMAIRipitan
836661					Alunzio
836677					Actemra
841757					Caverject Impulse

- 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.

**Create Authorization**

SELECT A PLAN

Select Option to Begin New Authorization

QUICK START (Select Previous Authorization to copy)

Enter the patient's complete member ID or an authorization number.

**SEARCH EXISTING PATIENT**

Member ID\* 724567840

Authorization Start Date\* 05/27/2021

First Name

Last Name\*

State ID\* WA

Gender

Date of Birth\* 12/

Search New Patient

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

**Authorization Number : New**

Member Type: M P Status: Incomplete Assigned User

Authorization Details Member's PA History

Member Name olivia Gender: Female Date of Birth: 12/5/1975 (45 years) Line of Business: Marketplace Exception Group Name: Standard SKID(s): None

Account

Group Name

**Addresses**

Primary WA 98007

**Insurance Details**

Member ID Relationship to Insured Plan

**Membership Details**

Insurance Group Number Effective Date 01/01/2020 Termination Date 12/31/2021 Line of Business

Exception Group Name Standard

**Authorization Details** Missing information

**Providers**

Type NPI\* Enter name or NPI Tax ID

Requesting Name Address

MD Office Contact Name\* MD Office Contact Phone Number\* MD Office Contact Fax Number\*

In Network (none)

## 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.

## 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.

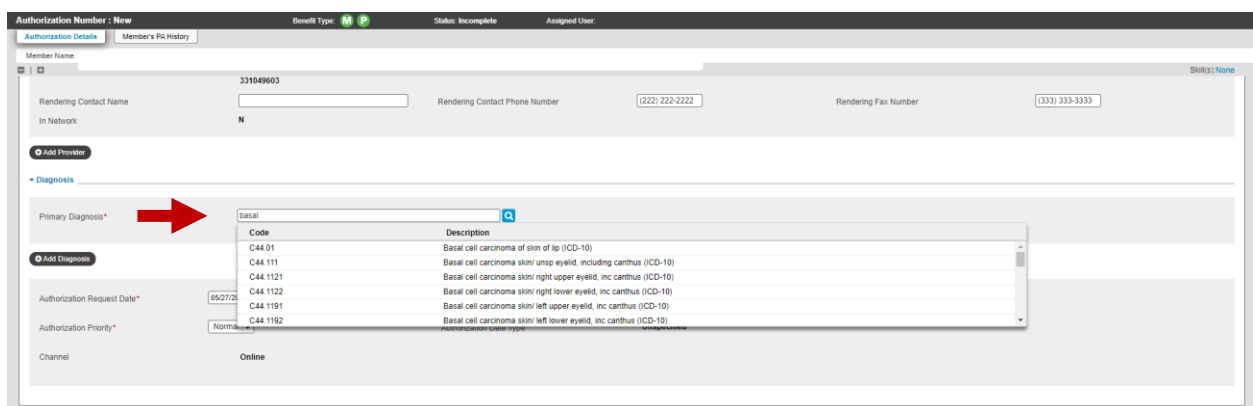
Sl.	Name	NPI	Address Line1	Address Line2	City	State	Tax ID
1.	BET					MD	
2.	BET					MD	
3.	RICH					MD	
4.	RICH					DE	
5.	SAM					MD	

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



MD Office Contact Name*	331049603	MD Office Contact Phone Number*	MD Office Contact Fax Number*
LARRY CURTIS		(222) 222-2222	(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.



Authorization Number: New


Overall Type: **M** **P** Status: Incomplete Assigned User

Member Name: 331049603 Skills: None

Rendering Contact Name: Rendering Contact Phone Number: (222) 222-2222 Rendering Fax Number: (333) 333-3333

In Network: N

**Diagnosis**

Primary Diagnosis\* 

Code Description

C44.01	Basal cell carcinoma of skin of lip (ICD-10)
C44.111	Basal cell carcinoma skin/ unsp eyelid, including canthus (ICD-10)
C44.1121	Basal cell carcinoma skin/ right upper eyelid, inc canthus (ICD-10)
C44.1122	Basal cell carcinoma skin/ right lower eyelid, inc canthus (ICD-10)
C44.1191	Basal cell carcinoma skin/ left upper eyelid, inc canthus (ICD-10)
C44.1192	Basal cell carcinoma skin/ left lower eyelid, inc canthus (ICD-10)

Authorization Request Date\*: 05/27/20

Authorization Priority\*: Normal

Channel: Online

## AUTHORIZATION LINES

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

**Clover Health** | Authorizations | Reports & Tools | Administration | My Account | WELCOME ADRIENNE USER | LOG OUT

Authorization Number : New | Benefit Type: M | P | Status: Incomplete | Assigned User:

Member Name: FNAME LNAME | Member ID: CLHCHMEDHMO7 | Plan Name: CLOVER | Gender: Male | Date of Birth: 1/1/2001 (20 years) | Line of Business: Medicare

**Authorization Lines** | Missing Information

**Line 1**

Where will this drug be administered?\* | Office

Where will this drug be dispensed?\* | Please select an option

Date(s) of Service\*

Drug\*

HCPCS Code

Route

Generic Name

Frequency (Days) | 30

Refills

Strength/Measure

Dosage Form

BACK | CANCEL | SAVE | SUBMIT

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

**Clover Health** | Authorizations | Reports & Tools | Administration | My Account | WELCOME ADRIENNE USER | LOG OUT

Authorization Number : New | Benefit Type: M | P | Status: Incomplete | Assigned User:

Member Name: FNAME LNAME | Member ID: CLHCHMEDHMO7 | Plan Name: CLOVER | Gender: Male | Date of Birth: 1/1/2001 (20 years) | Line of Business: Medicare

**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\* | Enter Drug Name or NDC |

HCPCS Code

Route

Generic Name

Frequency (Days) | 30

Refills

Drug Name

Pkg. Size

Strength/Measure

Dosage Form

BACK | CANCEL | SAVE | SUBMIT

**Clover Health** Authorizations Reports & Tools Administration My Account WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: M Status: Incomplete Assigned User

Member Name: FNAME LNAME Member ID: CLHCHMEDHM07 Plan Name: CLOVER Gender: Male Date of Birth: 1/1/2001 (20 years) Line of Business: Medicare

Channel: Online

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
Botox	Onabotulinum...	00023114501	100 UNIT	SOLR	1.000 EA
Botox	Onabotulinum...	00023114502	100 UNIT	SOLR	1.000 EA
Botox	Onabotulinum...	00023392102	200 UNIT	SOLR	1.000 EA
Botox Cosmetic	Onabotulinum...	00023923201	100 UNIT	SOLR	1.000 EA
Botox Cosmetic	Onabotulinum...	00023391950	50 UNIT	SOLR	1.000 EA

HCPCS Code: J0585

Route: LJ

Generic Name: OnabotulinumtoxinA

Frequency (Days): 30

Refills:

Sig:

BACK CANCEL SAVE SUBMIT

- 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.

**Clover Health** Authorizations Reports & Tools Administration My Account GO TO CLOVER WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: M Status: Incomplete Assigned User

Member Name: FNAME LNAME Member ID: CLHCHMEDHM07 Plan Name: CLOVER Gender: Male Date of Birth: 1/1/2001 (20 years) Line of Business: Medicare

Channel: Online

Authorization Lines

Line 1

Where will this drug be administered?: Office

Where will this drug be dispensed?: Office

Date(s) of Service\*: 10/06/2021

Drug\*: J0585

HCPCS Code: J0585

Route: LJ

Generic Name: OnabotulinumtoxinA

Frequency (Days): 30

Refills:

Sig:

Drug Name: Botox

Pkg. Size: 100 UNIT

Dosage Form: SOLR

BACK CANCEL SAVE SUBMIT

- Enter the quantity in the quantity field(s) Frequency (Days) if applicable.
- 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.

Select Preferred Drug

The preferred products for your patient's health plan are shown below for requests for the treatment of a relapsing form of multiple sclerosis. If the patient's therapy can be switched please select a preferred product.

▼ Lemtrada

Choose One*	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg. Size
-Select-	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

Back Done

Select Preferred Drug

The preferred products for your patient's health plan are shown below for requests for the treatment of a relapsing form of multiple sclerosis. If the patient's therapy can be switched please select a preferred product.

▼ Lemtrada

Choose One*	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg. Size
-Select-	Lemtrada	58468020001	12 MG/1.2ML	SOLN	1.200 ML

Change Drug

Do Not Change

Preferred Drug(s)

	Drug Name	Code	Strength/ Measure	Dosage Form	Pkg. Size
	Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML

Back Done

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

Select Preferred Drug

The preferred products for your patient's health plan are shown below for requests for the treatment of a relapsing form of multiple sclerosis. If the patient's therapy can be switched please select a preferred product.

▼ 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

Back Done

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

Select Preferred Drug ✕

The preferred products for your patient's health plan are shown below for requests for the treatment of a relapsing form of multiple sclerosis. If the patient's therapy can be switched please select a preferred product.

▼ 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

Back Done

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

Authorizations > Reports & Tools > Administration > My Account > WELCOME PAT ROONEY LOG OUT

Authorization Details Member's PA History

Member Name: K Standard Switch Member

• Member Details

• Patient Details

Last Name Middle Initial

Date of Birth Body Surface Area (BSA) (m2) 0

Weight

Height

Carrier

Account

Group Name

• Addresses

Primary

Add Address

• Insurance Details

Member ID Relationship to Insured Plan

• Membership Details

Insurance Group Number Effective Date Termination Date Line of Business

Standard

• Authorization Details

• Authorization Lines

BACK CANCEL SAVE SUBMIT

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 Recommended Use | Chemotherapy Templates | Template Details | Add Notes/Document

Please select appropriate values to continue with NCCN recommendations

Stage \* Stage III

Treatment Setting \* First-line

Molecular marker \* HER2 Positive

Performance Status \* eCOG-1


☒ By checking this box, I attest that the regimen selected is appropriate based upon the NCCN Guidelines® for the patient's molecular marker and cancer stage.

☒ By checking this box, I agree to be bound by the terms and conditions laid out by NCCN in the following license agreement : NCCN End User License Agreement

CANCEL 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.



