



NAVINET SELECTION FORM FOR PRESCRIPTION DRUG AUTHORIZATIONS NOW UPDATED

FAXABLE FORMS ALSO UPDATED TO CAPTURE ADDITIONAL INFORMATION ABOUT IMMUNOSUPPRESSANT DRUG REQUESTS FOR TRANSPLANT REJECTION PROPHYLAXIS

The NaviNet Selection Form for prescription drug authorizations has been updated to include fields to provide additional clinical information regarding requests for immunosuppressant drugs when used for transplant rejection prophylaxis. On the revised form, providers will include details on the type of transplant performed, the date of the patient's most recent transplant and other information related to the transplant.

The NaviNet Selection Form is the easiest, fastest and most accurate way to submit prescription authorization requests to Highmark. For providers who wish to fax requests, the fax forms have also been updated (See Fax Forms Also Updated section below). The NaviNet Selection Form for prescription drug authorizations 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 an active Highmark member.

The NaviNet Selection Form can be used for any pharmacy authorization request, including non-formulary exception requests, prior authorization requests or Managed Rx Coverage (MRxC) programs. It can help you avoid "fax-back" delays that occur 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 screen capture below highlights what's new on the form and where ordering physicians will need to provide the additional information for requests for drugs used as follow-up to transplant procedures.

FAX FORMS ALSO UPDATED

A Medication Request Form (MM-056) and a Specialty Drug Request Form (MM-060) are also available in the *Provider Forms* section on the Resource Center. You'll find them under *Miscellaneous Forms*.

REVISED NAVINET SELECTION FORM FOR PRESCRIPTION DRUG AUTHORIZATION REQUESTS

The screen capture below indicates the revised fields within the NaviNet Selection Form. For authorization requests for immunosuppressant drugs when used for transplant rejection prophylaxis, please enter the appropriate information in the area indicated.

For more information about the Highmark formulary, or to find more information about a particular drug or class of drugs, [click here to view the Highmark Formulary](#) in a new window.

If this drug is related to a transplant, please provide: 1) Type of Transplant, 2) Date of Most Recent Transplant, 3) Name of Carrier who paid for Most Recent Transplant and 4) the Most Recent Transplant Payer (i.e., Commercial, Medicare Advantage, etc.) in the comments block below.

Requested Drug:

Drug Name: Description:

Strength or Dose:

Requested Quantity per Month:

Alternative Tried/Used By Patient:

First Alternative Drug Tried:

First Alternative Strength:

Billing Provider Name:

Address:

Service Provider:

Contact Name: Contact Phone:

Fax Number:

Comments:

Medical Rationale/Reason for Drug Therapy/Transplant Information/Treatment Plan:

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

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If you have specific questions regarding prescription drug authorization requests -- including those for drugs used as follow-up to transplant procedures -- please contact your Highmark Provider Relations Representative.