

# Novologix Provider Support

**Thank you for joining us! We will begin momentarily.**



Please observe these tips for a more enjoyable learning experience...

- Use the “**Mute**” icon on the next to your participant's name (if available) or on your phone to eliminate background sounds.
- Please do not place your phone on “**Hold**” during today’s meeting. Doing this could result in all attendees hearing recorded music or messages.
- Please avoid multi-tasking and give your undivided attention as we want to ensure you get the most from this session.

**Thank You**



## Novologix NCCN Regimen Prior Authorizations

- Allows all your Prior Authorization requests for certain oncology drugs to be requested at the regimen level
- Real time connectivity with NCCN guidelines means you will have the most up to date guidelines available
- For regimens that are accepted as presented, you will get an auto approval

# NCCN Regimen Requests

Clover Health

Home

Authorizations

Reports & Tools

Administration

My Account

Help

WELCOME ADRIENNE USER

LOG OUT

Authorization Number : New

Benefit Type: 

M

P

Status: Incomplete

Assigned User:

Authorization Details

Member's PA History

Member Name:

Authorization Details

Providers

Type

Requesting

NPI \*

1003227968

Name

WAGNER, LAUREN

Address

777 Hemlock St Macon, GA 31201

MD Office Contact Name\*

Test

MD Office Contact Phone Number\*

(111) 111-1111

MD Office Contact Fax Number\*

(111) 111-1111

In Network

NA

MD Office Contact Email

Type

Rendering

NPI \*

1003227968

Name

WAGNER, LAUREN

Address

777 Hemlock St Macon, GA 31201

Rendering Contact Name

Rendering Contact Phone Number

( ) - -

Rendering Fax Number

( ) - -

In Network

Y

Add Provider

Diagnosis

BACK

CANCEL

SAVE

SUBMIT

Enter your request information in the Authorization Detail screen as you currently do

# NCCN Regimen Requests

Authorization Number: New

Benefit Type:

Status: Incomplete

Assigned User:

Authorization Details

Member's PA History

Member Name: NCCNTestFirstNameCFT5 NCCNTestLastNameCFT5

Member Id: NCCNTESTM0CFT105

Plan Name: CVS NLX Demo

Gender: Female

Date of Birth: 6/2/1970

Line of Business: Commercial

Membership Details

Insurance Group Number

12345

Effective Date

01/01/2017

Termination Date

01/01/2099

Line of Business

Commercial

Authorization Details

✓

Authorization Lines

✓

Line 1

Where will this drug be administered?\*

Office

Date(s) of Service\*

05/29/2019

NDC Code\*

50242006001

HCP Code

J9035

Drug Name

Avastin

Strength/Measure

100 MG/4ML

Route

IV

Pkg. Size

4 ML

Dosage Form

SOLN

Refills

Sig

BACK

CANCEL

SAVE

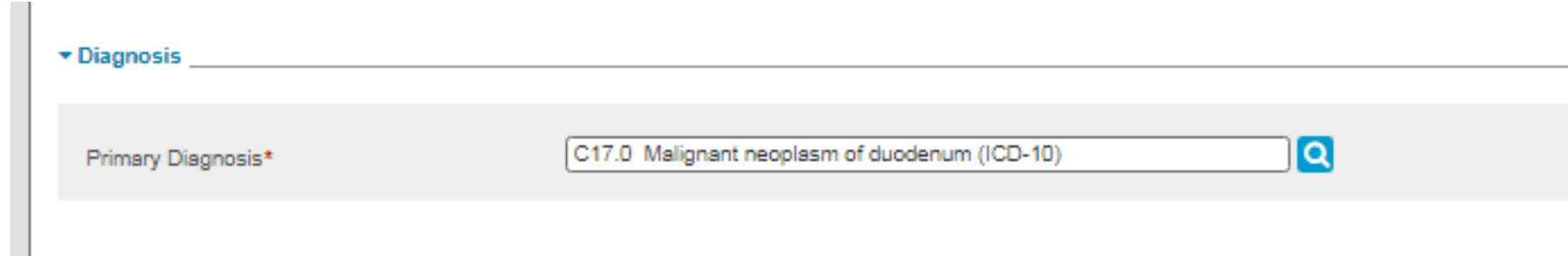
SUBMIT

Info

Based on Diagnosis code And Drug Code selected Auth is a regimen PA

Upon drug selection the system will display a message that the request is a regimen request, based on the information entered in the Authorization Detail

