

**Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form**



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This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. 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. _____ / _____ / _____ MM/DD/YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female | Address |
| Diagnosis | City /State/Zip |
| Drug Name Brineura | Phone: Fax: |
| Dose and Quantity | NPI |
| Directions | Contact Person |
| Date of Service(s) | Contact Person Phone / Ext. |

STEP 1: DISEASE STATE INFORMATION

Required Demographic Information:

Patient Weight: _____ kg
 Patient Height: _____ ft _____ inches

Will the provider be administering the medication to the FEP member within the health plan's geographic service area?
 Yes No *If No, a prior authorization is not required through this process.*

Prior authorizations are required for FEP members that will be serviced by a provider within the health plan's geographic service area. If you are not a provider in the geographic service area, please contact the health plan for questions regarding the FEP member's benefit requirements.

Is this member's FEP coverage primary or secondary coverage?
 If primary, continue with question set.
 If secondary, **an authorization is not needed through this process. Please contact the member's primary coverage for determination of benefit and additional information.**

Criteria Questions:

- What is the patient's diagnosis?
 Late infantile neuronal ceroid lipofuscinosis, type 2 (CLN2)
 Other diagnosis (*please specify*): _____
- Has the patient been on Brineura therapy continuously for the last **6 months, excluding samples**?
Please select answer below:
 NO – this is **INITIATION** of therapy, please answer the following questions:
 a. Has the diagnosis been confirmed by enzyme assay demonstrating a deficiency of tripeptidyl peptidase 1 (TPP1) activity or by genetic testing? Yes No
 b. Is Brineura being used to slow the loss of ambulation in a symptomatic patient? Yes No
 c. Does the patient have documentation of Hamburg CLN2 Clinical Rating Scale scoring? Yes* No
**If YES, does the patient have mild to moderate disease documented by a two-domain score of 3-6 on motor and language domains with a score of at least 1 in each of these domains?* Yes No
 e. Does the patient have any acute intraventricular access device-related complications including: leakage, device failure or device-related infection? Yes No
 f. Does the patient have a ventriculoperitoneal shunt? Yes No
 g. Has the patient had a generalized motor status epilepticus within the past 4 weeks? Yes No
 YES – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:
 a. Is there documentation confirming the slowed loss of ambulation following the first year of treatment? Yes No

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

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"/> Provide chart notes | <input type="checkbox"/> Attach test 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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