NCCN Recommended Use : Perjeta

NCCN Disease	Agent	Brand Names	Histology	ICD10 Code	NCCN Recommended Use	NCCN Category	FDA Disease Indications
Breast Cancer - Invasive Breast Cancer	Perituzumab	Perjeta®	Lobular, Mixed, 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, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929	<p>Preoperative systemic therapy for patients with human epidermal growth factor receptor 2 (HER2)-positive tumors and locally advanced cT2 or cN+ and M0 disease</p> <ul style="list-style-type: none"> <li>in combination with trastuzumab and paclitaxel following AC (doxorubicin and cyclophosphamide) (dose-dense or every 3 weeks) regimen (both useful in certain circumstances)</li> <li>as a component of TCHP (docetaxel, carboplatin, trastuzumab and perituzumab) regimen (preferred regimen)</li> <li>in combination with trastuzumab and docetaxel following AC regimen</li> </ul> <p>"It is acceptable to change administration sequence to taxane (with or without HER2-targeted therapy) followed by AC"</p>	2A	<p><b>Metastatic Breast Cancer (MBC):</b> Perituzumab is indicated for use in combination with trastuzumab and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. <b>Early Breast Cancer (EBC):</b> Perituzumab is indicated for use in combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer. Perituzumab is also indicated for use in combination with trastuzumab and chemotherapy for the adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence. Consult the full FDA label with particular attention to boxed warning(s).</p>
Breast Cancer - Invasive Breast Cancer	Perituzumab	Perjeta®	Lobular, Mixed, 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, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929	<p>Preferred adjuvant systemic therapy for patients with human epidermal growth factor receptor 2 (HER2)-positive tumors and locally advanced cT2 or cN+ and M0 disease following completion of planned chemotherapy and following mastectomy or lumpectomy with surgical axillary staging, with trastuzumab if</p> <ul style="list-style-type: none"> <li>ypT0N0 or pCR</li> <li>ypT1-4N0 (if ado-trastuzumab discontinued for</li> </ul>	2A	<p><b>Metastatic Breast Cancer (MBC):</b> Perituzumab is indicated for use in combination with trastuzumab and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. <b>Early Breast Cancer (EBC):</b> Perituzumab is indicated for use in combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2-positive,</p>

Results: 1 to 4 of 4

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

NCCN Recommended Use : Herceptin

Regimen Questions | NCCN Recommended Use | **Chemotherapy Templates** | Template Details

NCCN Chemotherapy Order Templates (Includes Reference-based References)

**No NCCN Chemotherapy Order Template has been published to date for this specific Compendium entry. To pursue prior authorization for this particular treatment regimen please click the "Yes" link provided below to submit the request or select the "No" link to go back to the previous screen.**

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.

NCCN Recommended Use : Perjeta

Regimen Questions NCCN Recommended Use **Chemotherapy Templates** Template Details Add Notes/Document

NCCN Chemotherapy Order Templates (includes Reference-based References)

<a href="#">BRS179B Dose-Dense AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + PAClitaxel</a>	\$
<a href="#">BRS938 AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + PAClitaxel</a>	\$
<a href="#">BRS99 TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + Trastuzumab)</a>	\$

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

Authorization Number : New

Authorization Details Member's PH History

NCCN Recommended Use : Perjeta

Regimen Questions NCCN Recommended Use **Chemotherapy Templates** Template Details Add Notes/Document

Template : Dose-Dense AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + PAClitaxel - Pertuzumab + Trastuzumab + PAClitaxel Course

Molecular marker: BRCA1/2 Positive, HER2 Positive

Instructions: 21-day cycle for 4 cycles

Drug: pertuzumab

Dosage: 840 mg IV over 60 minutes on Day 1 of Cycle 1 FOLLOWED BY 420 mg IV over 30 minutes on Day 1 of Cycles 2-4

Place of Service: Ambulatory Surgical

Benefit Type: [Green Checkmark]

Drug Name Generic Name Drug Benefit

trastuzumab	Trastuzumab	[Green Checkmark]
Herceptin	Trastuzumab	[Green Checkmark]
Herceptin Hylecta	Trastuzumab-Hyaluronidase-cysk	[Green Checkmark]
Hersuma	Trastuzumab-pkhr	[Green Checkmark]
Kanjini	Trastuzumab-amns	[Green Checkmark]
Ontruzant	Trastuzumab-dlbt	[Green Checkmark]
Trastura	Trastuzumab-cgyp	[Green Checkmark]

\*Your selection will replace all instances of the drug in template details (if any).

FOLLOWED BY: 21-day cycle to complete 52 weeks total of trastuzumab and pertuzumab therapy

This course is 4 cycles of Pertuzumab + Trastuzumab + PAClitaxel. This course is followed by (DOXOrubicin/Cyclophosphamide) course.

ACCEPT MODIFY

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

NCCN Recommended Use : Perjeta

Regimen Questions NCCN Recommended Use Chemotherapy Templates **Template Details** Add Notes/Document

Template : TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + Trastuzumab) Range : \$

**FOLLOWED BY**

**CARBOplatin**

- AUC 6 IV over 30 minutes on Day 1

See Safety Parameters and Special Instructions for information on AUC calculation.

Home

**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
- 600 mg subcutaneous over 2-5 minutes on Day 1

On Campus Outpatient Hospital

Trastuzumab-Hyaluronidase-oyk

Trastuzumab and hyaluronidase-oyk is available as 600 mg trastuzumab and 10,000 units hyaluronidase per 5 mL (120 mg/2,000 units per mL) solution in a single-dose vial. This agent does not require a loading dose. No dose adjustments for patient body weight or for different concomitant chemotherapy regimens are required.

Inpatient Hospital

**Supportive Care Details**

**Premedications**

- For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. One recommended dosing strategy is:
  - Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior to DOCEtaxel administration

**Antiemetic Therapy**

- Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the NCCN Guidelines for Antiemesis and Appendix D to the NCCN Chemotherapy Order Templates.
- PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. Please consult the NCCN Guidelines for Antiemesis for appropriate antiemetic therapy.
- No additional dexamethasone needed for antiemesis on the day(s) dexamethasone already given for fluid retention.

Muchnik Growth Cancer Therapeutics

ACCEPT MODIFY

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

NCCN Recommended Use : Avastin

NCCN Recommended Use Chemotherapy Templates **Template Details**

Template : Weekly Fluorouracil/Leucovorin + Bevacizumab Range : \$ \$

**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	M P
		fluorouracil	• 500 mg/m2 IV push on Day 1 administered one hour after the start of the leucovorin infusion	M P
<b>CONCURRENT WITH</b>				
14-day cycle until disease progression or unacceptable toxicity	\$ \$	bevacizumab	• 5 mg/kg IV on Day 1	M P
See Safety Parameters and Special Instructions for recommended infusion rate.				
<b>OR</b>				
Infusional fluorouracil: weekly cycle until disease progression or unacceptable toxicity	\$	leucovorin	• 500 mg/m2 IV over 2 hours on Day 1	M P
		fluorouracil	• 2,600 mg/m2 IV continuous infusion over 24 hours on Day 1	M P
<b>CONCURRENT WITH</b>				
14-day cycle until disease progression or unacceptable toxicity	\$ \$	bevacizumab	• 5 mg/kg IV on Day 1	M P

Accept Modify

\*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.

NCCN Recommended Use : Perjeta

Regimen Questions | NCCN Recommended Use | Chemotherapy Templates | **Template Details** | Add Notes/Document

Template : TCHP (DOCEtaxel|CARBOplatin + Pertuzumab + Trastuzumab) Range : \$

FOLLOWED BY  
**DOCEtaxel** • 75 mg/m<sup>2</sup> IV over 60 minutes on Day 1

FOLLOWED BY  
**CARBOplatin** • AUC 6 IV over 30 minutes on Day 1

See Safety Parameters and Special Instructions 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   
**Trastuzumab-Hyaluronidase-oysk** • 600 mg subcutaneous over 2-5 minutes on Day 1

Trastuzumab and hyaluronidase-oysk is available as 600 mg trastuzumab and 10,000 units hyaluronidase per 5 mL (120 mg/2,000 units per mL) solution in a single-dose vial. This agent does not require a loading dose. No dose adjustments for patient body weight or for different concomitant chemotherapy regimens are required.

Supportive Care Details

Premedications

- For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. One recommended dosing strategy is:
  - Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior to DOCEtaxel administration

Antiemetic Therapy

- Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the [NCCN Guidelines for Antiemesis](#) and [Appendix D](#) to the NCCN Chemotherapy Order Templates.
- PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. [See consult the NCCN Guidelines for Antiemesis](#) for appropriate antiemetic therapy.

**ACCEPT** **MODIFY**

6. If you choose to accept the recommended regimen, click **Accept**.

7. If you wish to make changes to the regimen, click **Modify**.

NCCN Recommended Use : Perjeta

Regimen Questions | NCCN Recommended Use | Chemotherapy Templates | **Template Details** | Add Notes/Document

Template : TCHP (DOCEtaxel|CARBOplatin + Pertuzumab + Trastuzumab) Range : \$

FOLLOWED BY  
**DOCEtaxel** • 75 mg/m<sup>2</sup> IV over 60 minutes on Day 1

FOLLOWED BY  
**CARBOplatin** • AUC 6 IV over 30 minutes on Day 1

See Safety Parameters and Special Instructions 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   
**Trastuzumab-Hyaluronidase-oysk** • 600 mg subcutaneous over 2-5 minutes on Day 1

This agent does not require a loading dose. No dose adjustments for patient body weight or for different concomitant chemotherapy regimens are required.

Supportive Care Details

Premedications

- For DOCEtaxel: Premedication with dexamethasone for fluid retention is required. One recommended dosing strategy is:
  - Dexamethasone 8 mg PO BID for three consecutive days starting 1 day prior to DOCEtaxel administration

Antiemetic Therapy

- Scheduled prophylactic antiemetic therapy should be given for prevention of acute and delayed nausea and vomiting based on the emetic risk of the chemotherapy regimen. This may include antiemetic therapy given on the days following chemotherapy. For more information on emetic prophylaxis, refer to the [NCCN Guidelines for Antiemesis](#) and [Appendix D](#) to the NCCN Chemotherapy Order Templates.
- PRN for breakthrough: All patients should be provided with at least one medication for breakthrough emesis. [See consult the NCCN Guidelines for Antiemesis](#) for appropriate antiemetic therapy.

**Attention!**

- 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.
- Proceeding to modify may require additional review of the request.

Continue to modify?

**YES** **NO**

**ACCEPT** **MODIFY**

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

Provider Requested Regimen : Perjeta

Regimen Details				
Treatment Setting Molecular marker	First-line HER2 Positive	Stage Stage III	Performance	eCOG-1
<b>Instructions</b>	<b>Drug</b>	<b>Dosage</b>	<b>Place of Service</b>	
21-day cycle for 6 cycles	pertuzumab	840 mg IV over 60 minutes on Day 1 of Cycle 1	On Campus Outpatient Hos	
		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/m <sup>2</sup> IV over 60 minutes on Day 1	Inpatient Hospital	
	CARBOplatin	AUC 6 IV over 30 minutes on Day 1	Home	
<b>FOLLOWED BY</b>				
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 Hos	
	Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital	
<input type="button" value="Add Drug"/> (max 8 Drugs allowed) <input type="button" value="SAVE &amp; SUBMIT"/> <input type="button" value="CANCEL"/>				

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.