# NCCN Regimen Requests



The screenshot shows a web form for NCCN Regimen Requests. On the left, there is a vertical grey bar. To its right, the word "Diagnosis" is displayed in blue with a small downward-pointing triangle to its left. A horizontal line extends from the "Diagnosis" label across the form. Below this line, the text "Primary Diagnosis\*" is shown in grey. To the right of this text is a search input field containing the text "C17.0 Malignant neoplasm of duodenum (ICD-10)". To the right of the input field is a blue magnifying glass icon.

How does the system know when a request is a regimen rather than a single drug request?

1. The Diagnosis code entered

# NCCN Regimen Requests


▼ Authorization Lines

Line 1


Where will this drug be administered?\*

On Campus Outpatient Hospital ▼

Date(s) of Service\*

09/20/2019 

Drug\*

00006302901  Please validate the patient's height and weight provided in the Member Details section prior to proceeding.

HCPCS Code

J9271

Drug Name

Keytruda

Route

IV

Pkg. Size

1 EA

Refills

Sig

2. The Drug selected

# NCCN Regimen Requests

Authorization Number: New

Benefit Type:

Status: Incomplete

Assigned User:

Authorization Details

Member's PA History

Member Name: NCCNTestFirstNameCFT5 NCCNTestLastNameCFT5

Member Id: NCCNTESTM0CFT105

Plan Name: CVS NLX Demo

Gender: Female

Date of Birth: 6/2/1970

Line of Business: Commercial

Membership Details

Insurance Group Number

12345

Effective Date

01/01/2017

Termination Date

01/01/2099

Line of Business

Commercial

Authorization Details

✓

Authorization Lines

✓

Line 1

Where will this drug be administered?\*

Office

Date(s) of Service\*

05/29/2019

NDC Code\*

50242006001

HCP Code

J9035

Drug Name

Avastin

Strength/Measure

100 MG/4ML

Route

IV

Pkg. Size

4 ML

Dosage Form

SOLN

Refills

Sig

BACK

CANCEL

SAVE

SUBMIT

Info

Based on Diagnosis code And Drug Code selected Auth is a regimen PA

Click submit



# Regimen Questions

Organization Details

Member's PA History

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 \*

Treatment Setting \*

Molecular Marker \*

Performance Status \*

Stage II

Neoadjuvant

HER2 Positive

eCOG-2

☐ 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.

CANCEL

CONTINUE

Select the **Stage**, **Treatment Setting**, **Molecular Marker** and **Performance Status** from the dropdowns

# Regimen Questions

NCCN Recommended Use : Keytruda

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

Please select appropriate values to continue with NCCN recommendations

Stage \*

Treatment Setting \*

Molecular marker \*

Performance Status \*

☒ 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](#)

Review the attestation and end user license agreement by adding a checkmark in each and click **Continue**

# NCCN Recommended Use

NCCN Recommended Use : Perjeta

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

NCCN Disease	Agent	Brand Names	Histology	ICD10 Code	NCCN Recommended Use	NCCN Category	FDA Disease Indications
Breast Cancer - Invasive Breast Cancer	Pertuzumab	Perjeta®	Lobular, Mixed, Metaplastic, Ductal/NST, Micropapillary	C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929	<p>Preoperative systemic therapy for patients with human epidermal growth factor receptor 2 (HER2)-positive tumors and locally advanced c≥T2 or cN+ and M0 disease, or cT1c, cN0 disease</p> <ul style="list-style-type: none"> <li>as a component of TCHP (docetaxel, carboplatin, trastuzumab and pertuzumab) regimen (preferred regimen)</li> <li>in combination with trastuzumab and paclitaxel following AC (doxorubicin and cyclophosphamide) (dose-dense or every 3 weeks) regimen (both useful in certain circumstances)*</li> <li>in combination with trastuzumab and docetaxel following AC regimen*</li> <li>in combination with paclitaxel and trastuzumab (useful in certain circumstances)</li> </ul> <p>*It is acceptable to change administration</p>	2A	<p><b>Metastatic Breast Cancer (MBC):</b> 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. <b>Early Breast Cancer (EBC):</b> 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</p>

Results: 1 to 7 of 7

Limit 40 Page 1 of 1

Under the Recommended Use tab, you will be presented with a list of NCCN Recommended uses to select from. Select the recommended use by clicking on the description in blue.

