



WE'RE MAKING THE DRUG AUTHORIZATION PROCESS FASTER THAN EVER WITH NAVINET!

There's good news for providers who write prescriptions that require authorizations for Highmark members: The NaviNet Selection Form for prescription drug authorizations soon will have even more functionality that ensures accuracy and avoids delays!

HANG UP ON FAX DELAYS AND USE THE NAVINET SELECTION FORM

If you fax your prescription authorization requests to Highmark, chances are you've experienced a "fax-back" delay. This occurs when an authorization request must be "faxed back" to the requesting provider due to missing information or illegible handwriting or is a request for a patient who doesn't have a Highmark drug benefit.

The NaviNet Selection Form for prescription drug authorizations can be used for any pharmacy authorization request. The form not only saves time, but it can also notify you if a duplicate request has already been received by Highmark and ensures that the patient is a Highmark member with active pharmacy benefits.

NEW DRUG-SPECIFIC SURVEYS GATHER IMPORTANT CLINICAL INFORMATION

To further streamline the process for obtaining a prescription drug authorization, effective March 23, 2015, a new function will ask brief questions about the drug that is part of the authorization request. This will allow the requestor to provide this necessary information up front, which will eliminate the need for a return call from Highmark to obtain those details. Below are some additional details and tips regarding the surveys:

- Surveys are brief (5 questions maximum) and should only take a few minutes to complete.
- Simply answer a question to complete each field.
- More complex drugs (e.g., Provigil and Nuvigil) will not use the survey process. Just enter these drugs into the NaviNet Selection Form as usual and Highmark will contact you for additional details, if necessary.
- For easier authorization completion, be sure to have all necessary information available before starting the NaviNet request.

See the images at the end of this message for examples of how these surveys will present within NaviNet for prescription drug authorizations.

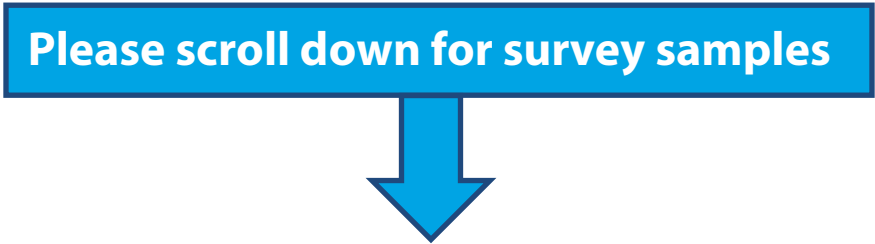
NEW TO THE NAVINET SELECTION FORM? IT'S EASY!

Completing a NaviNet Prescription Drug Authorization request is easy.

- First, on the Selection Form, select your provider name and the date of service and enter the member ID number.
- After you've selected the appropriate member, choose "Prescription Drug" from the Category dropdown, which auto-populates the Service dropdown as "Request."
- Click "Submit" to advance to the Request Form to enter:
 - up to three diagnosis codes
 - the name of the drug for which you are requesting authorization
 - if applicable, a list of one to three alternative medications that have been tried for the patient
- Then, enter your contact name, telephone and fax numbers and click "Submit."

It's that simple. You'll receive Highmark's decision on your request via *NaviNet Action Items*. You can view all your authorization requests in *NaviNet Referral/Auth Inquiry*.

For more information about this time-saving NaviNet function, contact your Highmark Provider Relations representative.



NAVINET SELECTION FORM SURVEY SAMPLES (for example purposes only)

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Actimmune (interferon gamma)

Please enter responses to the following question(s)

Is Interferon Gamma being used:

☐ Select/Unselect All

☒ For reducing the frequency and severity of serious infections in members with Chronic Granulomatous Disease

☐ To delaying the time to disease progression in members with severe, malignant osteopetrosis

☒ Other

Please enter information:*

Other

Submit

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Berinert (C1 esterase inhibitor)

Please enter responses to the following question(s)

Is the member 12 years of age and older?*

☒ Yes

☐ No

Is Berinert being used for the treatment of acute abdominal, facial, or laryngeal attacks of hereditary angioedema?

☒ Yes

☐ No

Submit

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Caprelsa (vandetanib)

Please enter responses to the following question(s)

Is Vandetanib being used for the treatment of symptomatic or progressive medullary thyroid cancer (ICD-9 193.0) in patients with unresectable locally advanced or metastatic disease?*

☒ Yes

☐ No

Submit

Please scroll down for more survey samples



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GilenyaMedicare 2014 June

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Enter Responses

Does the member have a documented diagnosis of relapsing forms of multiple sclerosis (relapsing-remitting, relapsing secondary progressive, or progressive relapsing multiple sclerosis)?*

☒ Yes

☐ No

Clear Selection

Does the prescribed dose of fingolimod exceed 0.5mg per day?

☒ Yes

☐ No

Clear Selection

Submit

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Jakafi (ruxolitinib)

Please enter responses to the following question(s)

Is Ruxolitinib being used for the treatment of intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis in adults 18 years of age or older?*

☒ Yes

☐ No

Is Ruxolitinib being used for the continuation of therapy?

☒ Yes

☐ No

Is there documentation supporting the reduction in spleen size or improvement of symptoms?

☒ Yes

☐ No

The starting dose of ruxolitinib does not exceed:

☒ 5 mg orally twice daily for patients whose platelet count is between 50 X 10⁹/L and 100 X 10⁹/L

☐ 15 mg orally twice daily for patients whose platelet count is between 100 X 10⁹/L and 200 X 10⁹/L

☐ 20 mg orally twice daily for patients whose platelet count is greater than 200 X 10⁹/L

☐ Other

Submit

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Afinitor (everolimus) - Commercial

Please enter responses to the following question(s)

Is Everolimus to be used for the treatment of:

☒ Advanced renal cell carcinoma after documented trial and failure of either sunitinib or sorafenib

☐ Postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer (advanced HR+ BC) in c

☐ Progressive neuroendocrine tumors of pancreatic origin (PNET) that is unresectable, locally advanced, or metastatic

☐ SEGA associated with tuberous sclerosis

☐ Renal angiomyolipoma and tuberous sclerosis complex (TSC)

☐ Other

Submit

Please scroll down for more survey samples



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Tykerb (lapatinib)

Please enter responses to the following question(s)

Is Lapatinib to be used in combination with:*

☐ Xeloda® (capecitabine) for patients with advanced, metastatic breast cancer that is HER2 positive who have received prior therapy, including a taxane, an anthracycline and trastuzumab (Herceptin)

☒ Femara® (letrozole) for the treatment of postmenopausal women with hormone receptor positive metastatic breast cancer that over expresses the HER2 receptor for whom hormonal therapy is indicated

☐ Other

Submit

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Tecfidera (dimethyl fumarate)

Please enter responses to the following question(s)

Does the member have a documented diagnosis of relapsing forms of multiple sclerosis (relapsing-remitting, relapsing secondary progressive, or progressive relapsing multiple sclerosis)?*

☒ Yes

☐ No

Does the prescribed dose of dimethyl fumarate exceed 240 mg twice daily?

☒ Yes

☐ No

Submit