

Submit medical drug prior authorization requests online

As part of our efforts to make the prior authorization (PA) process more efficient, we're encouraging prescribers register and use our Web-based system when prescribing medical drugs for commercial members. This new application gives providers the ability to submit forms electronically and the ability to lookup the status of their medical drug PA request.

In-state Providers

In order to be able to submit your prior authorization requests electronically, you will need to:

- Become a registered Availity user by clicking the following hyperlink, [availity.com/bcbsm](https://www.availity.com/bcbsm), and following the steps.

To request a drug prior authorization, please go to [bcbsm.com](https://www.bcbsm.com) and follow these easy steps:

Log into the Availity

- Navigate to [availity.com](https://www.availity.com), and enter your provided username and password
- Click the Payer Spaces drop down and select BCBSM BCN icon
- Scroll down the page and select the appropriate Novologix link for your member

Complete the Prior Authorization Request

- To login to Novologix, enter your User ID and Password
- Click the Authorizations drop down and select Create Authorization
- Enter in the members specific details and select the correct member on contract
- Complete the required fields and select the correct drug product in the Authorization Lines section
- Click Submit and complete the question to request prior authorization

Out-of-State Providers

In order to be able to submit your prior authorization requests electronically, you will need to:

- Access the Electronic Provider Access (EPA) via local Blues Plan
 - Download the Registration form for electronic access from the Medical Prior Authorization Review link
- AND**
- Submit the Registration form with a completed Medication Authorization Request Form (MARF) via fax or mail
 - For additional information or instructions, please refer to the e-Learning Training Modules in the Provider Secure Services page OR contact the Help Desk at 877-258-3932

Disclaimer: Access is only available to registered users. A valid individual NPI is required for registration.

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
 Vyepti™ (eptinezumab-jjmr) C9063



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

1. Initial or Continuation request? Initial Continuation Date patient started therapy: _____
2. Site of administration? Provider office/Home infusion Other: _____
 Hospital outpatient facility (go to #3) Reason for Hospital Outpatient: _____
3. Please specify location of administration if hospital outpatient infusion: _____
4. Please provide the NPI number for the place of administration: _____
5. **Initiation AND Continuation of therapy:**
 - a. Please check the patient's diagnosis: Migraine headache Other _____
 - b. What type of headache does the patient have? Tension Cluster Medication overuse
 Migraine headache Other: _____
 - c. Has an evaluation been performed to rule out headaches caused by medication use (rebound headaches)?
 Yes No
 - i. If no, have preventative steps been taken to reduce the risk of rebound headaches?
 Yes No Explain _____
 - d. What long term daily preventative treatments has the patient tried and failed for at least 2 months?
 Anticonvulsants: _____ ACE inhibitor/ARB: _____ B-blockers: _____
 Calcium Channel Blockers: _____ Antidepressants: _____ Botulinum Toxin: _____
 Other: _____
 - e. What is the frequency of migraine headache days (before/after starting Vyepti) as documented by the patient's headache diary or calendar?
PRIOR TO Vyepti: _____ days/month AND _____ hours/month
AFTER Vyepti: _____ days/month AND _____ hours/month
 - f. Will the patient be using Vyepti in combination with other Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists (for example: Aimovig, Ajovy, or Emgality) or with botulinum toxins (for example: Botox, Dysport, or Xeomin)?
 Yes No Explain _____
6. **Continuation request:** (please answer above questions as well): **Vyepti start date:** _____
 - a. What is the frequency of migraine headache days (before/after starting Vyepti) as documented by the patient's headache diary or calendar?
PRIOR TO Vyepti: _____ days/month AND _____ hours/month
AFTER Vyepti: _____ days/month AND _____ hours/month

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 Chart Notes	<input type="checkbox"/> Concurrent Medical Problems <input type="checkbox"/> Prior 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