

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

Hemlibra® (emicizumab-kxwh injection)

HCPCS CODE: J7170



**Blue Cross
Blue Shield
Blue Care Network
of Michigan**

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

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

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 <input type="checkbox"/> Hemlibra®		Phone/Fax: P: () - F: () -	
Dose and Quantity		Weight (kg)	
Directions		NPI	
Date of Service(s)		Contact Person	
		Contact Person Phone / Ext.	

STEP 1: DISEASE STATE INFORMATION

- Is this request for: Initiation Continuation Date patient started therapy: _____
- How is this medication being administered? Self-administered (Please fax this completed form to BCBSM at (866) 601-4425 if you have pharmacy coverage with BCBSM)
 Health Care Professional administered (**Continue to #3**)
- Site of administration? Provider office/Home infusion Other: _____
 Hospital outpatient facility (go to #4) 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 AND Continuation of therapy:**
 - Will Hemlibra be used in combination with Immune Tolerance Induction (ITI)? Yes No
 - Is the patient diagnosed with hemophilia A WITH factor VIII inhibitors? Yes No
 - Is the patient diagnosed with hemophilia A WITHOUT factor VIII inhibitors? Yes No
 - If yes, please provide a list of all hemophilia agents the patient tried and failed, length of therapy, and the reason for failure: _____
 - Please indicate how the patient's hemophilia is classified:
 - Mild hemophilia (factor VIII level of 6% - 40%)
 - Moderate hemophilia (factor VIII level of 1% - 5%)
 - Severe hemophilia (factor VIII level < 1%)
 - Unknown
 - Provide the number of bleeds the patient has experienced in the past 12 months prior to starting Hemlibra: _____
 - Is Hemlibra being dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome-based results (ie: hemophilia treatment center)? Yes No
- Continuation of therapy:**
 - Has the number of bleeding episodes decreased since starting Hemlibra? Yes No
 - Number of bleeding episodes yearly after starting Hemlibra: _____
 - Has the patient developed anti-drug antibodies since initiating treatment with Hemlibra? Yes No
- 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"/> List of medications patient tried and failed <input type="checkbox"/> Blood coagulation test
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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