

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 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.

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>.

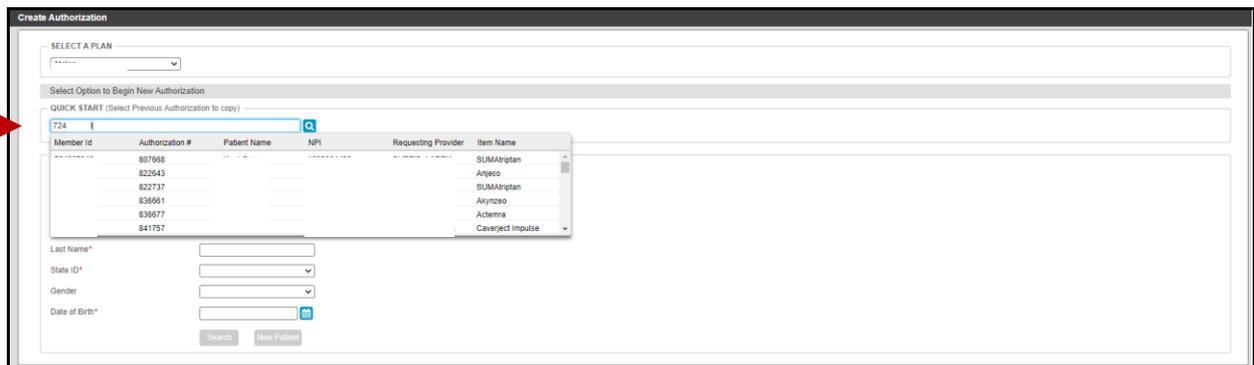
1. Add app.Novologix.net to Internet Explorer's list of trusted sites
2. Open the new site in Internet Explorer
3. Go to Tools > Internet Options
4. Open the Security tab
5. Select Trusted sites
6. Click the Sites button
7. The site URL should be showing in the Add this website to the zone: box. Click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



- 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 Name: olina Gender: Female Date of Birth: 12/5/1975 (45 years) Line of Business: Marketplace Exception Group Name: Standard

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 Requesting NPI* Enter name or NPI Tax ID

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.

The screenshot shows the 'Member Details' screen with the following sections:

- Member Details** (Expanded):
 - Patient Details:** Last Name, Middle Initial, Date of Birth, Weight, Height, Carrier, Account, Group Name, Body Surface Area (BSA) (m2) (0).
 - Addresses:** Primary, Add Address button.
 - 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.

The screenshot shows the 'Providers' section with the following details:

- Requesting Provider:**
 - Type: Requesting
 - NPI: 1215486972
 - Name: BATTAGLIA, BETTY
 - Address: 111 W HIGH ST ELKTON, MD 21921
 - External Provider ID: P1515537
 - MD Office Contact Name: [Empty]
 - MD Office Contact Phone Number: (444) 444-4444
 - MD Office Contact Fax Number: (444) 444-4444
 - In Network: Y
 - MD Office Contact Email: (none)
- Rendering Provider:**
 - Type: Rendering
 - NPI: batta
 - Address: [Empty]
 - Rendering Contact Name: [Empty]
 - In Network: [Empty]
 - Dropdown 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**.

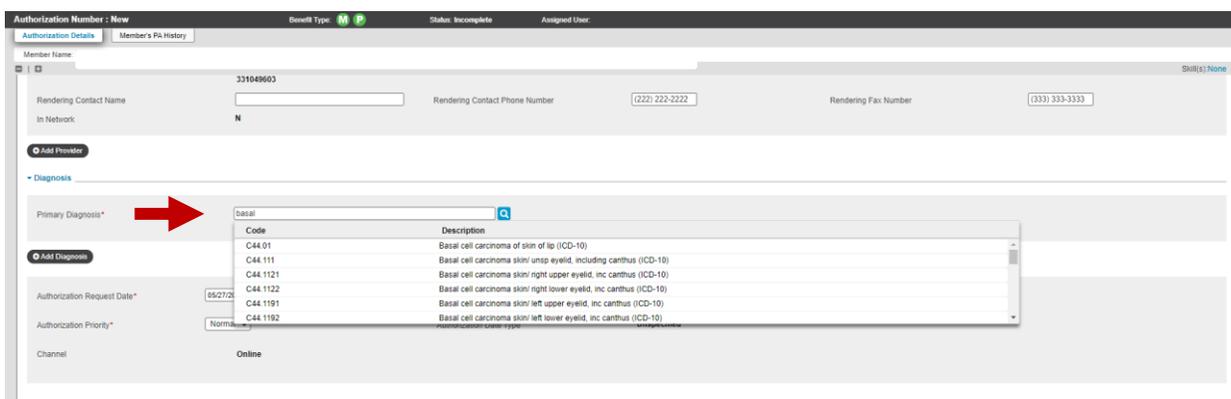


331049603

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.



Authorization Number: New
Event 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

+ Add Provider

+ Diagnosis

Primary Diagnosis* basal

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)
C44.121	Basal cell carcinoma skin/ right upper eyelid, inc canthus (ICD-10)
C44.122	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* 05/27/2022

Authorization Priority* Normal

Channel Online

AUTHORIZATION LINES

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

The screenshot shows the 'Authorization Lines' section of the Clover Health interface. A red bracket highlights two dropdown menus: 'Where will this drug be administered?' and 'Where will this drug be dispensed?'. The first dropdown is set to 'Office'. The second dropdown is open, showing options: 'Please select an option', 'Office', 'Outpatient Hospital', 'Pharmacy', and 'Please select an option'. Other fields include 'Date(s) of Service*', 'Drug*', 'HCPCS Code', 'Route', 'Generic Name', 'Frequency (Days)' (set to 30), and 'Refills'. Buttons for 'BACK', 'CANCEL', 'SAVE', and 'SUBMIT' are at the bottom.

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

The screenshot shows the 'Authorization Lines' section with the 'Date(s) of Service*' field filled with '10/06/2021'. A red arrow points to this field. The 'Drug*' field contains a search prompt 'Enter Drug Name or NDC' and a red error message 'Drug could not be copied. Please re-enter'. Other fields are the same as in the previous screenshot. Buttons for 'BACK', 'CANCEL', 'SAVE', and 'SUBMIT' are at the bottom.

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

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: | Route: | Generic Name: | Frequency (Days): | Refills: | Sig: |

BACK | CANCEL | SAVE | SUBMIT

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.

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

Authorization: | Member's PA History

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

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*: 00023114501

HCPCS Code	Drug Name	Strength/Measure	Dosage Form
J0585	Botox	100 UNIT	SOLR

Route: LJ | Pkg. Size: 1 EA | Dosage Form: SOLR

Generic Name: OnabotulinumtoxinA

Frequency (Days): 30

Refills: | Sig: |

BACK | CANCEL | SAVE | SUBMIT

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.

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

	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
<input checked="" type="radio"/>	Tysabri	64406000801	300 MG/15ML	CONC	15.000 ML

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

WELCOME PAT ROONEY LOG OUT

Authorizations - Reports & Tools - Administration - My Account

Authorization Number: New

Benefit Type: M P Status: Incomplete Assigned User:

Member Name: K Member's PA History Skip to Main

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 ✔

←

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	Perjeta	Perjeta®	Lobular, Mixed, Metaplastic, Ductal/INST, 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"> in combination with trastuzumab and paclitaxel following AC (doxorubicin and cyclophosphamide) (dose-dense or every 3 weeks) regimen (both useful in certain circumstances) as a component of TCHP (docetaxel, carboplatin, trastuzumab and pertuzumab) regimen (preferred regimen) in combination with trastuzumab and docetaxel following AC regimen <p>"It is acceptable to change administration sequence to taxane (with or without HER2-targeted therapy) followed by AC"</p>	2A	<p>Metastatic Breast Cancer (MBC): Pertuzumab 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. Early Breast Cancer (EBC): Pertuzumab 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. Pertuzumab 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 warnings.</p>
Breast Cancer - Invasive Breast Cancer	Perjeta	Perjeta®	Lobular, Mixed, Metaplastic, Ductal/INST, 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"> ypT0-0 or pCR ypT1-4N0 (if ado-trastuzumab discontinued for 	2A	<p>Metastatic Breast Cancer (MBC): Pertuzumab 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. Early Breast Cancer (EBC): Pertuzumab 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.