Provider Requested Regimen : Perjeta

Regimen Details				
Treatment Setting Molecular marker	First-line HER2 Positive	Stage Stage III	Performance	eCOG-1
<b>Instructions</b>	<b>Drug</b>	<b>Dosage</b>	<b>Place of Service</b>	
21-day cycle for 6 cycles	pertuzumab	840 mg IV over 60 minutes on Day 1 of Cycle 1	On Campus Outpatient Hos	
		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/m <sup>2</sup> IV over 60 minutes on Day 1	Inpatient Hospital	
	CARBOplatin	AUC 6 IV over 30 minutes on Day 1	Home	
<b>FOLLOWED BY</b>				
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 Hos	
	Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital	
<input type="button" value="Add Drug"/> (max 8 Drugs allowed) <input type="button" value="SAVE &amp; SUBMIT"/> <input type="button" value="CANCEL"/>				

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

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

The screenshot shows a web application window titled "NCCN Recommended Use : Perjeta". At the top, there are tabs: "Regimen Questions", "NCCN Recommended Use", "Chemotherapy Templates", "Template Details", and "Add Notes/Document" (which is active). Below the tabs, a yellow message box states: "You can skip this step by clicking 'Continue' button, if you don't have notes or document to submit." Underneath, there is a section titled "Add Notes (Optional)" with a text area labeled "please add notes here". Below that is a section titled "Upload Document (Optional)" with a "+ Choose" button and a dashed box containing the text: "You can 'Drag & Drop' a file here or click the 'Choose' button above." At the bottom of the section are "BACK" and "CONTINUE" buttons.

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**.

The screenshot shows a web application window titled "NCCN Recommended Use : Verzenio". At the top, there are tabs: "Regimen Questions", "NCCN Recommended Use", "Chemotherapy Templates", "Template Details", "Add Notes/Document", and "Additional Information" (which is active). Below the tabs, there is a "Summary" section with a yellow message box stating: "Please provide additional information for drugs with a red icon by clicking the hyperlink on the drug name." On the left, under the heading "Chemotherapy", there is a list of drugs: "Verzenio" and "Faslodex". Both drug names are hyperlinks and have a red triangle warning icon next to them. A red arrow points to the "Verzenio" link. At the bottom of the section are "Cancel" and "Done" buttons. The background of the application shows various status indicators and a "SUBMIT" button at the bottom.

Click on the drug name to provide additional information.

Authorization Details Member's PA History

NCCN Recommended Use : Verzenio

Regimen Questions NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document Additional Information

Chemotherapy

Verzenio ⚠

Faslodex ⚠

Benefit\_Determination (v1.0.2)

\_Benefit\_Determination.Question5

Under which benefit do you intend to bill the requested drug?

☐ Medical

☒ Pharmacy

Cancel Done

SUBMIT

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

Authorization Details Member's PA History

NCCN Recommended Use : Verzenio

Regimen Questions NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document Additional Information

Chemotherapy

Verzenio ✓

Faslodex ⚠

Summary

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.

Cancel Done

SUBMIT

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

Authorization Number : 978246

Druck Type: 100 100 Status: Incomplete Assigned User: Adrienne Provder Workflow: Auth Create Provider 3.0 v1

Authorization Details Member's PA History

### NCCN Recommended Use : Verzenio

Regimen Questions NCCN Recommended Use Chemotherapy Templates Template Details Add Notes/Document Additional Information

**Chemotherapy**

Verzenio ✓

Faslodex ✓

**Summary**

Drug Name	Additional Information
Verzenio	This drug requires prior authorization under the member's pharmacy benefit.
Faslodex	This drug requires prior authorization under the member's medical benefit.

Cancel Done

SUBMIT

Click **Done**.

Authorizations Reports & Tools Administration My Account ? WELCOME ADRIENNE PROVIDER LOG OUT

Authorization Number : 978246 Status: Tech Review R-PA Assigned User: Workflow: Auth Create Provider 3.0 v1

Authorization Details Member's PA History

Member Name: [ ] Skill(s): Multiple

Member Details ✓

Authorization Details ✓ This request has duplicate/overlapping dates of service. Please void this request and modify the original authorization. (Overlap of Auth #977137)

Decision Details ✓

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 Notification	Other Action	Level Of Appeal	

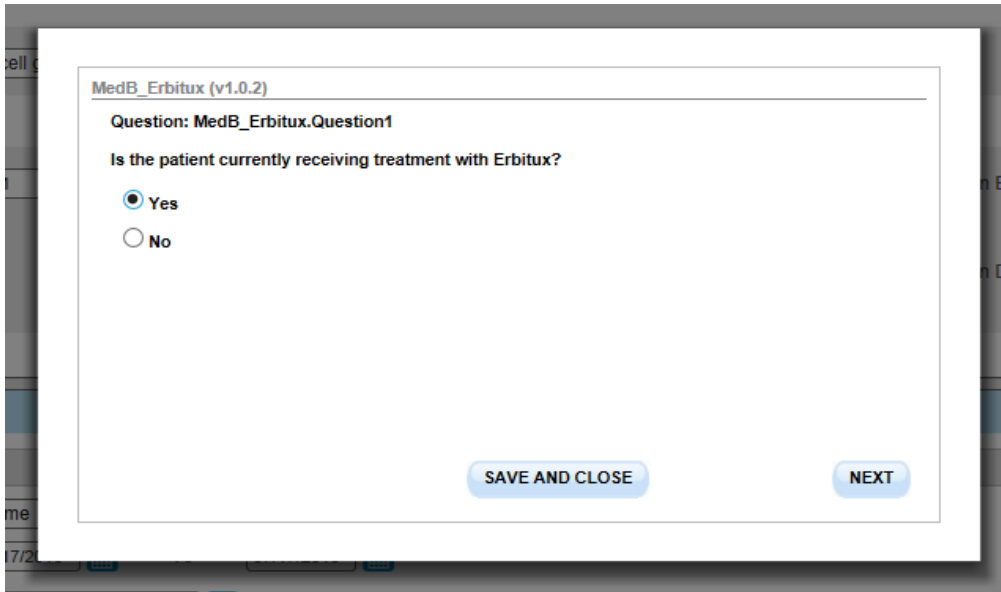
RxClaim Details ✓

Mock Claim Sequence	Processed Date/Time	Code	Description
1 - 00002481554 (Verzenio)	08/06/2021 3:55:39 PM	831	Bill Medicaid 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 Medicaid Fee-For-Service

Notes, Letters & Documents ✓

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.



MedB\_Erbitux (v1.0.2)

Question: MedB\_Erbitux.Question1

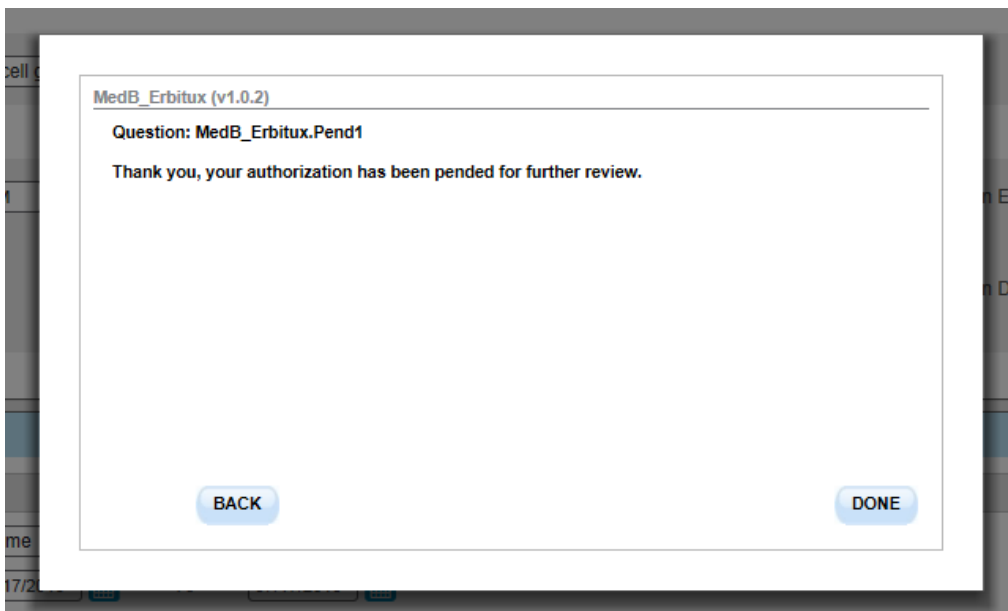
Is the patient currently receiving treatment with Erbitux?

☒ Yes

☐ No

SAVE AND CLOSE NEXT

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.



MedB\_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**.

Authorization Number: 876301

Status: Tech Review Assigned User: Workflow: Auth Create Provider 3.0 v1

Member Name: I

Member Details

Authorization Details

Authorization Requestor Type\*

Providers

Type: Requesting

NPI\*: 1639160708

Name: 180 MEDICAL INC

Address: 5324 W RENO AVE OKLAHOMA CITY, OK 73127

Tax ID: 134211220

MD Office Contact Name\*: Requesting Provider

MD Office Contact Phone Number\*: (111) 111-1111

MD Office Contact Fax Number\*: (111) 111-1111

In Network: N

Add Provider

Diagnosis

Primary Diagnosis\*: A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae (ICD-10)

Add Diagnosis

BACK COPY VOID SAVE EXPORT TO PDF

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

WorkBox Items

Columns Filter Sorting All Read Records per page 25

Task	ID	Member Last Name	Drug Name	Plan	Provider	Received Date	Due Date	Assigned To	Assign Method	Line of Business
Provider Notification	788159					03/08/2021 12:45	05/28/2021 13:32	LisaD55 Provider		Medicaid
Provider Notification	874119					05/24/2021 07:39	05/29/2021 07:47	LisaD55 Provider		Medicaid
Provider Notification	861071					05/17/2021 05:01	05/30/2021 09:40	LisaD55 Provider		Medicaid

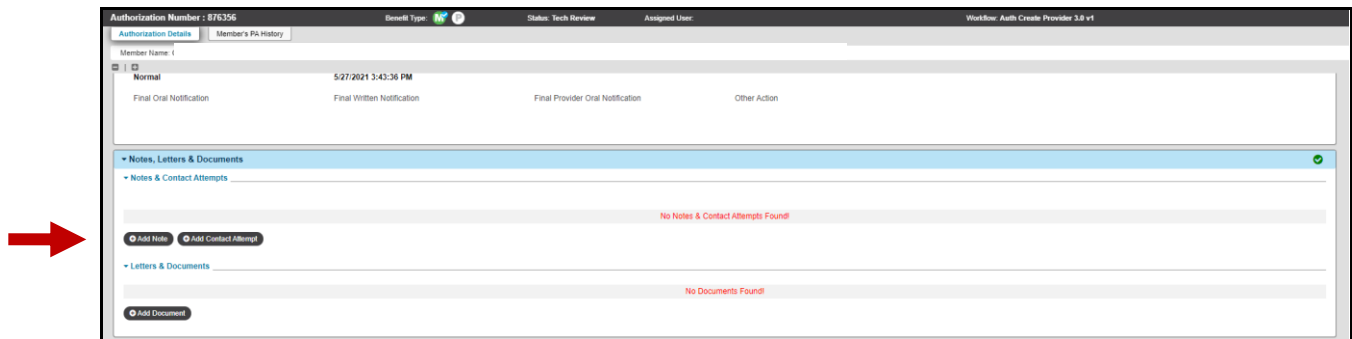
- Once a determination is made, all Authorizations will be sent back to your homepage under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

