

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](#)*.
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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Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Synagis® (palivizumab) Procedure Code: 90378



This form is to be used by participating physicians to obtain coverage for Synagis. 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.

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	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Has the patient been treated with Synagis before? ☐ Yes ☐ No **Dates of treatment:** _____
- Please provide the NPI number for the place of administration: _____
- Has the patient already received doses for this RSV Season? ☐ Yes ☐ No **Doses:** _____ **Dates:** _____
- What is the age in months at the start of RSV season? _____ months
- What is the patient's weight in kg? _____ kg Date weight taken: _____
- How many weeks gestation was the patient at birth? _____ weeks
- Does the patient have significant congenital abnormalities of the airway or neuromuscular disease that compromise the handling of respiratory tract secretions? ☐ Yes ☐ No
- Does the patient have hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) AND require treatment for CHD? ☐ Yes ☐ No
- Does the patient have cystic fibrosis with clinical evidence of chronic lung disease (CLD) and/or nutritional compromise?
☐ Yes ☐ No
- Does the patient have a disease state such as severe combined immunodeficiency or advanced AIDS that is causing them to be immunocompromised? ☐ Yes ☐ No Disease state: _____
- Does the patient have CLD and a requirement for > 21% oxygen for at least the first 28 days after birth and are less than 1 year?
☐ Yes ☐ No
- Does the patient have CLD of prematurity and continue to require medical support (i.e. supplemental oxygen, chronic corticosteroid therapy) during the 6 month period before the start of the second RSV season?
☐ Yes Medical support required: _____ ☐ No
- Please attach any chart notes or additional documentation and submit to plan. **(Required)**

Please add any other supporting medical information that may be useful in the decision-making process:

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"/> Concurrent 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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