

Follow these steps to submit prior authorization requests when prescribing drugs covered under the medical benefit for Blue Cross Blue Shield of Michigan and Blue Care Network commercial members.

Michigan prescribers

To submit prior authorization requests electronically, first register for Availity® Essentials, our provider portal; refer to the [Register for web tools](#) page at bcbsm.com for details. Then:

1. Log in to [availity.com](#)*
2. Click *Payer Spaces* on the menu bar and click the BCBSM and BCN logo.
3. On the Applications tab, click the tile for the appropriate NovoLogix web tool.
4. Within NovoLogix, click the *Authorizations* menu and select *Create Authorization*.
5. Enter the member's details and select the correct member on the contract.
6. Complete the required fields. This includes selecting the correct drug in the "Authorization Lines" section.
7. Click *Submit*, complete the protocol questions and click *Done*.

If you're registered for Availity but are not able to access it, submit your prior authorization request using the *Medication Authorization Request Form*, or MARF, that's on the next page.

Non-Michigan prescribers

When submitting a prior authorization request for the first time, prescribers located outside of Michigan should complete and submit:

- The *Medication Authorization Request Form*, or MARF, that's on the next page
- The [Application for access to NovoLogix for non-Michigan prescribers](#)

Submit these documents to the fax number or address that's on the MARF. Once we approve the request for access, we'll provide information about how to access the NovoLogix tool so that you can submit subsequent prior authorization requests electronically.

Note: Access to NovoLogix is available only to registered users. You must include a valid Type 1 (individual) NPI on the application for access to NovoLogix.

Information about NovoLogix

For more information about the NovoLogix web tool, look under the Training Resources heading on these webpages:

- [Blue Cross Medical-Benefit Drugs](#)
- [BCN Medical-Benefit Drugs](#)

If you need help with the NovoLogix tool, contact the Web Support Help Desk at 1-877-258-3932.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

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h. Urinary incontinence:

- i. What is the cause of the incontinence?
 Detrusor overactivity associated with a neurogenic condition Idiopathic detrusor overactivity Overactive bladder Other: _____
- ii. What other medications has the patient experienced treatment failure with for the diagnosis?
 Ditropan Detrol Enablex Toviaz Sanctura Mirabegron (Myrbetriq) Other: _____

i. Pelvic floor spasms: Which therapies has the patient experienced treatment failure with for the diagnosis of pelvic floor spasms?

- Muscle relaxants (for example: Baclofen) Benzodiazepines (for example: Diazepam) Other: _____

j. Spasticity or dystonia:

- i. Which of the following conditions is the spasticity or dystonia associated with?
- Blepharospasm
 - Central demyelinating of corpus callosum
 - Cerebral Palsy
 - Demyelinating diseases of CNS
 - Facial nerve VII disorders
 - Facial myokymia, Melkersson's syndrome, facial/hemifacial spasms
 - Hereditary spastic paraplegia
 - Laryngeal spasm; laryngeal adductor spastic dysphonia, or stridulous
 - Leukodystrophy
 - Multiple sclerosis
 - Neuromyelitis optica
 - Organic writer's cramp
 - Orofacial dyskinesia (for example: jaw closure dystonia) or Meige syndrome
 - Schilder's disease
 - Spasmodic dysphonia
 - Spastic hemiplegia
 - Spasticity related to spinal cord injury or stroke
 - Strabismus
 - Torsion dystonia, idiopathic and symptomatic (Oppenheim's dystonia)
 - Upper limb spasticity (elbow flexors, wrist flexors, finger flexors, thumb flexors)
 - Lower limb spasticity (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus and flexor digitorum longus)
 - Cervical dystonia (spasmodic torticollis)
 - Muscle spasm
 - Other; Please provide the condition the spasticity or dystonia is associated with: _____
- ii. Please select the symptoms associated with the diagnosis of **cervical dystonia/spasmodic torticollis**?
 Involuntary contractions of the neck muscles Twisting/repetitive movements Abnormal postures Other: _____
- iii. The patient's diagnosis resulted in: Significant functional impairment Medical complications No complications

4. Continuation request: (For migraine see 3g) Improvement in symptoms Clinically stable Worsening of symptoms No response Unknown

Please add any other supporting medical information necessary for our review

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes	<input type="checkbox"/> Concurrent Medical Problems <input type="checkbox"/> Prior Therapies
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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