### 3. NOTES AND DOCUMENTS

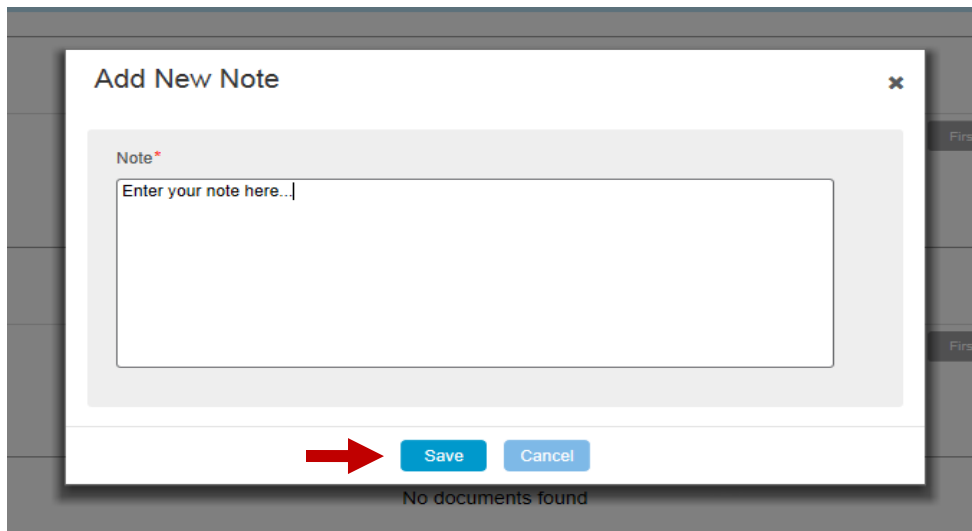
Once the Authorization has been created, you will have the ability to add notes or documents directly to the Authorization.

#### NOTES

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

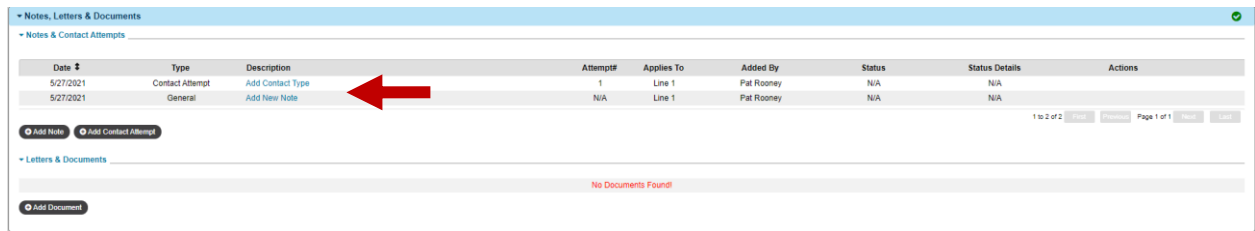


1. Enter your note in the pop up that displays and click **Save**.



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



Date	Type	Description	Attempt#	Applies To	Added By	Status	Status Details	Actions
5/27/2021	Contact Attempt	<a href="#">Add Contact Type</a>	1	Line 1	Pat Rooney	N/A	N/A	
5/27/2021	General	<a href="#">Add New Note</a>	N/A	Line 1	Pat Rooney	N/A	N/A	

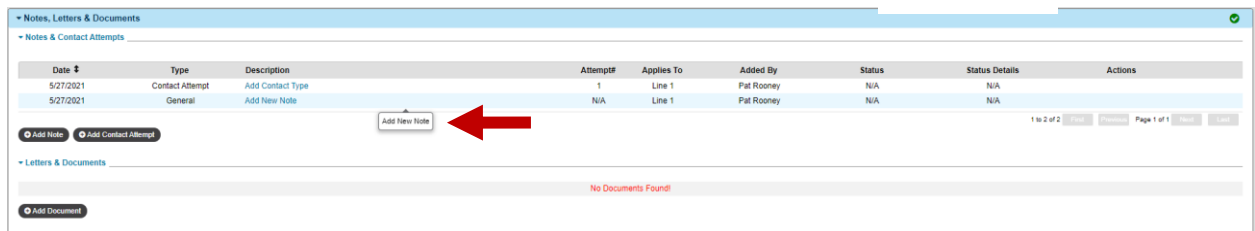
1 to 2 of 2   Page 1 of 1

[Add Note](#) [Add Contact Attempt](#)

[Letters & Documents](#)

[Add Document](#)

No Documents Found!



Date	Type	Description	Attempt#	Applies To	Added By	Status	Status Details	Actions
5/27/2021	Contact Attempt	<a href="#">Add Contact Type</a>	1	Line 1	Pat Rooney	N/A	N/A	
5/27/2021	General	<a href="#">Add New Note</a>	N/A	Line 1	Pat Rooney	N/A	N/A	

1 to 2 of 2   Page 1 of 1

[Add Note](#) [Add Contact Attempt](#)

[Letters & Documents](#)

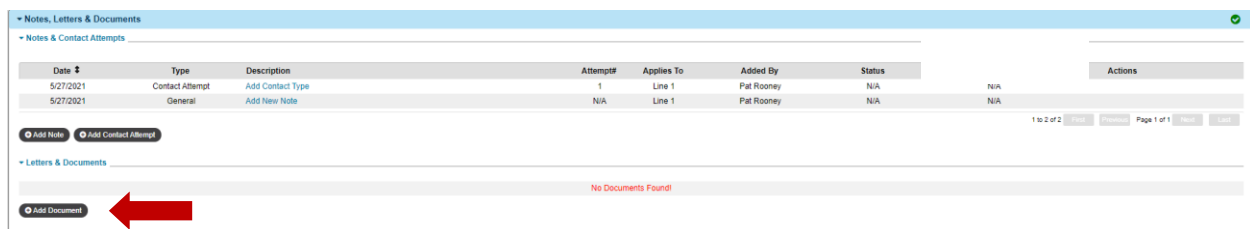
[Add Document](#)

No Documents Found!

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**.



Date	Type	Description	Attempt#	Applies To	Added By	Status	Status Details	Actions
5/27/2021	Contact Attempt	<a href="#">Add Contact Type</a>	1	Line 1	Pat Rooney	N/A	N/A	
5/27/2021	General	<a href="#">Add New Note</a>	N/A	Line 1	Pat Rooney	N/A	N/A	

1 to 2 of 2   Page 1 of 1

[Add Note](#) [Add Contact Attempt](#)

[Letters & Documents](#)

[Add Document](#)

No Documents Found!

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, Letters & Documents								
Notes & Contact Attempts								
Date	Type	Description	Attempt#	Applies To	Added By	Status	Status Details	Actions
5/27/2021	Contact Attempt	<a href="#">Add Contact Type</a>	1	Line 1	Pat Rooney	N/A	N/A	
5/27/2021	General	<a href="#">Add New Note</a>	N/A	Line 1	Pat Rooney	N/A	N/A	
1 to 2 of 2 <a href="#">View</a> <a href="#">Refresh</a> Page 1 of 1 <a href="#">First</a> <a href="#">Last</a>								
Letters & Documents								
Date Attached	Title (click to view)	Applies To	Added By	Delivery Method	Delivery Status	Status Details	Actions	
5/27/2021	<a href="#">Chart Details</a>	Line 1	Pat Rooney			5/27/2021 4:12:31 PM	<a href="#">View</a> <a href="#">Refresh</a> <a href="#">Close</a>	

## 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**.

The screenshot shows the 'Search Authorization' interface. A red arrow points to the 'Quick Search' option in the dropdown menu. The interface includes sections for 'AUTHORIZATION DETAILS', 'PATIENT DETAILS', and 'ADDITIONAL DETAILS'. The 'Quick Search' option is highlighted in the dropdown menu.

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

The screenshot shows the 'Search Authorization' interface with the 'Filtered Search' and 'Text Search' tabs highlighted. The interface includes sections for 'AUTHORIZATION DETAILS', 'PATIENT DETAILS', and 'ADDITIONAL DETAILS'. The 'Filtered Search' and 'Text Search' tabs are highlighted.

## 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.

The screenshot shows the 'Search Authorization' interface with the 'Text Search' tab selected. A search term 'perjeta' is entered in the search field. The results are displayed in a table with columns for 'Auth #', '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', and 'Copy'. The table shows a list of authorizations for 'perjeta'.

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

Search Authorization

Filtered Search Text Search

Enter at least 5 characters Search

will also display "near matching" results.  
Use "Search Operators" for refined results.  
If searching for a specific date or date range, please use "Filtered Search" tab

Columns Filter Sorting All Reset Records per page 25 Export

Auth #	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	Copy
--------	-------------	-------------	------------	-----------	-----------	----------	-----------------	----------	------	-------------	------------	----------	--------------	--------	-----------	---------------	--------------	------	-------	------

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 Authorization

Filtered Search Text Search

perjeta Enter at least 5 characters Search

Text search will also display "near matching" results.  
Use "Search Operators" for refined results.  
If searching for a specific date or date range, please use "Filtered Search" tab

Columns Filter Sorting All Reset Records per page 25 Export

Auth #	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	Copy
876240			ROS...					INC	Perjeta	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011	Referring ...		✓		
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011		CURTIS, LARRY			
876225									Perjeta	5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011		CURTIS, LARRY			
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00		CURTIS, LARRY			
875118									Perjeta	5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011			✓		
856287									Tracemera	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponds	C19			✓	✓	
856281									Hercuma	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19			✓		
856271									Oncozant	5/13/2021	5/13/2021	10/27/2021	5/13/2021	Corresponds	C19			✓		
856263									Kanjinti	5/12/2021	5/12/2021	10/27/2021	5/12/2021	Corresponds	C19			✓	✓	
840987									Perjeta	4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			✓		
840957									Perjeta	4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			✓	✓	
838643									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R...	A00.0			✓		
838564									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Acto...	C50.011			✓		
827753									Tracemera	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓	✓	
827750									Hercuma	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓		
827745									Oncozant	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓		
827740									Kanjinti	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓	✓	
827723									Hercaplin	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			✓	✓	
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					
827677			MAR...					INC	Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					

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.