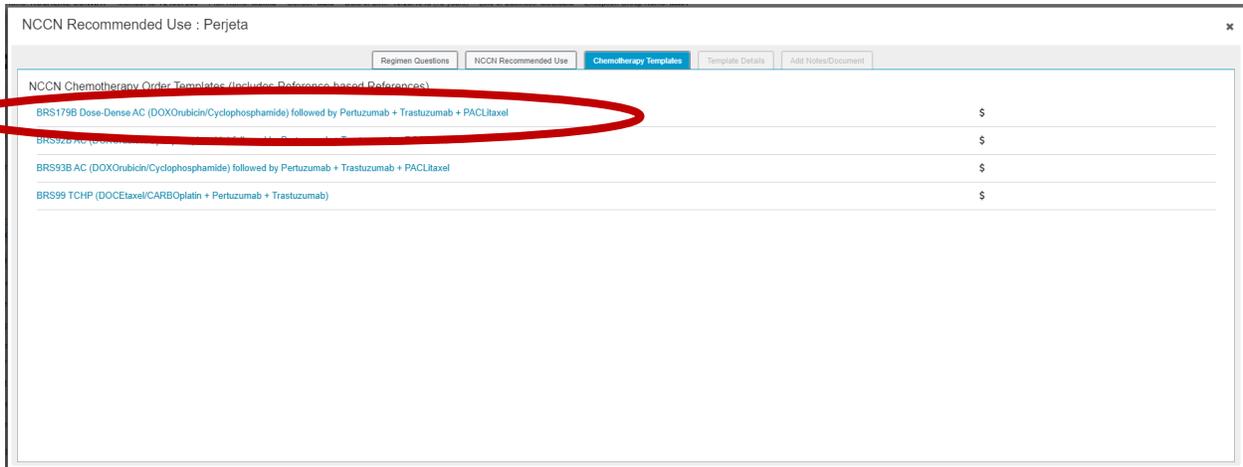
NCCN Recommended Use : Herceptin

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

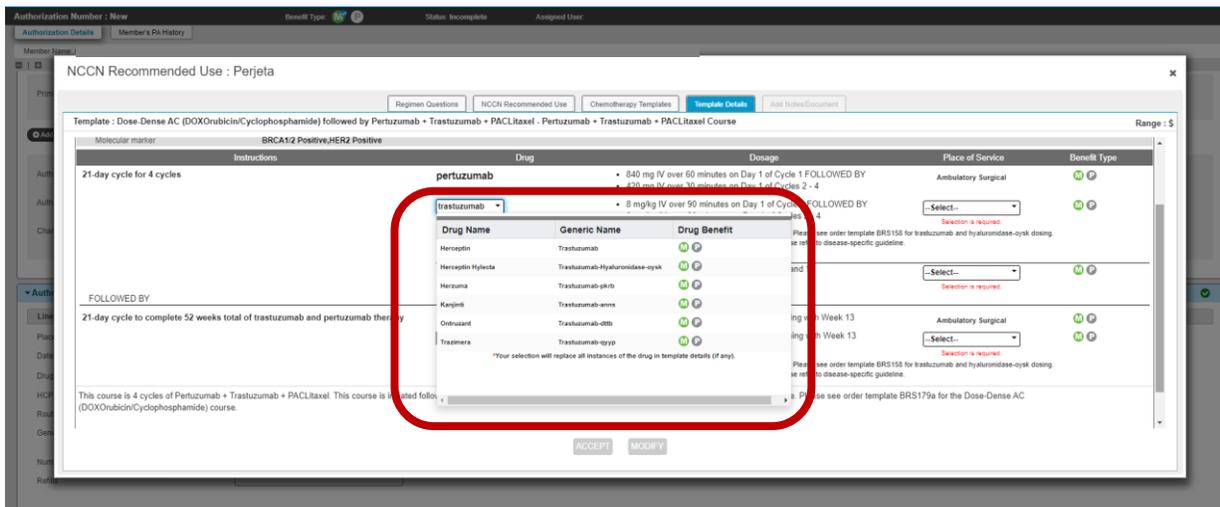
NCCN Chemotherapy Order Templates (Includes Reference-based References)

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.



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



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.

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
Trastuzumab-Hyaluronidase-cy5k
Trastuzumab and hyaluronidase-cy5k 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. 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.

MusicalCrowthEasterTherapy

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

NCCN Recommended Use : Avastin

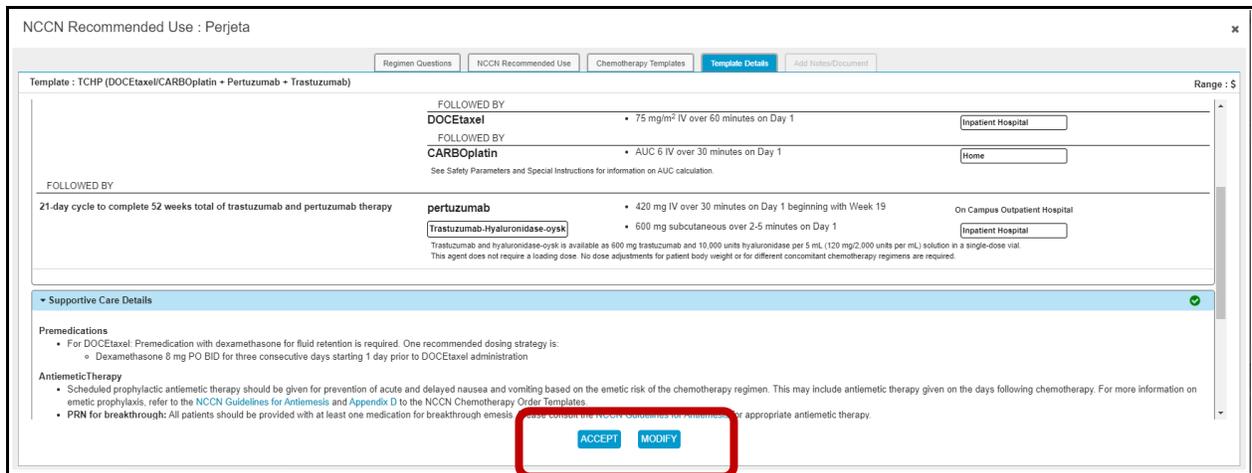
NCCN Recommended Use | Chemotherapy Templates | **Template Details**

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

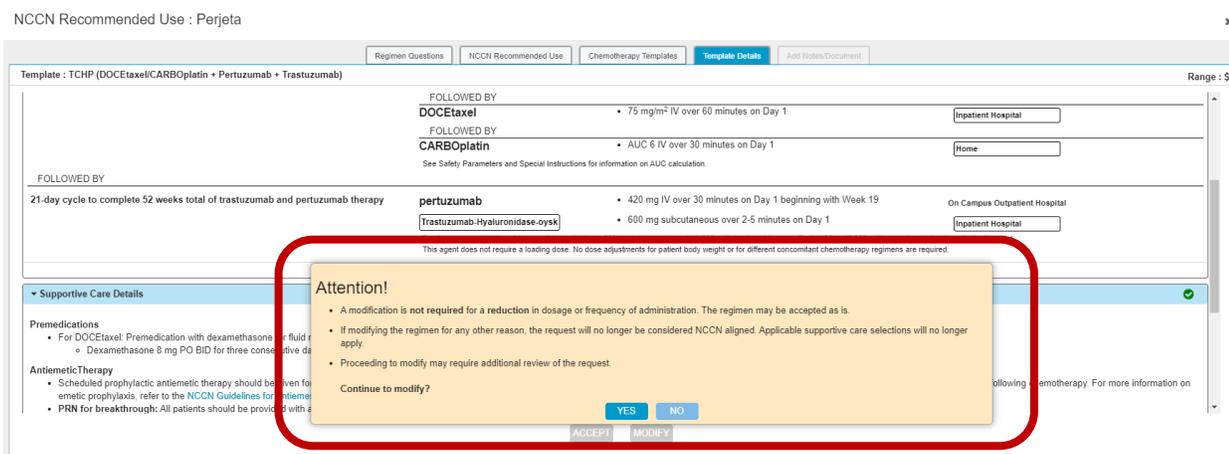
Chemotherapy Regimen

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	<input type="radio"/> M <input type="radio"/> P
		fluorouracil	• 500 mg/m2 IV push on Day 1 administered one hour after the start of the leucovorin infusion	<input type="radio"/> M <input type="radio"/> P
CONCURRENT WITH				
14-day cycle until disease progression or unacceptable toxicity	\$ \$	bevacizumab	• 5 mg/kg IV on Day 1	<input type="radio"/> M <input type="radio"/> P
OR				
Infusional fluorouracil: weekly cycle until disease progression or unacceptable toxicity	\$	leucovorin	• 500 mg/m2 IV over 2 hours on Day 1	<input type="radio"/> M <input type="radio"/> P
		fluorouracil	• 2,600 mg/m2 IV continuous infusion over 24 hours on Day 1	<input type="radio"/> M <input type="radio"/> P
CONCURRENT WITH				
14-day cycle until disease progression or unacceptable toxicity	\$ \$	bevacizumab	• 5 mg/kg IV on Day 1	<input type="radio"/> M <input type="radio"/> P

*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.



