What You Need to Know About Medical Specialty Drug Prior Authorizations

2016 Edition

Published by Provider Relations and Education
Your Partners in Outstanding Quality, Satisfaction and Service
Effective June 1, 2016, BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan introduced two new requirements for member medical and pharmacy benefits as stated:

1. Some medical specialty drugs will require prior authorization through the CVS/caremark online prior authorization tool, NovoLogix, an industry-leading software system that assists in managing drugs reimbursed under the medical benefit. CVS/caremark is a division of CVS Health, an independent company that provides pharmacy services on behalf of BlueCross and BlueChoice®. This tool is a web-based application available with single sign-on access through My Insurance Manager.

You can find a list of the medical specialty drugs that require prior authorization in the Provider Education sections of our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

2. Certain self-administered specialty drugs that were covered under the member’s medical benefit will only be covered under their pharmacy benefit. Providers prescribing these specialty drugs billed under the member’s pharmacy benefit will continue to request prior authorizations as usual through CVS/caremark.

These specialists can continue to bill self-administered drugs under the member's medical benefits:

- Hematologists
- Oncologists
- Nephrologists
- Rheumatologists

You can find a list of the self-administered specialty drugs that require prior authorization through CVS/caremark in the Provider Education sections of our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

BlueCross and BlueChoice plans not included in this benefit are the Federal Employee Program (FEP), State Health Plan and out-of-state members (BlueCard®).

Please note: This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.
There are three ways to get prior authorizations for medical specialty drugs:

1. Call NovoLogix at 866-284-9229
2. Fax to NovoLogix at 844-851-0882
3. Online through My Insurance Manager

My Insurance Manager is our preferred method for you to get authorizations. Go to our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com, then to My Insurance Manager. Enter the required information to go to the NovoLogix system.

NovoLogix Client Support Services is available Monday – Friday from 7 a.m. to 6 p.m. Central Time. Contact Client Support Services by email at helpdesk@novologix.net or by phone at the number provided. Please do not include protected health information (PHI) when sending email messages to NovoLogix.
MY INSURANCE MANAGER

Providers will generate a prior authorization request as they do today using the Pre-certification/Referral option through My Insurance Manager.

After completing the Patient Selection and Request Type fields, proceed to either the Fast Track Request or submit a Customized Precertification Request.
You must specify **Specialty Drug** as the type of service you are requesting and where the service will take place in the **Request Type** section on the **Request** page, and then select **Continue**.

A pop-up box will appear telling you that pre-certification is required for the drug.
This section will provide detail on how to navigate and use the NovoLogix Prior Authorization tool as provider user.

NOVOLOGIX

MINIMUM SYSTEM REQUIREMENTS
The NovoLogix claims system supports the use of Microsoft Internet Explorer browser versions 9, 10 and 11, Firefox and Chrome.
1. The standard browser options for cookies and JavaScript must be enabled.
2. While older versions of Internet Explorer, such as 8, are currently supported, we strongly recommend users upgrade to the most recent version, which will provide the best user experience.
3. To install the most recent version of Internet Explorer you can use this link: http://www.microsoft.com/ie.
4. Add app.novologix.net to Internet Explorer’s list of trusted sites
   a. Open the new site in Internet Explorer
   b. Go to Tools > Internet Options
   c. Open the Security tab
   d. Select Trusted sites
   e. Select the Sites button
   f. The site URL should be showing in the Add this website to the zone: box. Select Add
   g. Select Close
   h. Select OK

CREATING AN AUTHORIZATION
All authorizations that have been submitted will be available through the Find Authorization option. From the home page, hover over Authorizations and select Create Authorization.

Step 1 – Get Started
a. Select the plan name from the **Select a Plan** drop down list. If you are only linked to one plan in the system, there is no need to complete this step.

b. To select your patient, enter the member ID under **Quick Start** to search for existing authorizations to copy, and select the selected line to make a quick copy of that authorization, or under the **Search for Existing Patient** section, enter the member ID in the **Member ID** field.
c. Select the member ID in blue to select your member from the results returned at the bottom of the screen.

d. If no results were returned when searching for your patient, select the **New Patient** button.
Step 2 – Enter Patient Detail

a. Enter, confirm or edit the patient information in the **Patient Detail** fields, then select **Next** (Select arrows next to each heading to expand/collapse each section. If the fields in the patient detail screen are not editable, this is because the eligibility is provided by the payer. Any changes to this data will be handled by payer eligibility services).