Search Authorization

Filtered Search Text Search

perjeta Enter at least 5 characters Search

Text search will also display "near matching" results.  
Use "Search Operators" for refined results.  
If searching for a specific date or date range, please use "Filtered Search" tab

Columns Filter Sorting All Reset Records per page 25 Export

Auth #	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	Copy
876240			ROS...					INC	Perjeta	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011	Referring ...		✓		
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011		CURTIS, LARRY			
876225									Perjeta	5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011		CURTIS, LARRY			
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00		CURTIS, LARRY			
875118									Perjeta	5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011			✓		
856287									Tracemera	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponds	C19			✓	✓	
856281									Hercuma	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19			✓		
856271									Oncozant	5/13/2021	5/13/2021	10/27/2021	5/13/2021	Corresponds	C19			✓		
856263									Kanjinti	5/12/2021	5/12/2021	10/27/2021	5/12/2021	Corresponds	C19			✓	✓	
840987									Perjeta	4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			✓		
840957									Perjeta	4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011			✓	✓	
838643									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R...	A00.0			✓		
838564									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Acto...	C50.011			✓		
827753									Tracemera	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓	✓	
827750									Hercuma	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓		
827745									Oncozant	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓		
827740									Kanjinti	4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19			✓	✓	
827723									Hercaplin	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			✓	✓	
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					
827677			MAR...					INC	Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					

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



Columns

Filter

Sorting

All

Reset

Records per page

25

Export

MEMBER DETAILS

IMPORTANT DATES

Auth #	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	Copy
976240			Perjeta	ROBERT					INC	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
976234			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011					
976225			Perjeta							5/27/2021	5/26/2021	11/23/2021	5/27/2021	Incomplete	C50.011					
976224			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00					
975116			Perjeta							5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
966287			Trazzera							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Correspondence	C19					
966281			Hercuma							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19					
960271			Ontrucent							5/13/2021	5/12/2021	10/27/2021	5/13/2021	Correspondence	C19					
966263			Kanjuti							5/12/2021	5/12/2021	10/27/2021	5/12/2021	Correspondence	C19					
949887			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
949857			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
938643			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R	A00.0					
938564			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Actio	C50.011					
927753			Trazzera							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927750			Hercuma							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927746			Ontrucent							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927740			Kanjuti							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927723			Hercaplin							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927721			Perjeta							4/29/2021	4/29/2021	10/17/2021	4/29/2021	Void	C19					
927712			Perjeta							4/29/2021	5/19/2021	5/19/2021	4/29/2021	Approved	C50.011					
927702			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927700			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927694			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927693			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927677			Perjeta	MAH...					INC	4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					

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

Columns

Filter

Sorting

All

Reset

Records per page

25

Export

MEMBER DETAILS

IMPORTANT DATES

Auth #	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	Copy
976240			Perjeta	ROBERT					INC	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
976234			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011					
976225			Perjeta							5/27/2021	5/26/2021	11/23/2021	5/27/2021	Incomplete	C50.011					
976224			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00					
975116			Perjeta							5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
966287			Trazzera							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Correspondence	C19					
966281			Hercuma							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19					
960271			Ontrucent							5/13/2021	5/12/2021	10/27/2021	5/13/2021	Correspondence	C19					
966263			Kanjuti							5/12/2021	5/12/2021	10/27/2021	5/12/2021	Correspondence	C19					
949887			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
949857			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
938643			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R	A00.0					
938564			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Actio	C50.011					
927753			Trazzera							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927750			Hercuma							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927746			Ontrucent							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927740			Kanjuti							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927723			Hercaplin							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927721			Perjeta							4/29/2021	4/29/2021	10/17/2021	4/29/2021	Void	C19					
927712			Perjeta							4/29/2021	5/18/2021	5/18/2021	4/29/2021	Approved	C50.011					
927702			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927700			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927694			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927693			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927677			Perjeta	MAH...					INC	4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					

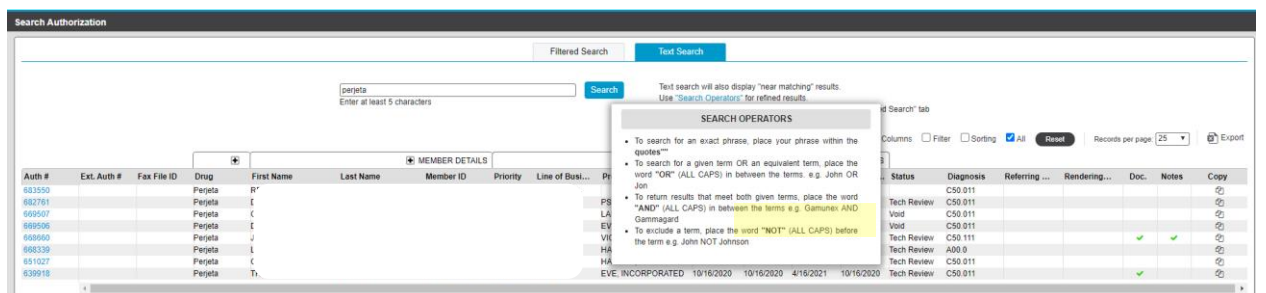
10. To make a quick copy of an Authorization from the search results, click the **Copy** icon.

ColumnsFilterSortingAllResetRecords per page25Copy

MEMBER DETAILSIMPORTANT DATES

Auth #	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	Copy
976240			Perjeta	ROBERT					INC	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
976234			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011					
976225			Perjeta							5/27/2021	5/26/2021	11/22/2021	5/27/2021	Incomplete	C50.011					
976224			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00					
975116			Perjeta							5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
966287			Trazzera							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Correspondence	C19					
966281			Hercuma							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19					
960271			Ontrucent							5/13/2021	5/12/2021	10/27/2021	5/13/2021	Correspondence	C19					
966263			Kanjuti							5/12/2021	5/12/2021	10/27/2021	5/12/2021	Correspondence	C19					
949887			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
949857			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
938643			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R	A00.0					
938564			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Actio	C50.011					
927753			Trazzera							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927750			Hercuma							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927746			Ontrucent							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927740			Kanjuti							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927723			Hercaplin							4/29/2021	4/29/2021	10/17/2021	5/10/2021	Void	C19					
927721			Perjeta							4/29/2021	4/29/2021	10/17/2021	4/29/2021	Void	C19					
927712			Perjeta							4/29/2021	5/18/2021	5/18/2021	4/29/2021	Approved	C50.011					
927702			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927700			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927694			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927693			Perjeta							4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					
927677			Perjeta	MAH...					INC	4/29/2021	4/29/2021	10/17/2021		Incomplete	C50.011					

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



Search Authorization

Filtered Search | Text Search

perjeta  
Enter at least 5 characters

Search

Text search will also display "near matching" results. Use "Search Operators" for refined results.

**SEARCH OPERATORS**

- To search for an exact phrase, place your phrase within the quotes ""
- To search for a given term OR an equivalent term, place the word "OR" (ALL CAPS) in between the terms. e.g. John OR Jon
- To return results that meet both given terms, place the word

- To search for an exact phrase, place quotes around the text entered on the search field.
- 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.
- 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.
- 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.

The screenshot shows the 'Search Authorization' interface. The 'Filtered Search' tab is highlighted with a red box. The interface includes sections for 'AUTHORIZATION DETAILS', 'PATIENT DETAILS', and 'ADDITIONAL DETAILS'. The 'Search' button is visible at the bottom right.

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

The screenshot shows the 'Search Authorization' interface with the 'Filtered Search' tab selected. The 'Search' button is highlighted with a red arrow. The 'Drug Name' field in the 'ADDITIONAL DETAILS' section is filled with 'Actemra'.

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

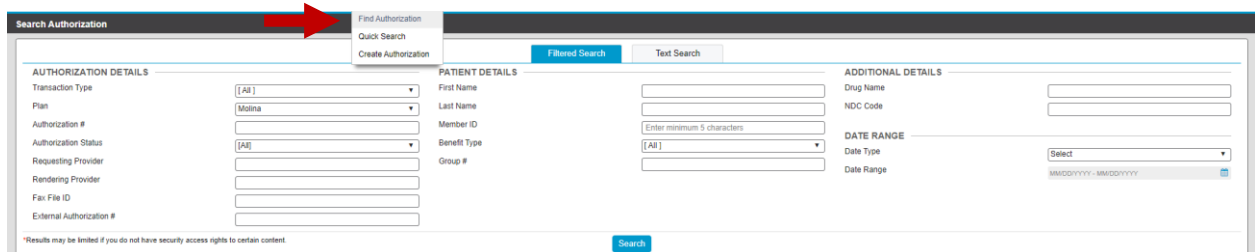
The screenshot shows the 'Search Authorization' interface with the 'Filtered Search' tab selected. The 'Search' button is highlighted with a red arrow. The results table is displayed at the bottom of the screen, showing a list of authorization records.

Auth #	Ext. Auth #	Fax File ID	First Name	Last Name	Member ID	Priority	Line of Bus...	Provider	Drug	Request...	Start Date	End Date	Decision...	Status	Diagnosis	Referring...	Render...	Doc.	Notes	Copy
876503								LINK TO LIFE	Actemra	5/28/2021	5/28/2021	5/27/2022	Tech Review	A15.0						
876502								LINK TO LIFE	Actemra	5/28/2021	5/28/2021	5/27/2022	Tech Review	A15.0						
876501								JOHNSON CHIROPRA	Actemra	5/28/2021	5/28/2021	5/28/2021	Tech Review	B03						
876494								TEST RTE	Actemra	5/28/2021	5/28/2021	5/28/2021	Corresponds	N28.83						
876488								VEENENDAAL, SEAN	Actemra	5/27/2021	5/27/2021	5/27/2021	Tech Review	B03						

- 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

**AUTHORIZATION DETAILS**

Transaction Type: [All]  
Plan: [Medina]  
Authorization #: [All]  
Authorization Status: [All]  
Requesting Provider: [ ]  
Rendering Provider: [ ]  
Fax File ID: [ ]  
External Authorization #: [ ]

**PATIENT DETAILS**

First Name: [ ]  
Last Name: [ ]  
Member ID: [Enter minimum 5 characters]  
Benefit Type: [All]  
Group #: [ ]

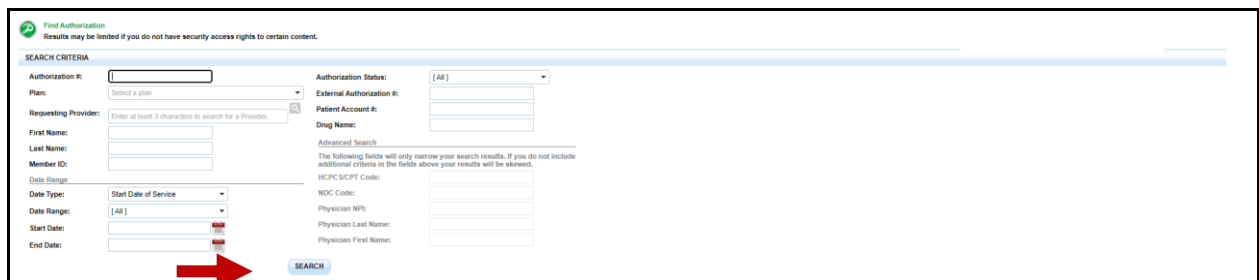
**ADDITIONAL DETAILS**

Drug Name: [ ]  
NDC Code: [ ]  
DATE RANGE: [Select]  
Date Type: [ ]  
Date Range: [MM/YYYY - MM/YYYY]

\*Results may be limited if you do not have security access rights to certain content.

