

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



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 **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
<b>Name</b>	<b>Name</b>
<b>ID Number</b>	<b>Specialty</b>
<b>D.O.B.</b> ___/___/___ MM/DD/YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Address</b>
<b>Diagnosis</b>	<b>City /State/Zip</b>
<b>Drug Name</b>	<b>Phone:</b>
<b>Dose and Quantity</b>	<b>Fax:</b>
<b>Directions</b>	<b>NPI</b>
<b>Date of Service(s)</b>	<b>Contact Person</b>
	<b>Contact Person Phone / Ext.</b>

**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 prescribed drug?    Makena    hydroxyprogesterone caproate
- What is the reason for prescribing the requested medication?  
 Reduce the risk of preterm birth  
 Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_
- Is this a singleton pregnancy?    Yes    No
- Has the patient had a previous spontaneous preterm birth, defined as delivery at less than 37 weeks gestation following preterm labor, preterm rupture of membranes, and cervical insufficiency?    Yes    No
- Was the previous preterm birth also a singleton pregnancy?    Yes    No
- Does the patient have any of the following contraindications to the use of Makena?  
 Current or history of thrombosis or thromboembolic disorders  
 Known or suspected breast cancer, other hormone-sensitive cancer, or a history of these conditions  
 Undiagnosed abnormal vaginal bleeding unrelated to pregnancy  
 Cholestatic jaundice of pregnancy  
 Liver tumors, benign or malignant, or active liver disease  
 Uncontrolled hypertension  
 None of the above
- Will Makena be initiated between 16 weeks, 0 days to 24 weeks, 6 days gestation?    Yes    No

9. What is the **current** gestational age: \_\_\_\_\_ weeks \_\_\_\_\_ days as of \_\_\_\_\_ date

*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
<b>Step 2:</b> Checklist <input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Provide chart notes		<input type="checkbox"/> Attach test results
<b>Step 3:</b> Submit	<b>By Fax: BCBSM Specialty Pharmacy Mailbox</b> 1-877-325-5979	<b>By Mail: BCBSM Specialty Pharmacy Program</b> P.O. Box 312320, Detroit, MI 48231-2320

**Confidentiality notice:** This transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this in error, please notify the sender to arrange for the return of this document.