Step 3 – Enter Authorization Detail
Step 4 – Enter Authorization Lines

a. Enter the applicable start and end dates under **Date(s) of Service**.
b. Enter the requested drug name or NDC in the **NDC Code** field.
c. Enter the quantity, if applicable. If not applicable, the field will not appear upon drug selection.
d. Enter any additional information in the applicable fields.
e. Select **Next**.
f. Review information entered under the **Authorization Detail Screen**.

g. If no changes are needed, select **Submit**.

---

**Step 5 – Completing the Protocols and Submitting the Request**

Upon clicking **Submit**, if your request falls under the medical benefit, you will be brought through a series of protocol questions that will display on the screen.

a. Answer clinical questions as they are displayed in the pop up screen and click **Next** to move to the next question.

![Protocol Question Example](image1)

b. Once the protocol questions have been completed, your authorization will be auto approved, canceled or released to the next party for review. Once the outcome is displayed on the last pop-up, select **Done**.

![Outcome Display Example](image2)

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

![Authorization Display Example](image3)
d. If your request falls under the Pharmacy benefit, upon clicking **Submit**, your request will be sent to the Caremark PBM Systems and the authorization request status will display as **Pending Questionset**.

The Caremark PBM will send back your authorization request with the applicable clinical questions for your completion, if the requested drug requires prior authorization. It will appear on your home page in the **Workbox** under the **Questionset Received** queue.
e. To complete the clinical question set, click **Questionset Received** in the menu for the list of authorizations in that category.

f. Select your authorization request by clicking on the description on the **Task** screen. You will then be brought to the detail of the authorization request.

g. Click **Submit** to complete the clinical questions.

h. Answer clinical questions as they are presented in the pop up screen that displays, and click **Next** to move on to the next question.

i. Click **Submit** to complete the clinical questions.

j. Once clinical questions have been completed, click **Done**. The clinical questions screen will then close and the authorization request will be sent back to the Caremark PBM System for a determination and the Authorization will be placed in a **Pending Decision** status.

k. Once a determination is made, the Authorization 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.
a. From the Homepage select **Find Authorization** from the **Authorizations** from the top navigation menu.

b. Enter search criteria.

c. Click **Search**.

d. Select pre-notification from the search results presented at the bottom of the screen.
NOTES
After creation, you will have the ability to add notes.

a. From the authorization detail screen select Add Note.

b. Enter your note in the pop up text box and select Save.

DOCUMENTS
Additional documentation can be added to any authorization at any time.

a. Select Add Document. If prompted to add a document during the protocol process, you can save your protocol and add the document or you can add after the protocol is complete.
b. Browse through your directories to locate the desired file or choose Select From History to browse through documents attached to authorizations in the system for that member.

c. Select Document.
d. Rename the document.
e. Select Upload to attach.

Once uploaded, your document will be available for viewing by selecting the document name in blue.

RESPONDING TO AN INFORMATION REQUEST FROM THE PLAN
An information request will show up on your homepage under the Provider Action section of your homepage, denoted by Request.

a. To review the request, select Provider Action next to the authorization you wish to review. This will bring you into the authorization detail screen to review the request.

b. Once you have reviewed the request and taken any applicable action, click Respond to return the authorization.
CREATING A MODIFICATION

When a date or quantity needs to be changed, you have the ability to modify an approved authorization.

a. Use Find Auth to locate the approved authorization.


c. Enter your note in the Modify Reason field.

d. Select Modify.

e. Attach any required documents.
f. Change the date of service and/or quantity as needed on the authorization detail under the appropriate lines.

g. Click **Release** for the request to move to Pending Mod status the Clinical Review Unit to process.

