

How to submit prior authorization requests for medical benefit drugs

For Blue Cross commercial and Blue Care Network commercial

April 2023

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*.
- 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.
- Enter the member's details and select the correct member on the contract.
- 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**

Rystiggo® (rozanolixizumab-noli) J3590



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

This form is to be used by participating physicians to obtain coverage for Rystiggo. For <u>commercial members only</u>, 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.

	PATIENT INFORMATION			PHYSICIAN INFORMATION	
Name				Name	
ID Number				Specialty	
D.O.B.			nale	Address	
iagnosis				City /State/Zip	
Drug Name				Phone/Fax: P: () - F: () -	
ose and Quantity				NPI	
Directions				Contact Person	
ate of Service(s)				Contact Person Phone / Ext.	
1:		DI	ISEASE STATE INFORM		
1. Is this	reque	st for:	ntinuation	Date pati	ent started therapy:
2 Please	nrovi	de the NPI number for the place of adm	ninistration:		
2. 1 16036	PIOVI	te the Ni Thumber for the place of auth	stration.		
3. Initiatio		ID Continuation of therapy:	_		
	a.				acetylcholine receptor (AChR) positivity
		Generalized myasthenia gravis with Other:	n anti-muscle-specific	kınase (MuSK) positivi	y .
	b.		ositive how was the r	— natient identified? <i>(Plea</i>	se attach any tests confirming diagnosis)
		, , ,		•	olinesterase inhibitors (ex. pyridostigmine)
		Repetitive nerve stimulation (RNS)			· · · · · · · · · · · · · · · · · · ·
	C.		-		nse attach any tests confirming diagnosis)
		Anti-MuSK antibody test			
		☐ Single-fiber electromyography (SFE		,	10)
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		Yes, Please specify:	•	idis, cuireili tilyilloilla, c	other neoplasms of the thymas?
				wooko?	
	e.	Which medication did the patient trial a			
					
		Cyclosporine Date started:	Dat	te ended:	
		Cyclosporine, Date started: Cyclophosphamide, Date started: Mycophenolate mofetil, Date starte		Date ended:	
		Mycophenolate mofetil, Date starte	ed:	Date ended:	
		Tacrolimus, Date started:	Date ended:	:	
		Other:	, Date sta	arted:	Date ended:
	f.	Is the patient currently receiving and w		a standard of care regi	men for their diagnosis?
			mment:		_
	~			r biologia tharanica for r	nyaathania arayia ar immunaalahulin tharany?
	-		•	•	nyasthenia gravis or immunoglobulin therapy?
	-		concurrently with other	•	nyasthenia gravis or immunoglobulin therapy?
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