6. If you choose to accept the recommended regimen, click **Accept**.
7. If you wish to make changes to the regimen, click **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	First-line	Stage	Performance	eCOG-1
Molecular marker	HER2 Positive	Stage III		
Instructions	Drug	Dosage	Place of Service	
21-day cycle for 6 cycles	pertuzumab	840 mg IV over 60 minutes on Day 1 of Cycle 1	On Campus Outpatient Hosp	
		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	Inpatient Hospital	
		CARBOplatin	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	On Campus Outpatient Hosp	
		Trastuzumab-Hyaluronidase-oysk	Inpatient Hospital	

ADD Drug (max 8 Drugs allowed)

SAVE & SUBMIT **CANCEL**

- 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

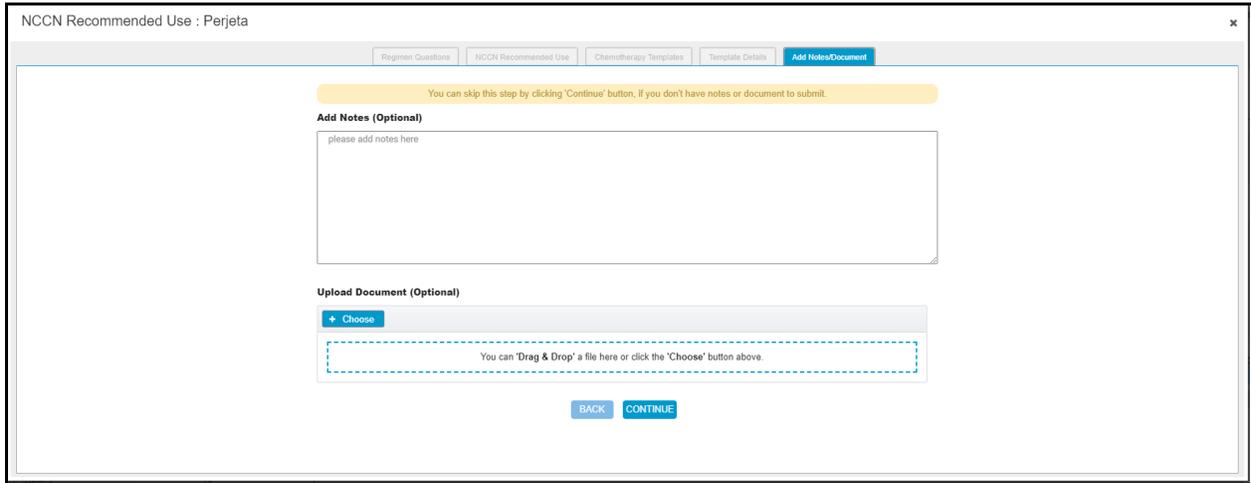
Treatment Setting	First-line	Stage	Performance	eCOG-1
Molecular marker	HER2 Positive	Stage III		
Instructions	Drug	Dosage	Place of Service	
21-day cycle for 6 cycles	pertuzumab	840 mg IV over 60 minutes on Day 1 of Cycle 1	On Campus Outpatient Hosp	
		420 mg IV over 30 minutes on Day 1 of Cycles 2 - 6		
	Trastuzumab-Hyaluronidase-oysk	600 mg subcutaneous over 2-5 minutes on Day 1	Inpatient Hospital	
		DOCetaxel	Inpatient Hospital	
		CARBOplatin	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	On Campus Outpatient Hosp	
		Trastuzumab-Hyaluronidase-oysk	Inpatient Hospital	

ADD Drug (max 8 Drugs allowed)

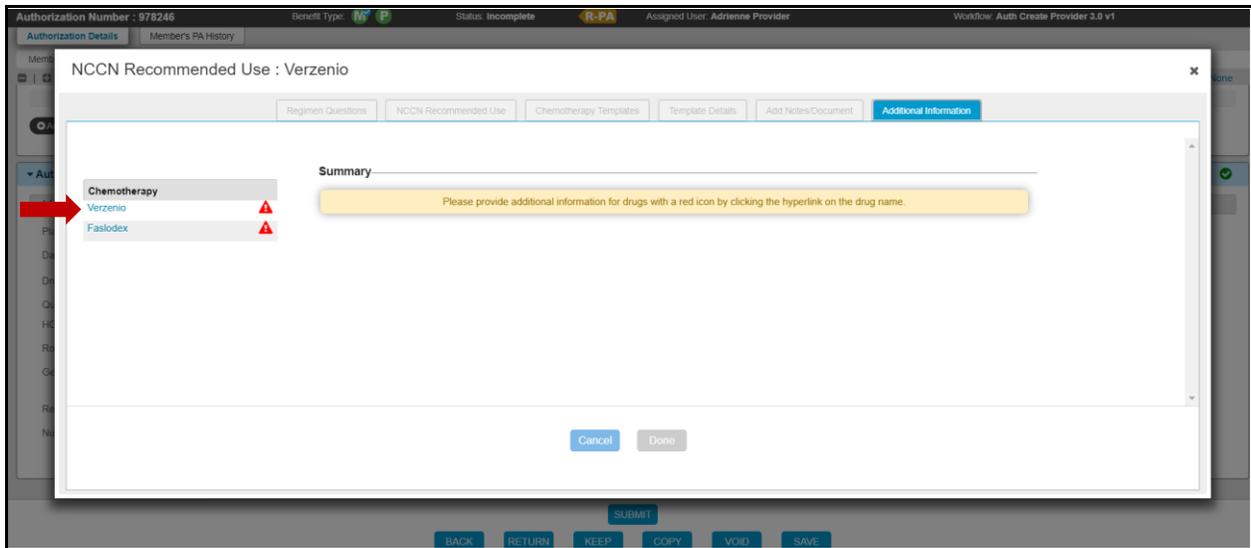
SAVE & SUBMIT **CANCEL**

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

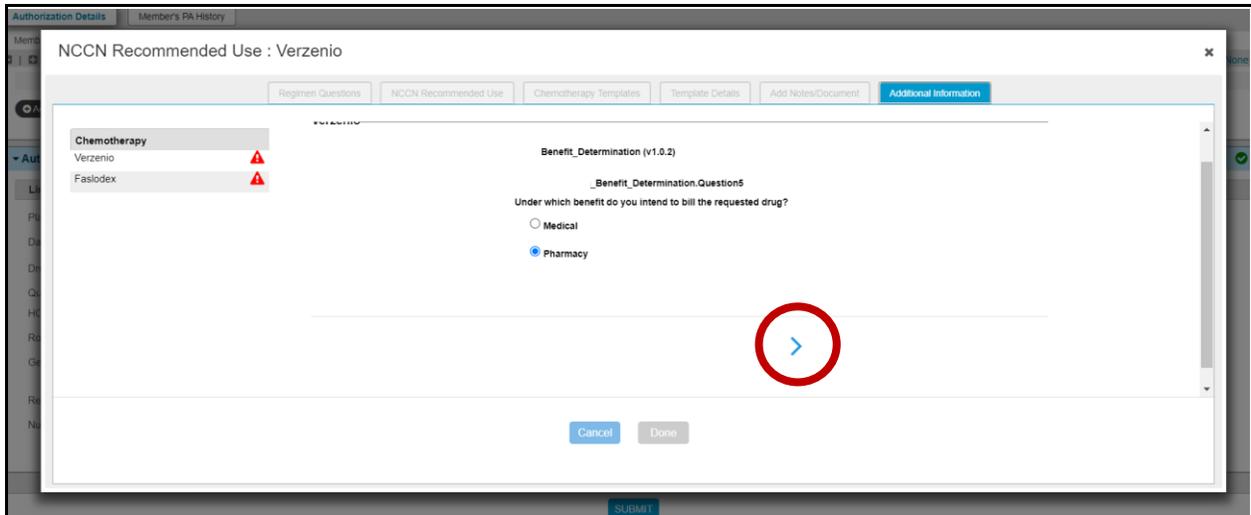
Upon selecting **Accept or Modify**, the screen will advance to the Add Notes/Document section.