**Search**

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



**Find Authorization**  
Results may be limited if you do not have security access rights to certain content.

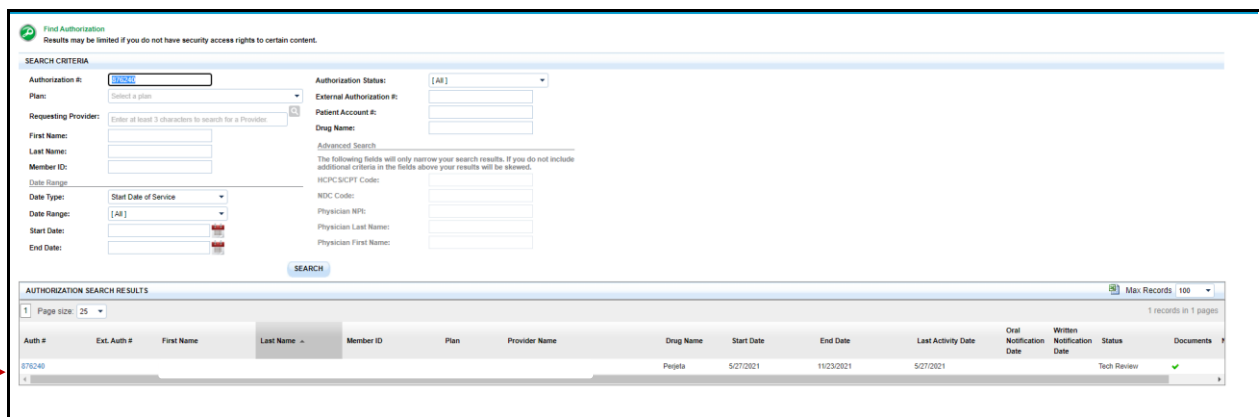
**SEARCH CRITERIA**

Authorization #: [ ]  
Plan: [Select a plan]  
Requesting Provider: [Enter at least 3 characters to search for a Provider]  
First Name: [ ]  
Last Name: [ ]  
Member ID: [ ]  
Date Range: [Start Date of Service]  
Date Type: [All]  
Start Date: [ ]  
End Date: [ ]

Authorization Status: [All]  
External Authorization #: [ ]  
Patient Account #: [ ]  
Drug Name: [ ]  
Advanced Search  
The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.  
HCPCS/CPT Code: [ ]  
NDC Code: [ ]  
Physician NPI: [ ]  
Physician Last Name: [ ]  
Physician First Name: [ ]

**SEARCH**

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.



**Find Authorization**  
Results may be limited if you do not have security access rights to certain content.

**SEARCH CRITERIA**

Authorization #: [076240]  
Plan: [Select a plan]  
Requesting Provider: [Enter at least 3 characters to search for a Provider]  
First Name: [ ]  
Last Name: [ ]  
Member ID: [ ]  
Date Range: [Start Date of Service]  
Date Type: [All]  
Start Date: [ ]  
End Date: [ ]

Authorization Status: [All]  
External Authorization #: [ ]  
Patient Account #: [ ]  
Drug Name: [ ]  
Advanced Search  
The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.  
HCPCS/CPT Code: [ ]  
NDC Code: [ ]  
Physician NPI: [ ]  
Physician Last Name: [ ]  
Physician First Name: [ ]

**SEARCH**

**AUTHORIZATION SEARCH RESULTS**

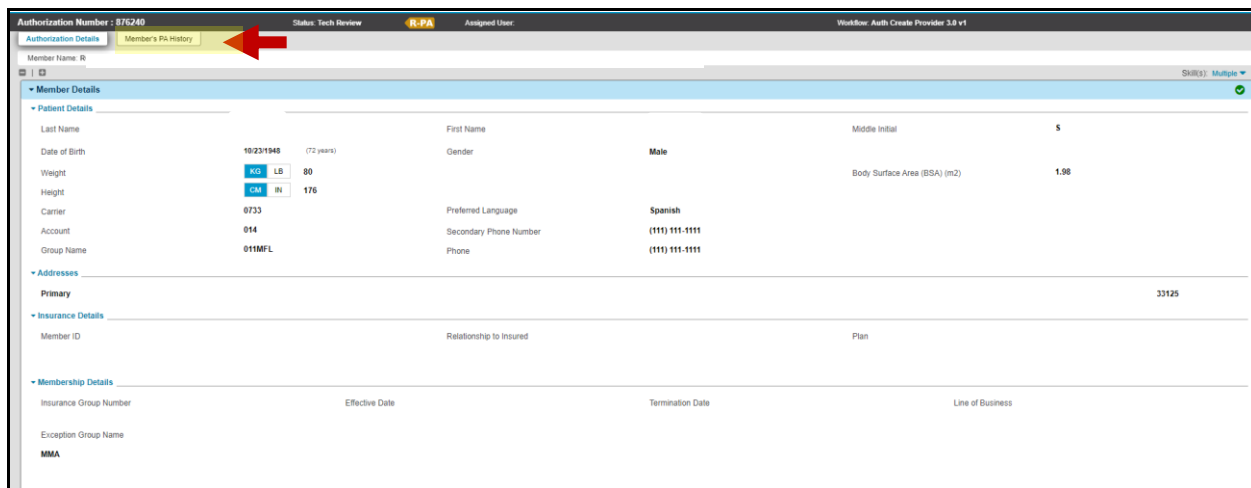
Page size: 25 | Max Records: 100 | 1 records in 1 pages

Auth #	Ext. Auth #	First Name	Last Name	Member ID	Plan	Provider Name	Drug Name	Start Date	End Date	Last Activity Date	Oral Notification Date	Written Notification Date	Status	Documents
<a href="#">076240</a>							Perjeta	5/27/2021	11/23/2021	5/27/2021			Tech Review	✓

## 6. MEMBER PRIOR AUTHORIZATION HISTORY

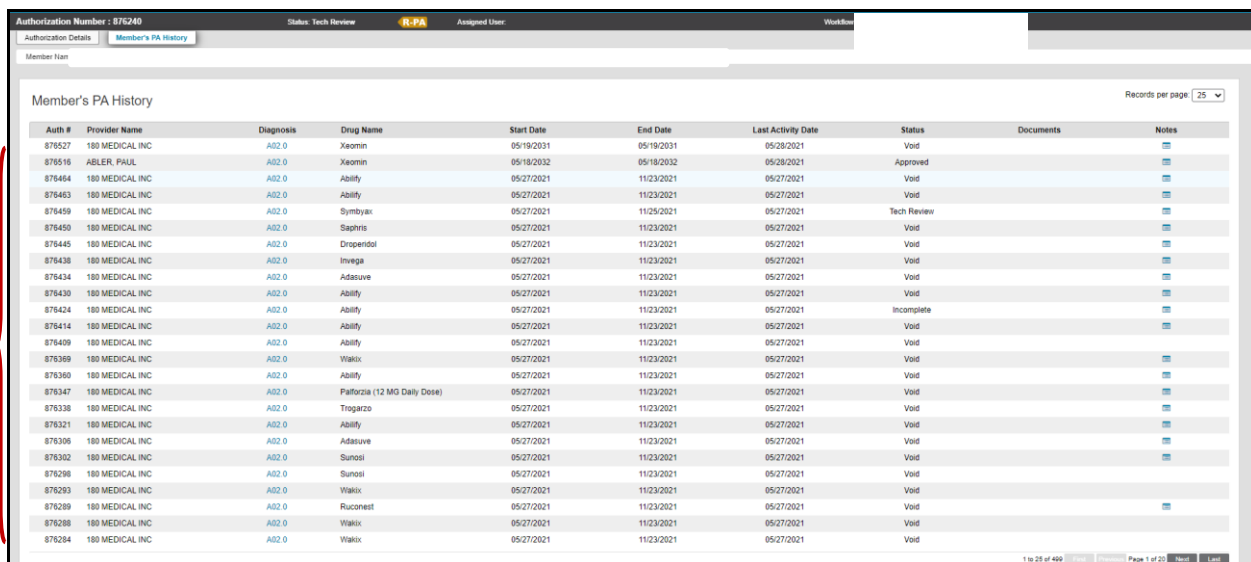
Member Prior Authorization History allows a provider facility to access to the complete history of prior authorizations submitted to Novologix for that member and their content from the prior authorization detail screen.

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



The screenshot shows the 'Authorization Number : 876240' screen. At the top, there are tabs: 'Authorization Details', 'Member's PA History' (highlighted with a red arrow), and 'Assigned User'. Below the tabs, there are sections for 'Member Details', 'Patient Details', 'Addresses', 'Insurance Details', and 'Membership Details'. The 'Member Details' section includes fields for Last Name, Date of Birth (10/23/1945), Gender (Male), Middle Initial (S), Weight (80), Height (176), Carrier (8732), Account (014), Group Name (011MFL), Preferred Language (Spanish), Secondary Phone Number ((111) 111-1111), and Phone ((111) 111-1111). The 'Patient Details' section includes fields for First Name, Middle Initial, and Body Surface Area (BSA) (1.98). The 'Addresses' section includes fields for Primary, Member ID, Relationship to Insured, Plan, and Insurance Group Number. The 'Insurance Details' section includes fields for Insurance Group Number, Effective Date, Termination Date, Line of Business, and Exception Group Name. The 'Membership Details' section includes fields for Insurance Group Number, Effective Date, Termination Date, Line of Business, and Exception Group Name.

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



The screenshot shows the 'Member's PA History' table. The table has columns: Auth #, Provider Name, Diagnosis, Drug Name, Start Date, End Date, Last Activity Date, Status, Documents, and Notes. The table lists 25 records of prior authorizations for member 876240. A red bracket highlights the 'Auth #' column.

Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876527	180 MEDICAL INC	A02.0	Xeomin	05/18/2021	05/18/2021	05/28/2021	Void		
876519	ABLER, PAUL	A02.0	Xeomin	05/18/2021	05/18/2021	05/28/2021	Approved		
876464	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876463	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876459	180 MEDICAL INC	A02.0	Symbax	05/27/2021	11/25/2021	05/27/2021	Tech Review		
876459	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	Abilify	05/27/2021	11/23/2021	05/27/2021	Incomplete		
876414	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876409	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876369	180 MEDICAL INC	A02.0	Viatrix	05/27/2021	11/23/2021	05/27/2021	Void		
876360	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876347	180 MEDICAL INC	A02.0	Palfioria (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		
876296	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void		
876293	180 MEDICAL INC	A02.0	Viatrix	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	Viatrix	05/27/2021	11/23/2021	05/27/2021	Void		
876284	180 MEDICAL INC	A02.0	Viatrix	05/27/2021	11/23/2021	05/27/2021	Void		

- 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.