**FILTERS**

When selecting authorizations to work from a specific shared queue in your workbox, you have the ability to apply filters to view only the authorizations you want to see.

a. Expand the queue you wish to view and apply your filter to by selecting the queue name.
b. On the right-hand side of the workbox, select **Show Filters**.

c. Enter the desired filter data by typing or selecting from the dropdown boxes. Any field with a filter icon next to it will allow you to define the filter parameter for that field.

d. Select **Filter** to apply your request.

Your results will be presented in the workbox. You can also sort workbox columns by selecting the headings in black. Please note the workbox will only maintain one sorted column at a time.

e. From the homepage select **Authorizations**, and then select **Find Authorization**.
f. Enter the search criteria.

g. Select **Search**. To refine your search results, you can add additional search criteria under the **Advanced Search** section.

h. Select your prior authorization from the search results presented at the bottom of the screen by selecting the authorization number in blue.
HOW TO ACCESS ASKNOVOLOGIX
The AskNovoLogix system assists users in gaining access to items such as forms, user manuals and videos.

a. Select Help, then choose AskNovoLogix to be taken to the AskNovoLogix interface.
b. Select the item(s) you wish to review.
FREQUENTLY ASKED QUESTIONS

What is the new prior authorization process for medical specialty drugs?
Beginning June 1, 2016, providers who need a medical specialty drug prior authorization will be able to submit their request through the CVS/caremark online prior authorization tool, NovoLogix. This tool can be accessed through My Insurance Manager.

What are specialty drugs?
Typically, specialty drugs are expensive and have one or more of these characteristics:
- Require specialized patient training to administer the drug (including supplies and devices needed for administration).
- Require coordination of care before therapy initiation and/or during therapy.
- Require unique patient compliance and safety monitoring.
- Require special handling, shipping and storage.
- Have restricted access or limited distribution.

What is the difference between medical specialty drugs and pharmacy specialty drugs?
Medical specialty drugs are administered by injection or infusion. Pharmacy specialty drugs are taken orally or inhaled.

Where can I find a list of medical specialty drugs that require prior authorization?
Medical specialty drug lists can be found in the provider education sections of our websites, www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.

What if I have an existing approved prior authorization with an approval date after June 1, 2016?
We will honor existing prior authorizations with approval dates after June 1, 2016.

What is online prior authorization through NovoLogix?
NovoLogix is a secure, web-based prior authorization tool. It supports submission and online approval of prior authorization requests for medical specialty drugs. The prior authorizations link is accessible to registered users through a link on My Insurance Manager.

Why should I use the NovoLogix tool?
Online prior authorization should save your staff time and reduce the need to phone or fax prior authorization requests for medical specialty drugs. You are able to:
1. Easily create your request.
2. Track the authorization status.
3. View request determinations.

Which web browsers are compatible with NovoLogix?
Internet Explorer 9, 10 or 11; Firefox; and Chrome.
I do not have My Insurance Manager access. How do I request access?
To request My Insurance Manager access, go to the provider section on our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com. Select My Insurance Manager from the menu, then select Register Now. You may call us at 855-229-5720 if you need assistance.

After submitting a prior authorization request through NovoLogix, when will I receive a response?
CVS/caremark tries to respond to each request within five working days. It is possible, however, for these requests to take longer in some circumstances. If you have an urgent request, we encourage you to include that information in the prior authorization request.

If I submit a medical specialty drug prior authorization request through fax or phone, will I be able to view the status through NovoLogix?
Yes. All medical specialty drug determinations, regardless of how the request was submitted are viewable in NovoLogix.

Who can I contact if I have not received a response to my prior authorization request?
If you have a question about the status of a prior authorization request, call NovoLogix at 866-284-9229.

What should I do if my prior authorization request is denied?
If a prior authorization is denied, you will receive a letter explaining the reason for the denial. If you have questions regarding the denial, contact phone numbers will be listed in the letter.

Revised July 2016
IMPORTANT NOTICE
This document is provided for informational purposes only and does not constitute legal advice or legal opinions. BlueCross BlueShield of South Carolina makes no representations regarding the accuracy or legal effect of the information contained herein, and disclaims any warranty of any kind related to it. This document may be based on internal interpretations of health care reform legislation, is subject to change without notice, and is not a substitute for legal advice from your lawyers.