

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, and following the steps.

To request a drug prior authorization, please go to bcbsm.com and follow these easy steps:

Log into the Availity

- Navigate to 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.

h. Urinary incontinence:

- i. What is the cause of the incontinence?
 Detrusor overactivity associated with a neurogenic condition Idiopathic detrusor overactivity Overactive bladder Other: _____
- ii. What other medications has the patient experienced treatment failure with for the diagnosis?
 Ditropan Detrol Enablex Toviaz Sanctura Mirabegron (Myrbetriq) Other: _____

i. Pelvic floor spasms: Which therapies has the patient experienced treatment failure with for the diagnosis of pelvic floor spasms?

- Muscle relaxants (for example: Baclofen) Benzodiazepines (for example: Diazepam) Other: _____

j. Spasticity or dystonia:

- i. Which of the following conditions is the spasticity or dystonia associated with?
- Blepharospasm
 - Central demyelinating of corpus callosum
 - Cerebral Palsy
 - Demyelinating diseases of CNS
 - Facial nerve VII disorders
 - Facial myokymia, Melkersson's syndrome, facial/hemifacial spasms
 - Hereditary spastic paraplegia
 - Laryngeal spasm; laryngeal adductor spastic dysphonia, or stridulous
 - Leukodystrophy
 - Multiple sclerosis
 - Neuromyelitis optica
 - Organic writer's cramp
 - Orofacial dyskinesia (for example: jaw closure dystonia) or Meige syndrome
 - Schilder's disease
 - Spasmodic dysphonia
 - Spastic hemiplegia
 - Spasticity related to spinal cord injury or stroke
 - Strabismus
 - Torsion dystonia, idiopathic and symptomatic (Oppenheim's dystonia)
 - Upper limb spasticity (elbow flexors, wrist flexors, finger flexors, thumb flexors)
 - Lower limb spasticity (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus and flexor digitorum longus)
 - Cervical dystonia (spasmodic torticollis)
 - Muscle spasm
 - Other; Please provide the condition the spasticity or dystonia is associated with: _____
- ii. Please select the symptoms associated with the diagnosis of **cervical dystonia/spasmodic torticollis**?
 Involuntary contractions of the neck muscles Twisting/repetitive movements Abnormal postures Other: _____
- iii. The patient's diagnosis resulted in: Significant functional impairment Medical complications No complications

4. **Continuation request: (For migraine see 3g)** Improvement in symptoms Clinically stable Worsening of symptoms No response Unknown

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 Form Completely Filled Out
 Attached Chart Notes

Concurrent Medical Problems
 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

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12/18/2015;10/11/2018; 6/26/2019; 3/17/2020; 4/8/2021; 10/6/2022