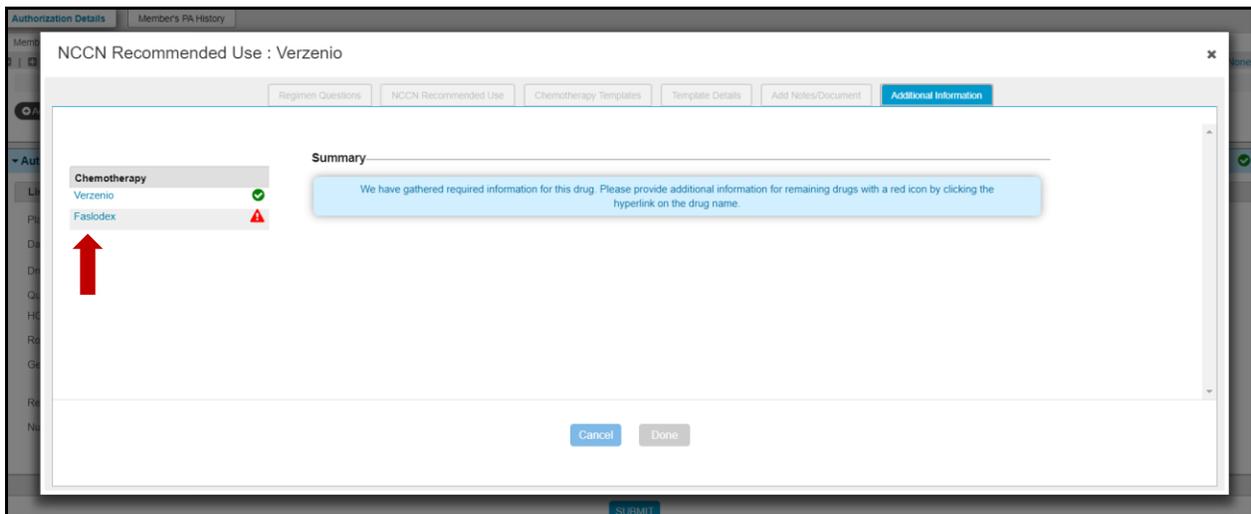
You can add optional notes or upload a document here. You can also click continue without entering anything here or click the Back button to edit data from other tabs. Click **continue**.



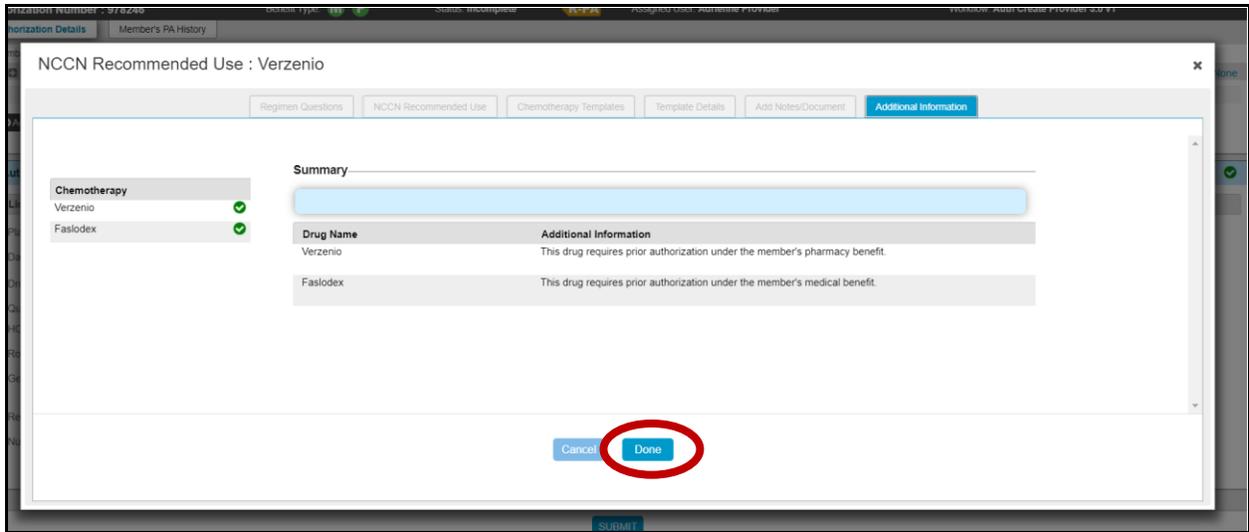
Click on the drug name to provide additional information.



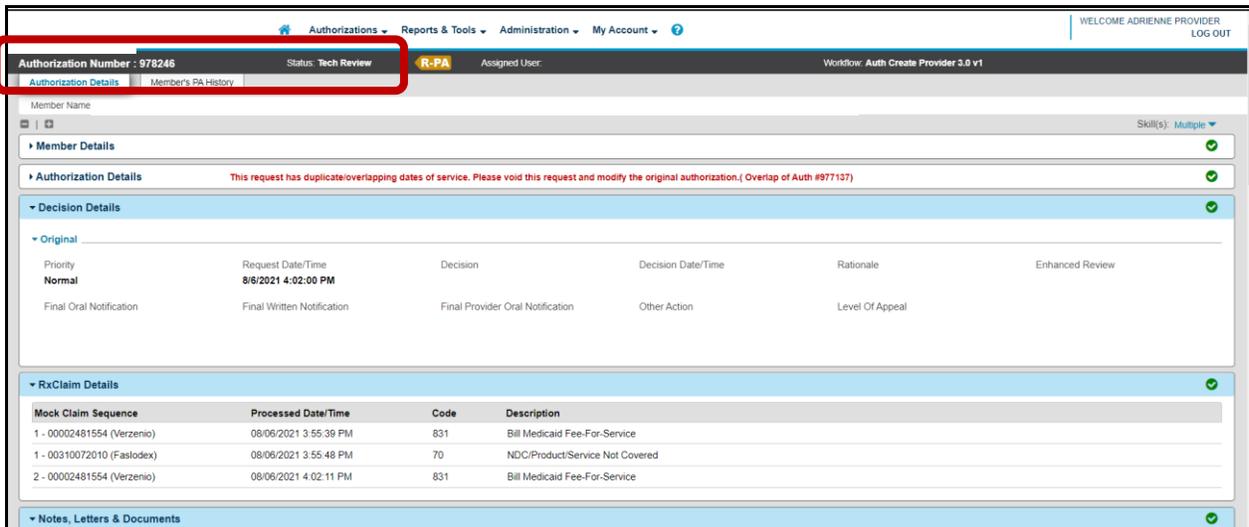
Select the answer to the question that displays and click the blue arrow.



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



Click **Done**.



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

WELCOME ADRIENNE USER LOG OUT

Authorization Details Override Configuration Transaction History Member's PA History Member's Claims History

Member Name: I

Member Details

Authorization Details

Authorization Requestor Type*

Providers

Type	NPI *	Name	Address
Requesting	1639160708	180 MEDICAL INC	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		

Diagnosis

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

BACK COPY VOID SAVE EXPORT TO PDF

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

Columns Filter Sorting All Reset 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 Notificat...	788159					03/08/2021 12:45	05/28/2021 13:32	LisaD55 Provider		Medicaid
Provider Notificat...	876119					05/24/2021 07:39	05/29/2021 07:47	LisaD55 Provider		Medicaid
Provider Notificat...	861071					05/17/2021 05:01	05/30/2021 09:40	LisaD55 Provider		Medicaid

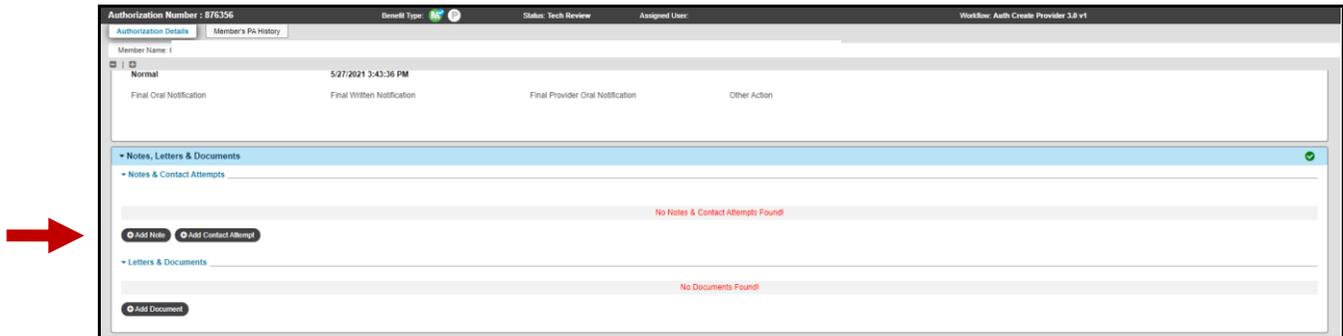
4. Once a determination is made, all Authorizations will be sent back to your homepage under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

3. NOTES AND DOCUMENTS

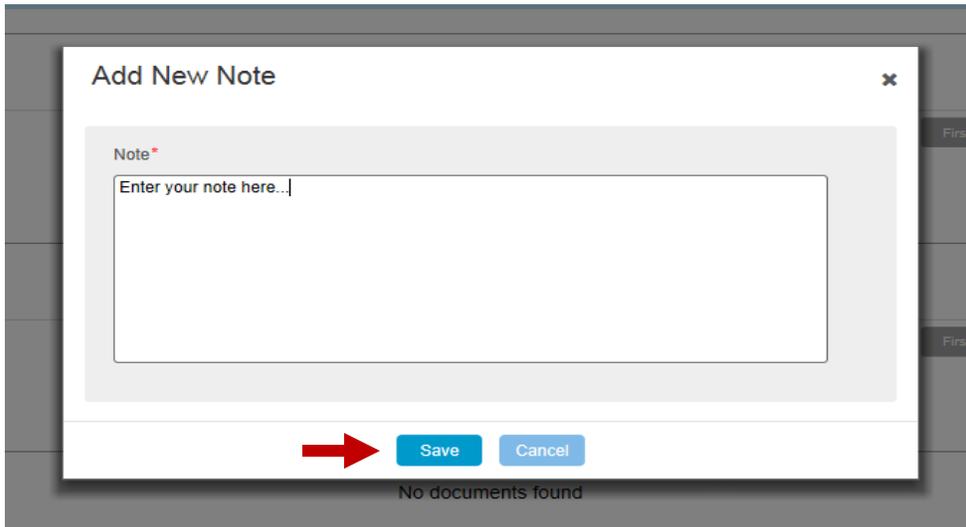
Once the Authorization has been created, you will have the ability to add notes or documents directly to the Authorization.

