

## 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, [avility.com/bcbsm](https://avility.com/bcbsm), and following the steps.

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

#### Log into the Availity

- Navigate to [avility.com](https://avility.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  
Evenity™ (romosozumab-aqqg for subcutaneous injection)  
HCPCS CODE: J3111**



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 Evenity™. 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**

- Initiation or Continuation of treatment?  Initiation  Continuation *Date patient started therapy:* \_\_\_\_\_
- Site of administration?  Provider office/Home infusion  Other: \_\_\_\_\_  
 Hospital outpatient facility (go to #3) *Reason for Hospital Outpatient administration:* \_\_\_\_\_
- Please specify location of administration if hospital outpatient infusion: \_\_\_\_\_
- Please provide the NPI number for the place of administration: \_\_\_\_\_
- Initiation:**
  - Primary Indication:  Postmenopausal women with Osteoporosis  Osteopenia  History of fragility fracture  Other: \_\_\_\_\_
  - Please complete the chart below with the patient's T-scores:

	Example	Before bisphosphonate	During bisphosphonate
Date of scan	12/15/2019		
Spine T-score	-2.5		
Left Hip T-score	-2.7		
Right Hip T-score	-2.3		

- Check the bisphosphonate(s) the patient received and dates of therapy:

Bisphosphonates	Dates of therapy	Outcome / Reason for D/C
<input type="checkbox"/> None, explain: _____		<input type="checkbox"/> Contraindicated, Explain: _____
<input type="checkbox"/> Reclast/Zometa (zoledronic acid)	<i>Start:</i> _____ <i>End:</i> _____	<input type="checkbox"/> Not tolerated <input type="checkbox"/> Failure Explain: _____
<input type="checkbox"/> Aredia (pamidronate)	<i>Start:</i> _____ <i>End:</i> _____	<input type="checkbox"/> Not tolerated <input type="checkbox"/> Failure Explain: _____
<input type="checkbox"/> Boniva (ibandronate) <input type="checkbox"/> IV <input type="checkbox"/> PO	<i>Start:</i> _____ <i>End:</i> _____	<input type="checkbox"/> Not tolerated <input type="checkbox"/> Failure Explain: _____
<input type="checkbox"/> Fosamax (alendronate)	<i>Start:</i> _____ <i>End:</i> _____	<input type="checkbox"/> Not tolerated <input type="checkbox"/> Failure Explain: _____
<input type="checkbox"/> Actonel (risedronate)	<i>Start:</i> _____ <i>End:</i> _____	<input type="checkbox"/> Not tolerated <input type="checkbox"/> Failure Explain: _____
<input type="checkbox"/> Other _____	<i>Start:</i> _____ <i>End:</i> _____	<input type="checkbox"/> Not tolerated <input type="checkbox"/> Failure Explain: _____

- Please provide response to bisphosphonate therapy (select the most appropriate response):  BMD/T-score improved  BMD/T-score remained the same  BMD/T-score declined  Patient had fracture during a fall from standing height (osteoporosis related fracture)  Patient had non-traumatic fractures to major bones  Other, Please list duration of treatment and describe response to bisphosphonates: \_\_\_\_\_
  - Which of the following has the patient experienced that would prevent the patient from using a bisphosphonate?
    - Creatinine clearance less than 30 ml/min, What is the **Creatine Clearance:** \_\_\_\_\_ ml/min
    - Documented hypersensitivity to the medication  Documented history of jaw necrosis while using bisphosphonate
    - Bone pain while using bisphosphonate  Flu-like symptoms while using bisphosphonate
    - Other; Please list the contraindication or side effects to bisphosphonate therapy: \_\_\_\_\_
  - Will the patient be using Evenity in combination with bisphosphonates (for example: Fosamax or Reclast), Forteo, Tymlos, or Prolia?  Yes  No
- Continuation of therapy** - Please include rationale for continuation of therapy \_\_\_\_\_
  - 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

<b>Physician's Name</b>	<b>Physician Signature</b>	<b>Date</b>
<b>Step 2 Checklist</b>	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes <input type="checkbox"/> BMD (prior to and after Evenity)	<input type="checkbox"/> Prior Trials (bisphosphonates) <input type="checkbox"/> Concurrent medical problems <input type="checkbox"/> Calcium level
<b>Step 3 Submit</b>	<b>By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979</b>	<b>By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320</b>

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