# Chemotherapy Templates

NCCN Recommended Use : Perjeta

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

NCCN Chemotherapy Order Templates (Includes Reference-based References)

BRS179B Dose-Dense AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + PACLitaxel	\$
BRS190 Pertuzumab + Trastuzumab + PACLitaxel	\$
BRS92B AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel	\$
BRS93B AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + PACLitaxel	\$
BRS99 TCHP (DOCEtaxel/CARBOplatin + Pertuzumab + Trastuzumab)	\$

Under the Chemotherapy Template is to select a specific template for that regimen. Click on the template name in blue to select.

# Template Details

NCCN Recommended Use : Perjeta

Regimen Questions

NCCN Recommended Use

Chemotherapy Templates

Template Details

Add Notes/Document

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel - Pertuzumab + Trastuzumab + DOCEtaxel Course

Range : \$

## References

Please review and make desired drug selection(s).

## Chemotherapy Regimen



Treatment Setting

Neoadjuvant

Stage

Stage II

Performance

eCOG-2

Molecular marker

HER2 Positive

Pertuzumab and trastuzumab and hyaluronidase-zzxf for subcutaneous injection may be substituted anywhere that the combination of intravenous pertuzumab and intravenous trastuzumab are given as part of systemic therapy. Please see order template BRS175 for pertuzumab and trastuzumab and hyaluronidase-zzxf dosing.

Instructions

Drug

Dosage

21-day cycle for 4 cycles

pertuzumab

- 840 mg IV over 60 minutes on Day 1 of Cycle 1 Followed By

- 420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4

trastuzumab

Selection is required.

- 8 mg/kg IV over 90 minutes on Day 1 of Cycle 1 Followed By

- 6 mg/kg IV over 30 minutes on Day 1 of Cycles 2 - 4

ACCEPT

MODIFY

The Template Details tab contains all the regimen information for the template selected

# Template Details

NCCN Recommended Use : Perjeta

Regimen Questions

NCCN Recommended Use

Chemotherapy Templates

Template Details

Add Notes/Document

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel - Pertuzumab + Trastuzumab + DOCEtaxel Course

Range : \$

▼ References

1. NCCN Guidelines® for Breast Cancer V.2.2022.

2. Gianni L , et al. *Lancet Oncol.* 2012;13(1):25-32.°

Please review and make desired drug selection(s).

▼ Chemotherapy Regimen

Treatment Setting

Neoadjuvant

Stage

Stage II

Performance

eCOG-2

Molecular marker

HER2 Positive

Pertuzumab and trastuzumab and hyaluronidase-zzxf for subcutaneous injection may be substituted anywhere that the combination of intravenous pertuzumab and intravenous trastuzumab are given as part of systemic therapy. Please see order template BRS175 for pertuzumab and trastuzumab and hyaluronidase-zzxf dosing.

Instructions	Drug	Dosage
21-day cycle for 4 cycles	pertuzumab	<ul style="list-style-type: none"><li>840 mg IV over 60 minutes on Day 1 of Cycle 1 Followed By</li><li>420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>

ACCEPT

MODIFY

Expand the references section to display and access reference information for the regimen

# Template Details

NCCN Recommended Use : Perjeta

Regimen Questions

NCCN Recommended Use

Chemotherapy Templates

Template Details

Add Notes/Document

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel - Pertuzumab + Trastuzumab + DOCEtaxel Course

Range : \$

Please review and make desired drug selection(s).

## ▼ Chemotherapy Regimen

Treatment Setting

Neoadjuvant

Stage

Stage II

Performance

eCOG-2

Molecular marker

HER2 Positive

Pertuzumab and trastuzumab and hyaluronidase-zzxf for subcutaneous injection may be substituted anywhere that the combination of intravenous pertuzumab and intravenous trastuzumab are given as part of systemic therapy. Please see order template BRS175 for pertuzumab and trastuzumab and hyaluronidase-zzxf dosing.