NOTES

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

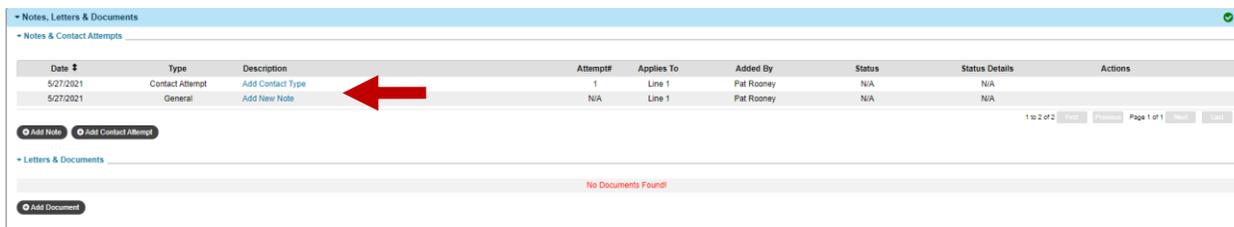


1. Enter your note in the pop up that displays and click **Save**.



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.

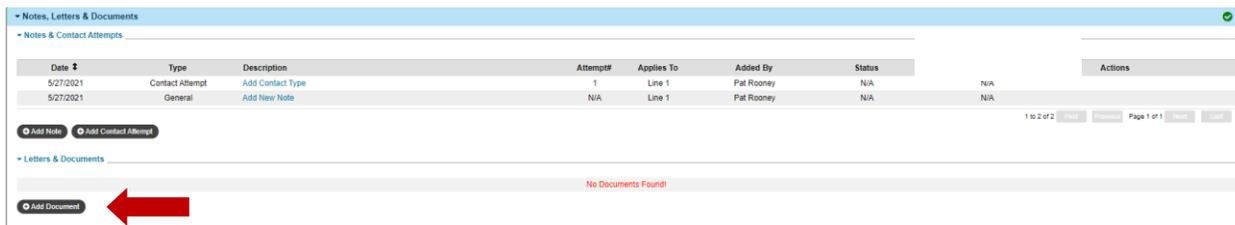
View Notes



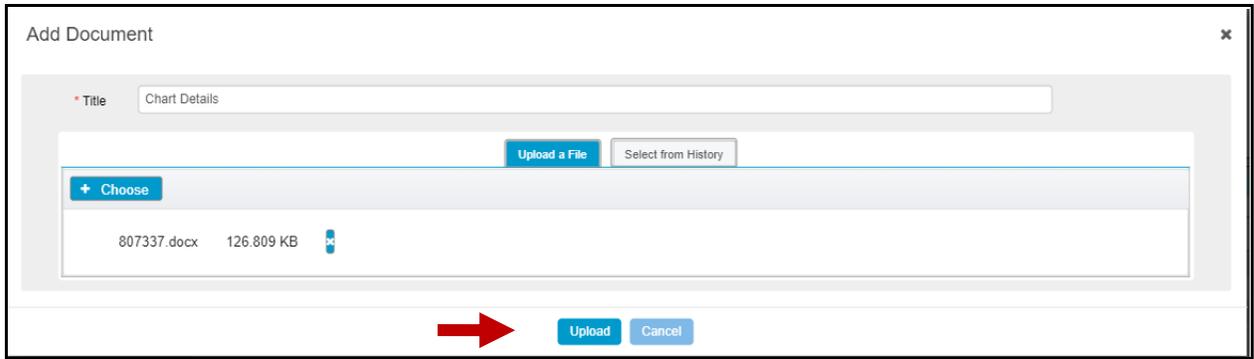
3. You can view the note by hovering over the note **Description** in blue.

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**.



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



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.



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. At the top, there is a navigation bar with 'Find Authorization', 'Quick Search', and 'Create Authorization'. A red arrow points to 'Quick Search'. Below this, there are three tabs: 'Filtered Search' (selected), 'Text Search', and another 'Text Search'. The main area is divided into three columns: 'AUTHORIZATION DETAILS' with fields for Transaction Type, Plan, Authorization #, Authorization Status, Requesting Provider, Rendering Provider, Fax File ID, and External Authorization #; 'PATIENT DETAILS' with fields for First Name, Last Name, Member ID, Benefit Type, and Group #; and 'ADDITIONAL DETAILS' with fields for Drug Name, NDC Code, Date Range (Date Type and Date Range), and a date range selector. A 'Search' button is at the bottom right.

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

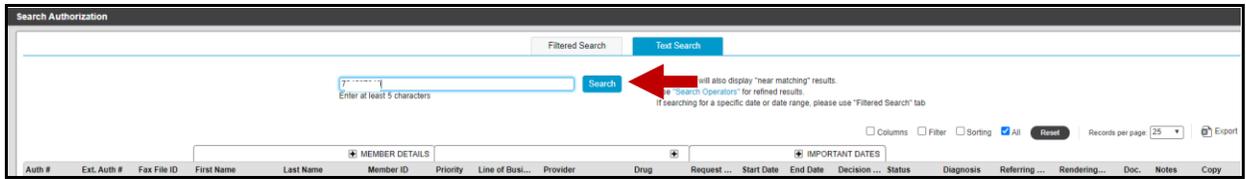
This screenshot is similar to the previous one, but the 'Filtered Search' and 'Text Search' tabs are highlighted with a red rectangular box, indicating the search options available to the user.

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 results for the term 'perjeta'. The search field contains 'perjeta' and the 'Search' button is clicked. The results are displayed in a table with the following columns: Auth #, Ext. Auth #, Fax File ID, MEMBER DETAILS (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 contains multiple rows of authorization records for 'Perjeta' and other drugs like 'Herceptin', 'Trastuzumab', and 'Doxorubicin'. The 'Rendering' column shows 'CURTIS, LARRY' for several records. The 'Status' column shows various states like 'Approved', 'Incomplete', 'Void', and 'Consonde'.

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



- 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.).

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			ROSA...					INC	Perjeta	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50 011					
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50 011	CURTIS, LARRY				
876235									Perjeta	5/27/2021	5/26/2021	11/23/2021	5/27/2021	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					
856275									Onizumab	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					
849887									Perjeta	4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50 011					
849957									Perjeta	4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50 011					
838483									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R	A06 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					
827746									Onizumab	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					
827733									Hercapin	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					

- 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.

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

Search Authorization

Filtered Search | Text Search

pernet
Enter at least 5 characters

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

MEMBER DETAILS							IMPORTANT DATES													
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*						Perjeta	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011					
876225									Perjeta	5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011					
876224									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00					
875118									Perjeta	5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
856287									Tracizema	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponds	C19					
856281									Herzuma	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19					
856271									Ontruzant	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponds	C19					
856283									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					
838584									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Acto	C50.011					
827753									Tracizema	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					
827745									Ontruzant	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									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					
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									Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					

6. Columns are also moveable. Click on the column you would like to move.

Search Authorization

Filtered Search | Text Search

pernet
Enter at least 5 characters

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

MEMBER DETAILS							IMPORTANT DATES													
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*						Perjeta	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
876234									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011					
876225									Perjeta	5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011					
876224									Perjeta	5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00					
875118									Perjeta	5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
856287									Tracizema	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponds	C19					
856281									Herzuma	5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19					
856271									Ontruzant	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponds	C19					
856283									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					
838584									Perjeta	4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Acto	C50.011					
827753									Tracizema	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					
827745									Ontruzant	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									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					
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									Perjeta	4/20/2021	4/20/2021	10/17/2021		Incomplete	C50.011					