Authorization Number : 876240      Status: Tech Review      **R-PA**      Assigned User:      Workflow: Auth Create Provider 3.0 v1

Member Name: MIA

Member'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	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876463	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876459	180 MEDICAL INC	A02.0	Symbax	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	Abilify	05/27/2021	11/23/2021	05/27/2021	Incomplete		
876414	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876409	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876369	180 MEDICAL INC	A02.0	Vitaxix	05/27/2021	11/23/2021	05/27/2021	Void		
876360	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876347	180 MEDICAL INC	A02.0	Plavix (12 MG Daily Dose)	05/27/2021	11/23/2021	05/27/2021	Void		
876338	180 MEDICAL INC	A02.0	Tegaserod	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	Sumatriptan	05/27/2021	11/23/2021	05/27/2021	Void		
876298	180 MEDICAL INC	A02.0	Sumatriptan	05/27/2021	11/23/2021	05/27/2021	Void		
876293	180 MEDICAL INC	A02.0	Vitaxix	05/27/2021	11/23/2021	05/27/2021	Void		
876289	180 MEDICAL INC	A02.0	Rucapar	05/27/2021	11/23/2021	05/27/2021	Void		
876288	180 MEDICAL INC	A02.0	Vitaxix	05/27/2021	11/23/2021	05/27/2021	Void		
876284	180 MEDICAL INC	A02.0	Vitaxix	05/27/2021	11/23/2021	05/27/2021	Void		

1 to 25 of 406      Page 1 of 20      Next      Last

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

Authorization Number : 876240      Status: Tech Review      **R-PA**      Assigned User:      Workflow: Auth Create Provider 3.0 v1

Member Name: MIA

Member'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	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876463	180 MEDICAL INC	A02.0	Abilify	05/27/2021	11/23/2021	05/27/2021	Void		
876459	180 MEDICAL INC	A02.0	Symbax	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	Abilify	05/27/2021	11/23/2021	05/27/2021	Incomplete		

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

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	Vitralvi	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	Atrezza	05/26/2021	11/22/2021	05/27/2021	Void			
876073	180 MEDICAL INC	A02.0	Atrezza	05/26/2021	11/22/2021	05/27/2021	Void			
876071	180 MEDICAL INC	A02.0	Enspriny	05/26/2021	11/22/2021	05/27/2021	Void			
876066	180 MEDICAL INC	A02.0	Enspriny	05/26/2021	11/22/2021	05/27/2021	Void			
876042	180 MEDICAL INC	A02.0	Atrezza	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	Abravane	05/16/2033	05/16/2033	05/27/2021	Correspondence Action Needed	Multiple		
875952	180 MEDICAL INC	A02.0	Abravane	05/18/2030	05/18/2030	05/27/2021	Dismissed	Multiple		
875951	180 MEDICAL INC	A02.0	Abravane	05/23/2032	05/23/2032	05/27/2021	Correspondence Action Needed	Multiple		
875944	180 MEDICAL INC	A02.0	Abravane	05/27/2022	05/27/2022	05/27/2021	Denied	Multiple		
875938	180 MEDICAL INC	A02.0	Abravane	05/21/2029	05/21/2029	05/27/2021	Pending	Multiple		
875937	180 MEDICAL INC	A02.0	Abravane	05/11/2022	05/11/2022	05/27/2021	Approved	Multiple		
875936	180 MEDICAL INC	A02.0	Abravane	05/10/2026	05/10/2026	05/27/2021	Correspondence Action Needed	Multiple		
875934	180 MEDICAL INC	A02.0	Abravane	05/02/2036	05/02/2036	05/27/2021	Approved	Multiple		
875927	180 MEDICAL INC	A02.0	Abravane	05/03/2028	05/03/2028	05/27/2021	Approved	Multiple		
875924	180 MEDICAL INC	A02.0	Abravane	05/11/2034	05/11/2034	05/27/2021	Dismissed	Multiple		
875923	180 MEDICAL INC	A02.0	Abravane	05/19/2027	05/19/2027	05/27/2021	Dismissed	Multiple		
875922	180 MEDICAL INC	A02.0	Abravane	05/19/2035	05/19/2035	05/27/2021	Dismissed	Multiple		
875911	180 MEDICAL INC	A02.0	Abravane	05/05/2026	05/05/2026	05/27/2021	Correspondence Action Needed	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	Vitralvi	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	Atrezza	05/26/2021	11/22/2021	05/27/2021	Void			
876073	180 MEDICAL INC	A02.0	Atrezza	05/26/2021	11/22/2021	05/27/2021	Void			
876071	180 MEDICAL INC	A02.0	Enspriny	05/26/2021	11/22/2021	05/27/2021	Void			
876066	180 MEDICAL INC	A02.0	Enspriny	05/26/2021	11/22/2021	05/27/2021	Void			
876042	180 MEDICAL INC	A02.0	Atrezza	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	Abravane	05/16/2033	05/16/2033	05/27/2021	Correspondence Action Needed	Multiple		
875952	180 MEDICAL INC	A02.0	Abravane	05/18/2030	05/18/2030	05/27/2021	Dismissed	FL MMA Notice of Denial_Mem		
875951	180 MEDICAL INC	A02.0	Abravane	05/23/2032	05/23/2032	05/27/2021	Correspondence Action Needed	FL MMA Notice of Denial_Mem		
875944	180 MEDICAL INC	A02.0	Abravane	05/27/2022	05/27/2022	05/27/2021	Denied	FL MMA Notice of Denial_Rag		
875938	180 MEDICAL INC	A02.0	Abravane	05/21/2029	05/21/2029	05/27/2021	Pending	Multiple		
875937	180 MEDICAL INC	A02.0	Abravane	05/11/2022	05/11/2022	05/27/2021	Approved	Multiple		
875936	180 MEDICAL INC	A02.0	Abravane	05/10/2026	05/10/2026	05/27/2021	Correspondence Action Needed	Multiple		
875934	180 MEDICAL INC	A02.0	Abravane	05/02/2036	05/02/2036	05/27/2021	Approved	Multiple		
875927	180 MEDICAL INC	A02.0	Abravane	05/03/2028	05/03/2028	05/27/2021	Approved	Multiple		

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

Member's PA History										Records per page 25
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	05/27/2021	Void			
876275	180 MEDICAL INC	A02.0	clozapine	05/27/2021	11/23/2021	05/27/2021	Void			
876273	180 MEDICAL INC	A02.0	clozapine	05/27/2021	11/23/2021	05/27/2021	Void			
876258	180 MEDICAL INC	A02.0	Ruconest	05/27/2021	11/23/2021	05/27/2021	Void			
876252	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void			
876250	180 MEDICAL INC	A02.0	Sunosi	05/27/2021	11/23/2021	05/27/2021	Void			
876249	180 MEDICAL INC	A02.0	Tymlos	05/27/2021	11/23/2021	05/27/2021	Void			

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

Authorization Number: 149016

Benefit Type: 

WV

Status: Approved

Assigned User:

Authorization Details

Transaction History

Member's PA History

Member Name: FNNLXTraPATest1 LNNLXTraPATest1

Member ID: NLXTRAPATEST1

Plan Name: CVS NLX Demo

Gender: Male

Date of Birth: 1/1/1990

Line of Business: Commercial

Member's PA History

Records per page: 25 

Export

Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
146608	MARY WASHINGTON...	L40.1	Benlysta	05/17/2083	05/17/2083	09/12/2018	Void	Multiple	
146557	MARY WASHINGTON...	L40.1	Benlysta	03/04/2088	03/04/2088	09/12/2018	Tech Review		
146126	MARY WASHINGTON...	A02.9	Benlysta	09/11/2018	09/11/2018	09/11/2018	Approved	Multiple	Multiple
146086	MARY WASHINGTON...	L40.1	Benlysta	06/25/2071	06/25/2071	09/11/2018	Denied	Multiple	Multiple
145713	MARY WASHINGTON...	L40.1	Benlysta	12/18/2081	06/17/2082	09/10/2018	Tech Review		
145696	MARY WASHINGTON...	L40.1	Benlysta	08/20/2083	08/20/2083	09/11/2018	Denied	Multiple	Multiple
145690	MARY WASHINGTON...	L40.1	Benlysta	07/25/2087	07/25/2087	09/10/2018	Denied	Multiple	Multiple
145682	MARY WASHINGTON...	L40.1	Benlysta	07/14/2078	07/14/2078	09/10/2018	Clinical review reopen	Multiple	Multiple
145670	MARY WASHINGTON...	L40.1	Benlysta	06/18/2070	12/17/2070	09/10/2018	Tech Review		
145668	MARY WASHINGTON...	L40.1	Benlysta	02/25/2075	02/25/2075	09/10/2018	Clinical review reopen	Multiple	Multiple
145662	MARY WASHINGTON...	L40.1	Benlysta	05/29/2077	05/29/2077	09/11/2018	Approved	Multiple	Multiple
145660	MARY WASHINGTON...	L40.0	Benlysta	07/06/2080	07/06/2080	09/10/2018	Approved	Multiple	Multiple
145657	MARY WASHINGTON...	L40.1	Benlysta	03/04/2076	03/04/2076	09/10/2018	Split Decision	Multiple	Multiple
145656	MARY WASHINGTON...	A02.9	Benlysta	09/10/2018	09/10/2018	09/10/2018	Denied	Multiple	Multiple
145654	MARY WASHINGTON...	A02.9	Benlysta	09/10/2018	09/10/2018	09/10/2018	Clinical review reopen	Multiple	Multiple

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

Benefit Type: WV Status: Denied Assigned User:

Member's PA History

43475

View / Copy Note(s) ✕

Date	Type	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

Close

1 to 7 of 7 First

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

AuthorizationsAdministrationMy Account?

WELCOME ADRIENNE PROVIDER  
LOG OUT

Authorization Number: 139179Benefit Type: IVStatus: ApprovedAssigned User:

Authorization DetailsTransaction HistoryMember's PA History

Member Name: FI

Member's PA History

records per page: 25Export

View / Copy Note(s)

Date	Type	Description	Added by
10/02/2018	Denial Reason	Automation Note	
10/02/2018	General	Automation Modify Note	
10/02/2018	General	Automation Note	
10/02/2018	Overtum Reason	Automation Note	

Close

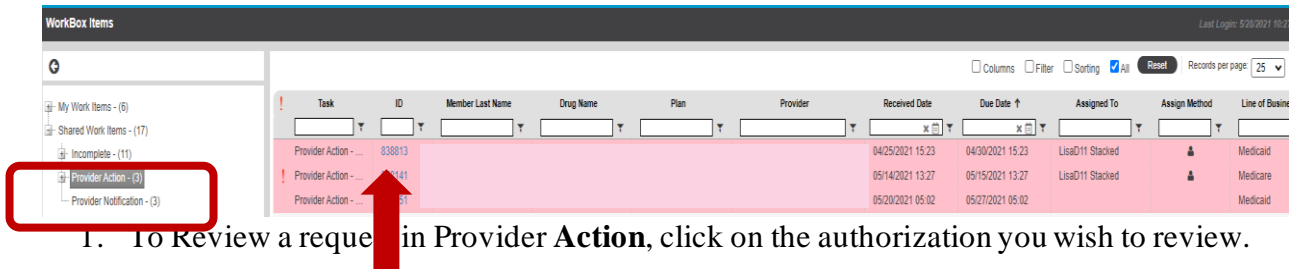
Auth #	Provider Name	Documents	Notes
154902	MARY WASHINGTON...	Multiple	Multiple
154889	MARY WASHINGTON...	Multiple	Multiple
154740	MARY WASHINGTON...	Multiple	Multiple
154732	MARY WASHINGTON...	Multiple	Multiple
154593	MARY WASHINGTON...	Multiple	Multiple
154587	MARY WASHINGTON...	Multiple	Multiple
154370	MARY WASHINGTON...	Multiple	Multiple
154365	MARY WASHINGTON...	Multiple	Multiple
154321	MARY WASHINGTON...	Multiple	Multiple
154320	MARY WASHINGTON...	Multiple	Multiple
154296	MARY WASHINGTON...	Multiple	Multiple
154293	MARY WASHINGTON...	Multiple	Multiple
154292	MARY WASHINGTON...	Multiple	Multiple
154290	MARY WASHINGTON...	Multiple	Multiple
154289	MARY WASHINGTON...	Multiple	Multiple
154287	MARY WASHINGTON...	Multiple	Multiple
154285	MARY WASHINGTON...	Multiple	Multiple
154283	MARY WASHINGTON...	Multiple	Multiple
154281	MARY WASHINGTON...	Multiple	Multiple
154280	MARY WASHINGTON...	Multiple	Multiple
154277	MARY WASHINGTON...	Multiple	Multiple
154274	MARY WASHINGTON...	Multiple	Multiple
154272	MARY WASHINGTON...	Multiple	Multiple
154270	MARY WASHINGTON...	Multiple	Multiple
154264	MARY WASHINGTON...	Multiple	Multiple

