

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.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Roctavian (valoctocogene roxaparvovec)
HCPCS CODE: J1412



This form is to be used by participating physicians to obtain coverage for Roctavian. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

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PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis	City /State/Zip
Drug Name <input type="checkbox"/> Roctavian	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: Initiation Continuation of therapy *Date when patient start therapy:* _____
2. Please provide the NPI number for the place of administration: _____
3. Please specify the location of administration (e.g. name of facility): _____
4. Has the clinical outcome information been provided within the Audaire Health provider portal as requested by BCBSM?
 Yes No Comment _____
5. **Initiation AND Continuation of therapy:**
 - a. Is the patient diagnosed with hemophilia A WITH factor VIII deficiency? Yes No, please specify: _____
 - i. Please indicate how the patient's hemophilia is classified:
 - Mild hemophilia (factor VIII level of 6% - 40%)
 - Moderate hemophilia (factor VIII level of 1% - 5%)
 - Severe hemophilia (factor VIII level < 1%)
 - Unknown
 - b. Does the patient have pre-existing immunity to adeno-associated virus serotype 5 (AAV5) capsid? Yes No
 - c. Does the patient have a history of inhibitors to factor VIII or a positive factor VIII inhibitor screen prior to administration of Roctavian?
 Yes, please specify level: _____ No
 - d. Has the patient been treated with or exposed to factor VIII concentrates or cryoprecipitate for a minimum of 150 exposure day?
 Yes No
 - e. Has the patient experienced treatment failure with Hemlibra in the past 6 months?
 No, please specify: _____
 Yes, please provide patient's response to Hemlibra below:
 - Spontaneous soft tissue bleeding event
 - Micro-bleeding into a joint
 - Ongoing joint pain of a known target joint
 - Other: _____
 - f. Has the patient been treated with any gene therapy or being considered for treatment with gene therapy for hemophilia A?
 Yes No
 - g. Is Roctavian being dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome-based results (ie: hemophilia treatment center)? Yes No
6. **Continuation of therapy - Please include rationale for continuation of therapy** _____
7. *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 necessary chart notes	<input type="checkbox"/> Important laboratory results
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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