7. Drag the column to its new location.

Search Authorization

Filtered Search | Text Search

pernet
Enter at least 5 characters

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

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
876240			Perjeta	ROS*						5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
876234			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011					
876225			Perjeta							5/27/2021	5/26/2021	11/22/2021		Incomplete	C50.011					
876224			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.00					
875118			Perjeta							5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
856287			Tracizema							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponds	C19					
856281			Herzuma							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C19					
856271			Ontruzant							5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponds	C19					
856283			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					
838584			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Acto	C50.011					
827753			Tracizema							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					
827745			Ontruzant							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C19					
827740			Kanjinti																	

Columns: Columns | Filter | Sorting: All | Reset | Records per page: 25 | Export

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
76240			Perjeta	ROB...					INC	5/27/2021	5/27/2021	11/11/2021	5/27/2021	Tech Review	C50.011					
76234			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	C50.011	CURTIS LARRY				
76226			Perjeta							5/27/2021	5/26/2021	11/22/2021	5/27/2021	Incomplete	C50.011	CURTIS LARRY				
75124			Perjeta							5/27/2021	5/27/2021	11/23/2021	5/27/2021	Void	A01.90	CURTIS LARRY				
75118			Perjeta							5/25/2021	5/25/2021	11/9/2021	5/25/2021	Tech Review	C50.011					
76287			Trameter							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Corresponds	C.19					
66281			Herzuma							5/13/2021	5/13/2021	10/28/2021	5/13/2021	Tech Review	C.19					
66271			Ontruzant							5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponds	C.19					
66263			Kanjuni							5/12/2021	5/12/2021	10/27/2021	5/12/2021	Corresponds	C.19					
66287			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
66267			Perjeta							4/27/2021	4/30/2021	10/15/2021	4/27/2021	Approved	C50.011					
66263			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	MD Review R...	A00.0					
66264			Perjeta							4/23/2021	4/23/2021	4/23/2021	4/23/2021	Provider Acto...	C50.011					
62753			Trameter							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C.19					
62750			Herzuma							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C.19					
62746			Ontruzant							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C.19					
62740			Kanjuni							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C.19					
62723			Herceptin							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C.19					
62721			Perjeta							4/20/2021	4/20/2021	10/17/2021	5/10/2021	Void	C.19					
62712			Perjeta							4/20/2021	5/18/2021	5/18/2021	4/20/2021	Approved	C50.011					
62702			Perjeta							4/20/2021	4/20/2021	10/17/2021	4/20/2021	Incomplete	C50.011					
62700			Perjeta							4/20/2021	4/20/2021	10/17/2021	4/20/2021	Incomplete	C50.011					
62704			Perjeta							4/20/2021	4/20/2021	10/17/2021	4/20/2021	Incomplete	C50.011					
62703			Perjeta							4/20/2021	4/20/2021	10/17/2021	4/20/2021	Incomplete	C50.011					
62707			Perjeta	MAH...					INC	4/20/2021	4/20/2021	10/17/2021	4/20/2021	Incomplete	C50.011					

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

Columns: Columns | Filter | Sorting: All | Reset | Records per page: 25 | Export

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

Columns: Columns | Filter | Sorting: All | Reset | Records per page: 25 | Export

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

Search Authorization

Filtered Search | Text Search

perjeta
Enter at least 5 characters

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 "AND" (ALL CAPS) in between the terms e.g. Gammeur AND Gammagard
- To exclude a term, place the word "NOT" (ALL CAPS) before the term e.g. John NOT Johnson

perjeta

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
63350			Perjeta	R										Tech Review	C50.011					
682761			Perjeta	E					PS	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Corresponds	C.19					
669507			Perjeta	E					LA	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Void	C50.011					
669506			Perjeta	E					EV	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Tech Review	C50.011					
666339			Perjeta	L					HA	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Tech Review	A00.0					
651027			Perjeta	C					HA	5/13/2021	5/12/2021	10/27/2021	5/13/2021	Tech Review	C50.011					
639918			Perjeta	T					EVE, INCORPORATED	10/16/2020	10/16/2020	4/16/2021	10/16/2020	Tech Review	C50.011					

- 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 'Filtered Search' tab is selected, and the 'Search' button is visible at the bottom.

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

The screenshot shows the 'Search Authorization' interface with the 'Filtered Search' tab selected. A red arrow points to the 'Search' button at the bottom of the form.

- 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 search results table displayed. The table has columns for AUTHORIZATION DETAILS, MEMBER DETAILS, and IMPORTANT DATES. The results are filtered to show only Actemra authorizations.

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 ...	Renderin...	Doc.	Notes	Copy
878503								LINK TO LIFE	Actemra	5/28/2021	5/28/2021	5/27/2022	Tech Review	A15.0						
878502								LINK TO LIFE	Actemra	5/28/2021	5/28/2021	5/27/2022	Tech Review	A15.0						
878501								JOHNSON CHIROPPA	Actemra	5/28/2021	5/28/2021	5/28/2021	Tech Review	B03						
878494								TEST RTE	Actemra	5/28/2021	5/28/2021	5/28/2021	Corresponds	N28.83						
878488								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.

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

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.

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
176240							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 'Member's PA History' tab selected in the top navigation bar. The main content area displays member details for authorization number 876240. The details are organized into sections: Member Details, Patient Details, Addresses, Insurance Details, and Membership Details. The Patient Details section includes fields for Last Name, Date of Birth (10/23/1946), Gender (Male), Weight (80 LB), Height (176 CM), Carrier (0733), Account (014), Group Name (011MFL), Preferred Language (Spanish), Secondary Phone Number ((111) 111-1111), and Phone ((111) 111-1111). The Address section shows a Primary address with zip code 33125. The Insurance and Membership sections are currently empty.

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

The screenshot displays the 'Member's PA History' table for member 876240. The table has columns for Auth #, Provider Name, Diagnosis, Drug Name, Start Date, End Date, Last Activity Date, Status, Documents, and Notes. The first 25 rows are highlighted with a red bracket. The data shows a series of authorizations for various drugs, with statuses ranging from 'Void' to 'Approved' and 'Tech Review'. The last row in the visible list is for drug 'Wakix' with status 'Void'.

Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
876527	180 MEDICAL INC	A02.0	Xeomin	05/19/2021	05/19/2021	05/28/2021	Void		
876519	ABLER, PAUL	A02.0	Xeomin	05/18/2022	05/18/2022	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	Symbiyax	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	Invenga	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		
876296	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		

- 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: MA

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	Symbiyax	05/27/2021	11/23/2021	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	Viakis	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	Palfogria (12 MG Daily Dose)	05/27/2021	11/23/2021	05/27/2021	Void		
876338	180 MEDICAL INC	A02.0	Tregazone	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	Viakis	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	Viakis	05/27/2021	11/23/2021	05/27/2021	Void		
876284	180 MEDICAL INC	A02.0	Viakis	05/27/2021	11/23/2021	05/27/2021	Void		

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- 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: MA

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	Symbiyax	05/27/2021	11/23/2021	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	Vitravii	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	Abrezza	05/26/2021	11/22/2021	05/27/2021	Void		
876073	180 MEDICAL INC	A02.0	Abrezza	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	Abrezza	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 -	Multiple
875952	180 MEDICAL INC	A02.0	Abravane	05/18/2030	05/18/2030	05/27/2021	Dismissed	Multiple -	Multiple
875951	180 MEDICAL INC	A02.0	Abravane	05/23/2032	05/23/2032	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
875944	180 MEDICAL INC	A02.0	Abravane	05/27/2022	05/27/2022	05/27/2021	Denied	Multiple -	Multiple
875938	180 MEDICAL INC	A02.0	Abravane	05/21/2029	05/21/2029	05/27/2021	Pending	Multiple -	Multiple
875937	180 MEDICAL INC	A02.0	Abravane	05/11/2022	05/11/2022	05/27/2021	Approved	Multiple -	Multiple
875936	180 MEDICAL INC	A02.0	Abravane	05/10/2026	05/10/2026	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
875934	180 MEDICAL INC	A02.0	Abravane	05/02/2036	05/02/2036	05/27/2021	Approved	Multiple -	Multiple
875927	180 MEDICAL INC	A02.0	Abravane	05/03/2028	05/03/2028	05/27/2021	Approved	Multiple -	Multiple
875924	180 MEDICAL INC	A02.0	Abravane	05/11/2034	05/11/2034	05/27/2021	Dismissed	Multiple -	Multiple
875923	180 MEDICAL INC	A02.0	Abravane	05/19/2027	05/19/2027	05/27/2021	Dismissed	Multiple -	Multiple
875922	180 MEDICAL INC	A02.0	Abravane	05/19/2035	05/19/2035	05/27/2021	Dismissed	Multiple -	Multiple
875911	180 MEDICAL INC	A02.0	Abravane	05/05/2026	05/05/2026	05/27/2021	Correspondence Action Needed	Multiple -	Multiple