Instructions

Drug

Dosage

21-day cycle for 4 cycles

pertuzumab

- 840 mg IV over 60 minutes on Day 1 of Cycle 1 Followed By

- 420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4

trastuzumab ▼

Selection is required.

- 8 mg/kg IV over 90 minutes on Day 1 of Cycle 1 Followed By

- 6 mg/kg IV over 30 minutes on Day 1 of Cycles 2 - 4

Trastuzumab and hyaluronidase-oysk for subcutaneous injection may be substituted for intravenous trastuzumab. Please see order template BRS158 for trastuzumab and

ACCEPT

MODIFY

The Chemotherapy Regimen section displays the instructions, drugs and dosages for the selected regimen









































# Template Details

NCCN Recommended Use : Perjeta

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

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCETaxel - Pertuzumab + Trastuzumab + DOCETaxel Course Range : \$

▼ Chemotherapy Regimen [Missing Information](#) ▲

Treatment Setting	Neoadjuvant	Stage	Stage II	Performance	eCOG-2																				
Molecular marker	HER2 Positive																								
Instructions	Price	Drug	Dosage	Benefit Type																					
21-day cycle for 4 cycles	\$	pertuzumab	<ul style="list-style-type: none"><li>840 mg IV over 60 minutes on Day 1 of Cycle 1 FOLLOWED BY</li><li>420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>	 																					
		<div><div>trastuzumab</div><div>Selection is required.</div></div>	<ul style="list-style-type: none"><li>8 mg/kg IV over 90 minutes on Day 1 of Cycle 1 FOLLOWED BY</li><li>6 mg/kg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>	 																					
		<table><thead><tr><th>Drug Name</th><th>Generic Name</th><th>Drug Benefit</th></tr></thead><tbody><tr><td>Herceptin</td><td>Trastuzumab</td><td> </td></tr><tr><td>Herceptin Hylecta</td><td>Trastuzumab-Hyaluronidase-oysk</td><td> </td></tr><tr><td>Herzuma</td><td>Trastuzumab-pkrb</td><td> </td></tr><tr><td>Kanjinti</td><td>Trastuzumab-anns</td><td> </td></tr><tr><td>Ogivri</td><td>Trastuzumab-dkst</td><td> </td></tr><tr><td>Ontruzant</td><td>Trastuzumab-dttb</td><td> </td></tr></tbody></table>	Drug Name	Generic Name	Drug Benefit	Herceptin	Trastuzumab	 	Herceptin Hylecta	Trastuzumab-Hyaluronidase-oysk	 	Herzuma	Trastuzumab-pkrb	 	Kanjinti	Trastuzumab-anns	 	Ogivri	Trastuzumab-dkst	 	Ontruzant	Trastuzumab-dttb	 		
Drug Name	Generic Name	Drug Benefit																							
Herceptin	Trastuzumab	 																							
Herceptin Hylecta	Trastuzumab-Hyaluronidase-oysk	 																							
Herzuma	Trastuzumab-pkrb	 																							
Kanjinti	Trastuzumab-anns	 																							
Ogivri	Trastuzumab-dkst	 																							
Ontruzant	Trastuzumab-dttb	 																							
FOLLOWED BY																									
21-day cycle to complete 52 weeks total of trastuzumab and pertuzumab therapy	\$																								

ACCEPT MODIFY

If there is a biosimilar drug available for a non-starter drug in the regimen,, select the desired drug from the dropdown



# Template Details

Authorization Details | Member's PA History

Member's PA History

NCCN Recommended Use : Avastin

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

Template : FOLFIRI (Fluorouracil Continuous Infusion/Leucovorin/Irinotecan) + Bevacizumab Range : \$\$\$\$

► References

► Chemotherapy Regimen

▼ **Supportive Care Details**

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.