1 to 25 of 401

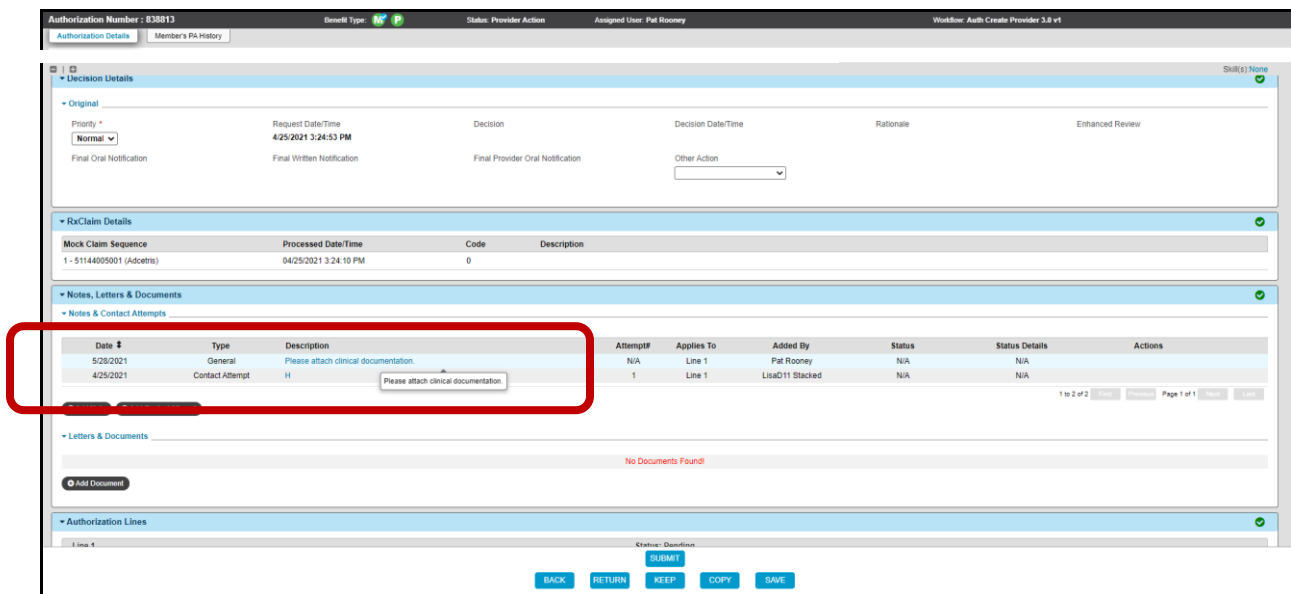
✓ Note content copied to clipboard

## 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**.



1. To Review a request in **Provider Action**, click on the authorization you wish to review.



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

Authorization Number : 835813      Benefit Type:      Status: Provider Action      Assigned User: Pat Rooney      Workflow: Auth Create Provider 3.8 v1

Member Name: [REDACTED]      Member's Rx History

**Decision Details** Skilled: None

Original

Priority: **Normal**      4/25/2021 3:24:53 PM      Final Oral Notification      Final Written Notification      Final Provider Oral Notification      Other Action: **RESPOND**      Enhanced Review

**RxClaim Details**

Mock Claim Sequence	Processed Date/Time	Code	Description
1 - 51144005001 (Adcetris)	04/25/2021 3:24:10 PM	0	

**Notes, Letters & Documents**

**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	H	1	Line 1	LisaDT11 Stachied	N/A	N/A	

1 to 2 of 2      Page 1 of 1

**Letters & Documents**

No Documents Found

**Authorization Lines**

1 Line 1      **Submit**

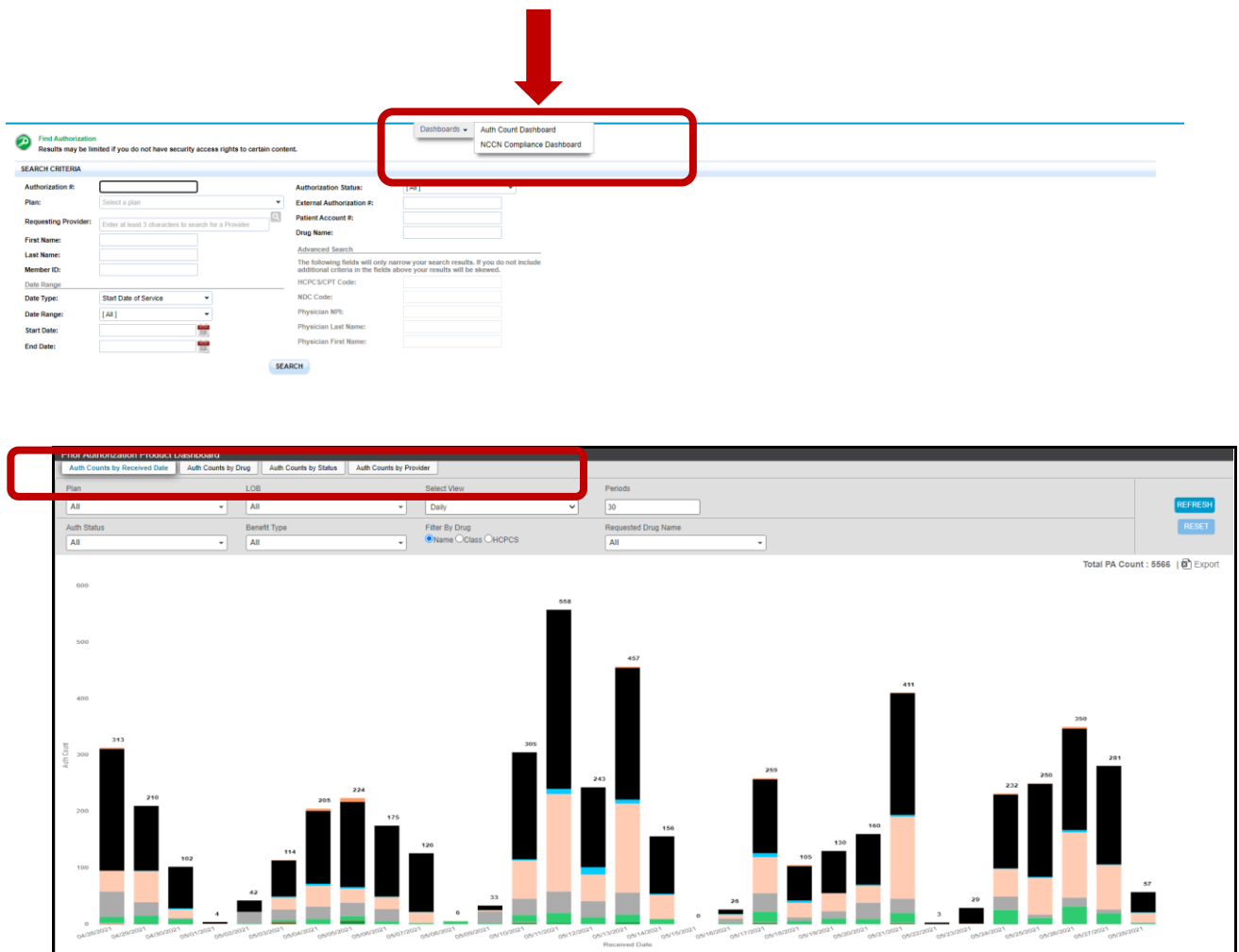
BACK    RETURN    **Submit**    COPY    SAVE

- 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**.

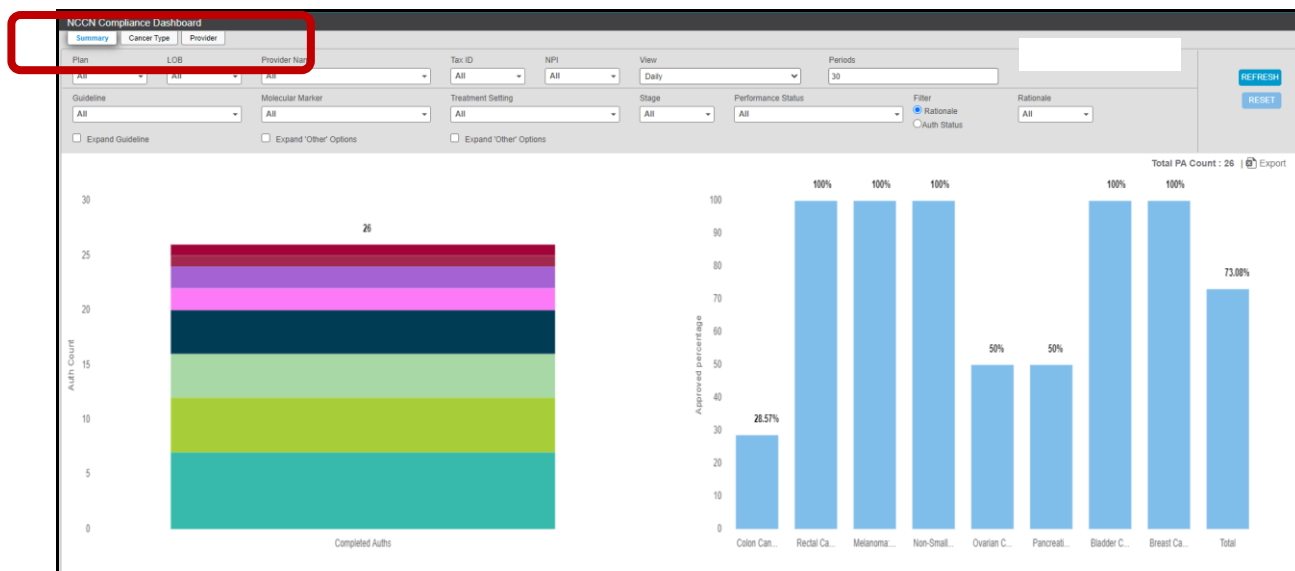
## 8. PROVIDER ACTIVITY DASHBOARDS

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.