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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	Vitravii	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	Abrezza	05/26/2021	11/22/2021	05/27/2021	Void		
876073	180 MEDICAL INC	A02.0	Abrezza	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	Abrezza	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 -	Multiple
875952	180 MEDICAL INC	A02.0	Abravane	05/18/2030	05/18/2030	05/27/2021	Dismissed	FL MMA Notice of Denial_Mem	Multiple
875951	180 MEDICAL INC	A02.0	Abravane	05/23/2032	05/23/2032	05/27/2021	Correspondence Action Needed	FL MMA Notice of Denial_Req	Multiple
875944	180 MEDICAL INC	A02.0	Abravane	05/27/2022	05/27/2022	05/27/2021	Denied	Multiple -	Multiple
875938	180 MEDICAL INC	A02.0	Abravane	05/21/2029	05/21/2029	05/27/2021	Pending	Multiple -	Multiple
875937	180 MEDICAL INC	A02.0	Abravane	05/11/2022	05/11/2022	05/27/2021	Approved	Multiple -	Multiple
875936	180 MEDICAL INC	A02.0	Abravane	05/10/2026	05/10/2026	05/27/2021	Correspondence Action Needed	Multiple -	Multiple
875934	180 MEDICAL INC	A02.0	Abravane	05/02/2036	05/02/2036	05/27/2021	Approved	Multiple -	Multiple
875927	180 MEDICAL INC	A02.0	Abravane	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.

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

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: Status: Approved Assigned User:

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 WASHINGTO...	L40.1	Benlysta	05/17/2083	05/17/2083	09/12/2018	Void	Multiple	
146557	MARY WASHINGTO...	L40.1	Benlysta	03/04/2088	03/04/2088	09/12/2018	Tech Review	Multiple	
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	Multiple	
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	Multiple	
145668	MARY WASHINGTO...	L40.1	Benlysta	02/25/2075	02/25/2075	09/10/2018	Clinical review reopen	Multiple	Multiple
145662	MARY WASHINGTO...	L40.1	Benlysta	05/29/2077	05/29/2077	09/11/2018	Approved	Multiple	Multiple
145660	MARY WASHINGTO...	L40.0	Benlysta	07/06/2080	07/06/2080	09/10/2018	Approved	Multiple	Multiple
145657	MARY WASHINGTO...	L40.1	Benlysta	03/04/2076	03/04/2076	09/10/2018	Split Decision	Multiple	Multiple
145656	MARY WASHINGTO...	A02.9	Benlysta	09/10/2018	09/10/2018	09/10/2018	Denied	Multiple	Multiple

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

Benefit Type: Status: Denied Assigned User:

Member's PA History

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. gh�	Adrienne Matimba
07/17/2018	General	note	Adrienne Matimba

Close

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

Authorization Number: 139179 Benefit Type: Status: Approved Assigned User:

Authorization Details Transaction History **Member's PA History**

Member Name: FI

Member's PA History

Records per page: 25 Export

Auth #	Provider Name	D	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...	L40.1	Multiple -	Multiple
154289	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154287	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154285	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154283	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154281	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154280	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154277	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154274	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154272	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154270	MARY WASHINGTON...	L40.1	Multiple -	Multiple
154264	MARY WASHINGTON...	L40.1	Multiple -	Multiple

View / Copy Note(s) x

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	

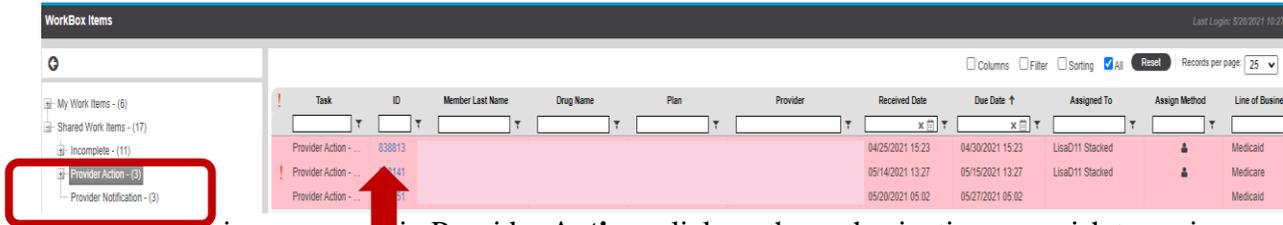
Close

Note content copied to clipboard

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7. HOW TO RESPOND TO A PROVIDER ACTION REQUEST

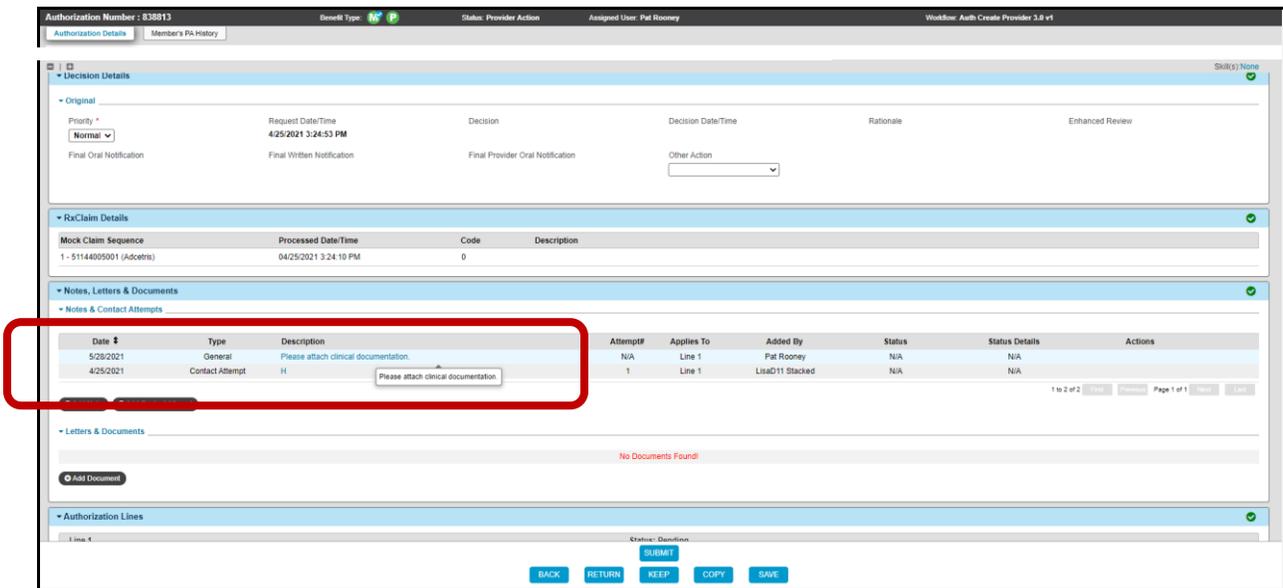
There may be instances when you have submitted an authorization request and upon review the plan will need additional information from you, the Provider. The plan can request this additional documentation online through the web site, directly to your homepage, under **Provider Action**.



The screenshot shows a 'WorkBox Items' interface. On the left, a sidebar lists 'My Work Items - (6)', 'Shared Work Items - (17)', 'Incomplete - (11)', and 'Provider Action - (3)'. The 'Provider Action - (3)' item is highlighted with a red box. The main table displays a list of items with columns: Task, ID, Member Last Name, Drug Name, Plan, Provider, Received Date, Due Date, Assigned To, Assign Method, and Line of Business. A red arrow points to the first row of the table, which is highlighted in pink.