Other Supportive Therapy

- For irinotecan:
  - This agent may cause severe diarrhea. Episodes of diarrhea should be monitored as clinically indicated. Modification or discontinuation of chemotherapy may be warranted.
  - Early diarrhea, which may be accompanied by cholinergic symptoms that can cause abdominal cramping, may be prevented and treated with atropine. The recommended dosing is:
    - Atropine 0.25 mg IV/SC at the onset of diarrhea. May repeat 0.25 mg IV/SC in 15 minutes if no response.
  - Late diarrhea may lead to dehydration and electrolyte imbalance and can be life threatening. Patients should be treated with loperamide at the first sign of abdominal symptoms, including diarrhea. Patients may also require IV hydration and electrolyte replacement. The recommended loperamide dosing is:
    - Loperamide 4 mg PO at the onset of diarrhea, then 2 mg every 2 hours until the patient is diarrhea-free for 12 hours. Patients may require more than the package labeling maximum dose of 16 mg/day.
- For fluorouracil:
  - This agent may cause severe diarrhea. Evaluate risk of diarrhea prior to initiation of therapy, then monitor for episodes of diarrhea as clinically indicated for potential dose modification or discontinuation. Diarrhea may be treated with antidiarrheals (e.g., loperamide). Patients may require IV hydration and electrolyte replacement.

Accept Modify

Expand the Supportive Care Details section to view the supportive care information for the selected regimen

# Template Details

NCCN Recommended Use : Perjeta

Regimen Questions

NCCN Recommended Use

Chemotherapy Templates

Template Details

Add Notes/Document

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel - Pertuzumab + Trastuzumab + DOCEtaxel Course

Range : \$

Treatment Setting	Neoadjuvant	Stage	Stage II	Performance	eCOG-2
Molecular marker	HER2 Positive				
Pertuzumab and trastuzumab and hyaluronidase-zzxf for subcutaneous injection may be substituted anywhere that the combination of intravenous pertuzumab and intravenous trastuzumab are given as part of systemic therapy. Please see order template BRS175 for pertuzumab and trastuzumab and hyaluronidase-zzxf dosing.					
Instructions		Drug	Dosage		
21-day cycle for 4 cycles		<b>pertuzumab</b>	<ul style="list-style-type: none"><li>840 mg IV over 60 minutes on Day 1 of Cycle 1 Followed By</li><li>420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>		
		<b>Trastuzumab-pkrb</b>	<ul style="list-style-type: none"><li>8 mg/kg IV over 90 minutes on Day 1 of Cycle 1 Followed By</li><li>6 mg/kg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>		
Trastuzumab and hyaluronidase-oysk for subcutaneous injection may be substituted for intravenous trastuzumab. Please see order template BRS158 for trastuzumab and hyaluronidase-oysk dosing.					
A biosimilar agent may be substituted if clinically appropriate. Additional information on the use of biosimilars may be found in Appendix H: Biosimilars and in disease-specific guidelines.					
FOLLOWED BY					
		<b>DOCEtaxel</b>	75 mg/m <sup>2</sup> IV over 90 minutes on Day 1 of Cycle 1		
<div>ACCEPT</div> <div>MODIFY</div>					

At this time, if you wish to accept the regimen as it is presented, click Accept. The system will then auto approve your request and there is no further action needed.

# Template Details

NCCN Recommended Use : Perjeta

Regimen Questions

NCCN Recommended Use

Chemotherapy Templates

Template Details

Add Notes/Document

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel - Pertuzumab + Trastuzumab + DOCEtaxel Course

Range : \$

Treatment Setting	Neoadjuvant	Stage	Stage II	Performance	eCOG-2
Molecular marker	HER2 Positive				
Pertuzumab and trastuzumab and hyaluronidase-zzxf for subcutaneous injection may be substituted anywhere that the combination of intravenous pertuzumab and intravenous trastuzumab are given as part of systemic therapy. Please see order template BRS175 for pertuzumab and trastuzumab and hyaluronidase-zzxf dosing.					
Instructions	Drug	Dosage			
21-day cycle for 4 cycles	pertuzumab	<ul style="list-style-type: none"><li>840 mg IV over 60 minutes on Day 1 of Cycle 1 Followed By</li><li>420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>			
	Trastuzumab-pkrb	<ul style="list-style-type: none"><li>8 mg/kg IV over 90 minutes on Day 1 of Cycle 1 Followed By</li><li>6 mg/kg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>			
	Trastuzumab and hyaluronidase-oysk for subcutaneous injection may be substituted for intravenous trastuzumab. Please see order template BRS158 for trastuzumab and hyaluronidase-oysk dosing.				
	A biosimilar agent may be substituted if clinically appropriate. Additional information on the use of biosimilars may be found in Appendix H: Biosimilars and in disease-specific guidelines.				
FOLLOWED BY					

