

## 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**

**Makena® (hydroxyprogesterone caproate) HCPCS CODE: J1726/J1729**



This form is to be used by participating physicians to obtain coverage for Makena®. 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> <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/Fax: P: (     )     -     F: (     )     -</b>
<b>Dose and Quantity</b>	<b>NPI</b>
<b>Directions</b>	<b>Contact Person</b>
<b>Date of Service(s)</b>	<b>Contact Person Phone / Ext.</b>

**STEP 1: DISEASE STATE INFORMATION**

1. Which product is being requested?
  - Compounded product, *Please do not submit this form. Please submit claim with code J3490, NDC, and quantity to BCBSM.*
  - Makena (Brand name)
  - Hydroxyprogesterone caproate (Generic name)
2. Please provide the NPI number for the place of administration: \_\_\_\_\_
3. What is the gestational age (GA) at treatment initiation? \_\_\_ weeks \_\_\_ days Date: \_\_\_\_\_
4. What is the estimated delivery date (EDD)? \_\_\_\_\_
5. Please describe CURRENT pregnancy:  singleton  twin  multiples  other: \_\_\_\_\_
6. Has the patient had a previous spontaneous pre-term delivery?  yes  no
  - a. Please describe the PREVIOUS pre-term delivery:  singleton  twin  multiples  other: \_\_\_\_\_
  - b. Provide the GA at the previous pre-term delivery? \_\_\_\_\_ weeks \_\_\_\_\_ days
7. Is there a known fetal anomaly with the current pregnancy?  yes  no Comment \_\_\_\_\_
8. Does the patient have a hormone imbalance, placenta previa, or too much amniotic fluid?
  - yes  no Comment \_\_\_\_\_
9. Check all relevant risk factors for preterm delivery for this patient
  - age < 16  maternal chronic conditions (HTN, heart or liver disease, DM, kidney disease)  alcohol or substance abuse
  - poor nutrition  inadequate vitamin intake  infections (eg: rubella, certain STDs, vaginal infections, UTIs)
  - chorioamnionitis (infection of amniotic fluid)  hormone imbalance  smoking  low weight gain  abnormally shaped uterus
  - none
10. Does the patient have any of the following medical problems:
  - Current or history of thrombosis or thromboembolic disorders
  - Known or suspected breast cancer, other hormone-sensitive cancer, or history of these conditions
  - Undiagnosed abnormal vaginal bleeding unrelated to pregnancy  Uncontrolled hypertension
  - Cholestatic jaundice of pregnancy  Liver tumors, benign or malignant, or active liver disease  none

**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
<b>Step 2:</b> Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes <input type="checkbox"/> Physician Attestation reviewed	<input type="checkbox"/> No other risk factors for preterm <input type="checkbox"/> No contraindication <input type="checkbox"/> GA and EDD provided
<b>Step 3:</b> Submit	<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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