Task	ID	Member Last Name	Drug Name	Plan	Provider	Received Date	Due Date	Assigned To	Assign Method	Line of Business
Provider Action - ...	838813					04/25/2021 15:23	04/30/2021 15:23	LisaD11 Stacked		Medicaid
Provider Action - ...	838811					05/14/2021 13:27	05/15/2021 13:27	LisaD11 Stacked		Medicare
Provider Action - ...	838811					05/20/2021 05:02	05/27/2021 05:02			Medicaid

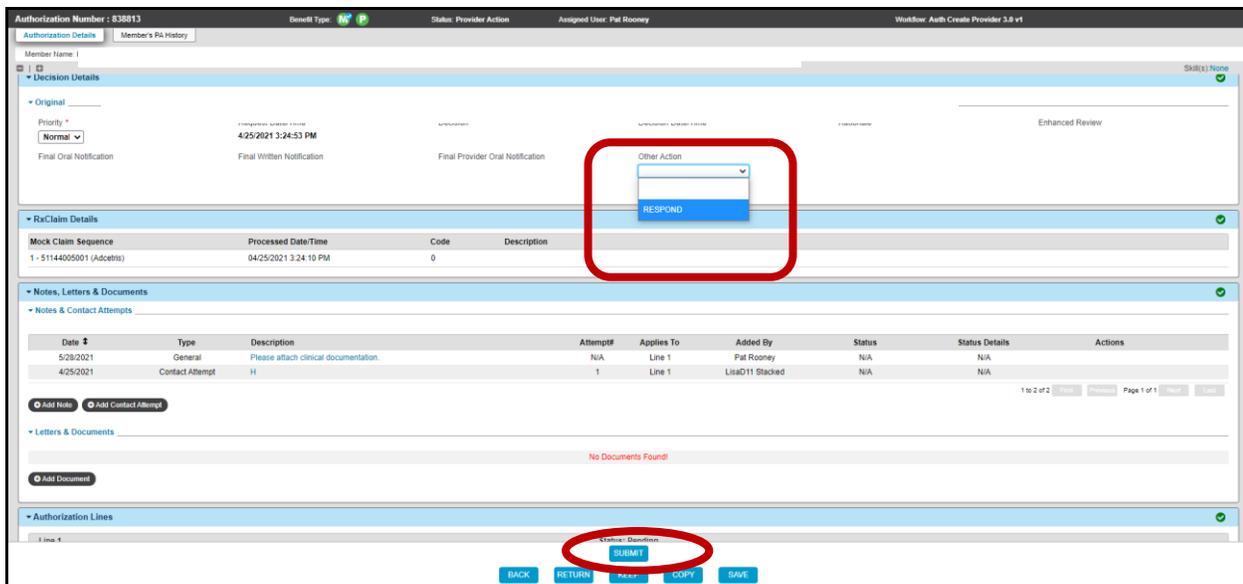
1. To Review a request in **Provider Action**, click on the authorization you wish to review.



The screenshot shows the 'Authorization Details' page for authorization number 838813. The page is divided into several sections: 'Decision Details', 'Rx Claim Details', 'Notes, Letters & Documents', and 'Authorization Lines'. The 'Notes, Letters & Documents' section is expanded, showing a table of 'Notes & Contact Attempts'. A red box highlights the first entry in this table.

Date	Type	Description	Attempt#	Applies To	Added By	Status	Status Details	Actions
5/29/2021	General	Please attach clinical documentation.	N/A	Line 1	Pat Rooney	N/A	N/A	
4/25/2021	Contact Attempt	Please attach clinical documentation.	1	Line 1	LisaD11 Stacked	N/A	N/A	

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

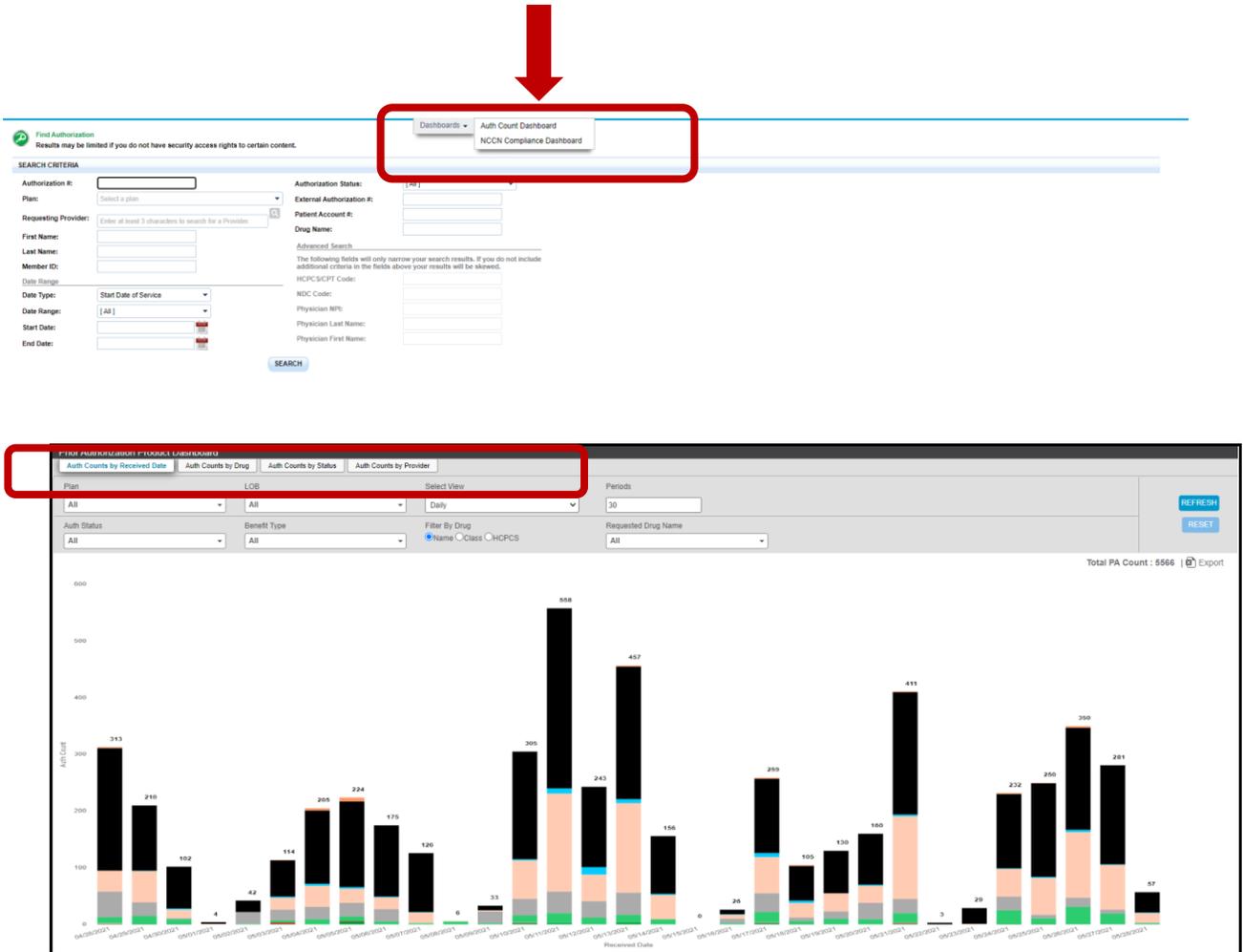


2. Upon review of the authorization and adding any notes or additional documentation, you can then release the authorization back to the plan by selecting the **Respond** from the Other action dropdown in the Decision Details section and click **Submit**.

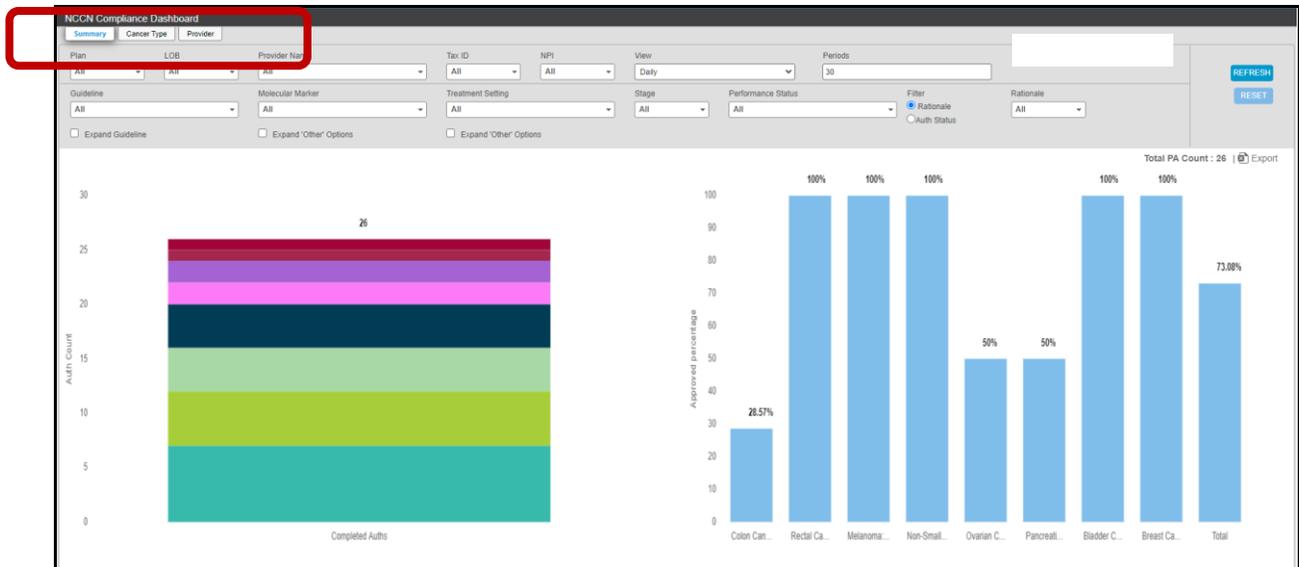
8. PROVIDER ACTIVITY DASHBOARDS

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.