ACCEPT

MODIFY

If you would like to modify the regimen, you can select 'Modify'.  
*There is no need to modify your request for a reduction in dosage or frequency.* The regimen can be accepted as it is presented.

# Template Details

NCCN Recommended Use : Perjeta

Regimen Questions

NCCN Recommended Use

Chemotherapy Templates

Template Details

Add Notes/Document

Template : AC (DOXOrubicin/Cyclophosphamide) followed by Pertuzumab + Trastuzumab + DOCEtaxel - Pertuzumab + Trastuzumab + DOCEtaxel Course

Range : \$

Molecular marker

HER2 Positive

Pertuzumab and trastuzumab and hyaluronidase-zzxf for subcutaneous injection may be substituted anywhere that the combination of intravenous pertuzumab and intravenous trastuzumab are given as part of systemic therapy. Please see order template BRS175 for pertuzumab and trastuzumab and hyaluronidase-zzxf dosing.

Instructions	Drug	Dosage
21-day cycle for 4 cycles	pertuzumab	<ul style="list-style-type: none"><li>840 mg IV over 60 minutes on Day 1 of Cycle 1 Followed By</li><li>420 mg IV over 30 minutes on Day 1 of Cycles 2 - 4</li></ul>

Attention!

- A modification is **not required** for a **reduction** in dosage or frequency of administration. The regimen may be accepted as is.
- If modifying the regimen for any other reason, the request will no longer be considered NCCN aligned. Applicable supportive care selections will no longer apply.
- Proceeding to modify may require additional review of the request.

Continue to modify?

YES

NO

ACCEPT

MODIFY


Upon clicking Modify, a pop up will display reminding you that there is no need to modify for a reduction in dosage or frequency and that modifying the regimen will cause it to pend for review. Click Yes to proceed with modifying the regimen.

# Template Details

Provider Requested Regimen : Keytruda ✕

Regimen Details

▼ Chemotherapy Regimen

Treatment Setting	Advanced	Stage	Stage III	Performance	eCOG-3
Molecular marker	HER2 Amplified				
Instructions	Drug	Dosage	Benefit Type		
21-day cycle until disease progression or unacceptable toxicity	pembrolizumab	200 mg IV over 30 minutes on Day 1	<div><div>M</div><div>P</div><div></div></div>		

➕ Add Drug

(max 8 Drugs allowed)

To make changes to the regimen, click the Edit icon

# Template Details

Provider Requested Regimen : Keytruda

Regimen Details

▼ Chemotherapy Regimen

Treatment Setting	Advanced	Stage	Stage III	Performance	eCOG-3
Molecular marker	HER2 Amplified				

Instructions	Drug	Dosage	Benefit Type
21-day cycle until disease progression or unacceptable toxicity	pembrolizumab	200 mg IV over 30 minutes on Day 1	M P ✓
<a href="#">Add Dose</a> (max 4 doses allowed)			
<a href="#">Add Drug</a> (max 8 Drugs allowed)			

[Save & Submit](#) [Cancel](#)

To make changes to the regimen, click the Edit icon

# Template Details

Provider Requested Regimen : Keytruda

Regimen Details

▼ Chemotherapy Regimen

Treatment Setting	Advanced	Stage	Stage III	Performance	eCOG-3
Molecular marker	HER2 Amplified				

Instructions	Drug	Dosage	Benefit Type
21-day cycle until disease progression or unacceptable toxicity	pembrolizumab	400 mg IV over 30 minutes on Day 1 300 mg IV over 30 minutes Day 2-3	M P ✓

+ Add Dose (max 4 doses allowed)

+ Add Drug (max 8 Drugs allowed)

Save & Submit Cancel

Click Save & Submit to save your changes

# Add Notes and Documents

er Name: AUTCVSNLXFirstName AUTCVSNLXLastName Member Id: AUTCVSNLX022 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 6/6/1980 (39 years) Line of Business: Medicare

Provider Requested Regimen : Perjeta

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

**Reason for Modification (Required) \***

Add regimen modification reason here...

**Upload Document (Optional)**

+ Choose

You can 'Drag & Drop' a file here or click the 'Choose' button above.

BAC **CONTINUE**

Add your reason for modifying the regimen in the Reason for Modification text box

Attach any supporting documentation and click Continue



# NCCN Regimen Requests

Clover Health

Home

Authorizations

Reports & Tools

Administration

My Account

?

WELCOME ADRIENNE USER

LOG OUT

Authorization Number : 1246080

Status: Tech Review

R-PA

Assigned User:

Workflow: Auth Create Provider 3.0 v1

Authorization Details

Member's PA History

Member Name: FNAME LNAME | Member Id: CHMEDPPO1 | Plan Name: CLOVER | Gender: Male | Date of Birth: 1/1/2001 (21 years) | Line of Business: Medicare

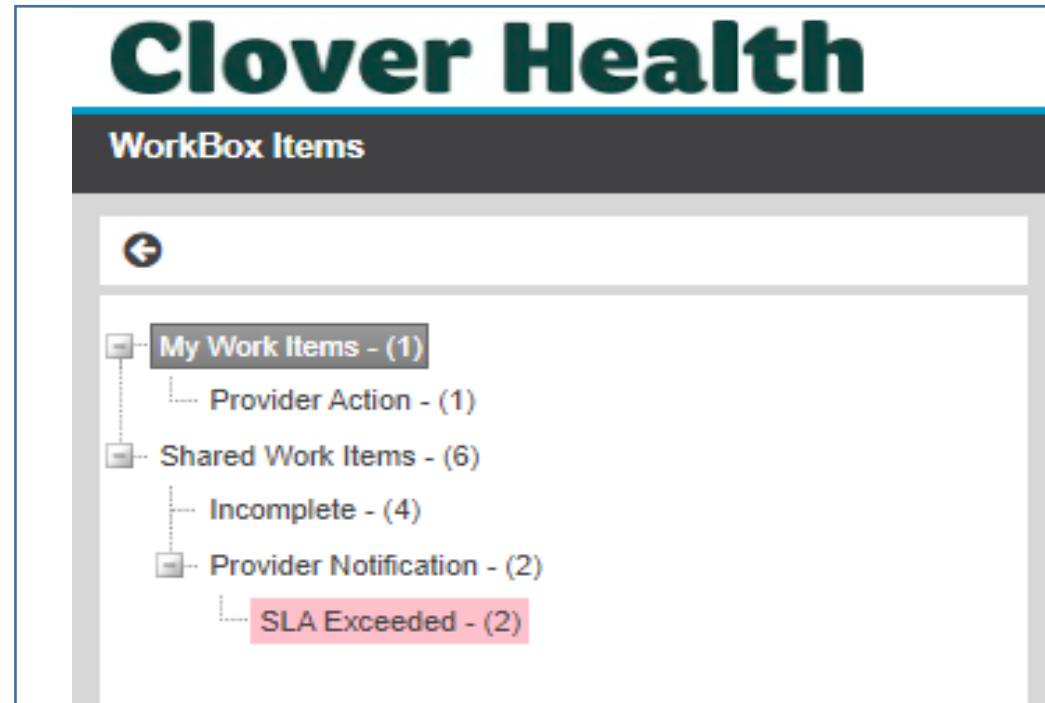
Member Details

Patient Details

Last Name	LNAME	First Name	FNAME	Middle Initial	M
-----------	-------	------------	-------	----------------	---

Your request will then be sent for review and an Authorization reference number will be generated

# Three Provider Queues



If additional information is needed from the provider, those requests will live in the Provider Action queue. If a provider has incomplete authorizations waiting for submission, they are in the Incomplete queue. Once a determination is made, the Authorization will be sent back to your home page under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

# Questions?

