

## 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](http://availity.com/bcbsm), and following the steps.

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

#### Log into the Availity

- Navigate to [availity.com](http://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**  
**Scenesse® (afamelanotide injectable implant) HCPCS CODE: J7352**



This form is to be used by participating physicians to obtain coverage for Scenesse. 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
Pt weight (in kg): _____ Date recorded: _____	City /State/Zip
Diagnosis	Phone/Fax: P: ( ) - F: ( ) -
Drug Name <input type="checkbox"/>	NPI
Dose and Quantity	Contact Person
Directions	Contact Person
Date of Service(s)	Phone / Ext.

**STEP 1: DISEASE STATE INFORMATION**

- Is this request for:  Initiation  Continuation Date patient started therapy: \_\_\_\_\_
- Please provide the NPI number for the place of administration: \_\_\_\_\_
- Initiation AND Continuation of therapy:**
  - Please check the patient's diagnosis, **(Please attach any tests confirming diagnosis):**
    - Increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria
    - Other: \_\_\_\_\_
  - Does the patient have documentation of elevated erythrocyte metal-free protoporphyrin greater than or equal to 85% of the total erythrocyte protoporphyrin as determined by an accredited laboratory?
    - Yes  No Comment: \_\_\_\_\_ Lab results: \_\_\_\_\_ Reference Range: \_\_\_\_\_ Date: \_\_\_\_\_
  - Does the patient have documentation of a total erythrocyte protoporphyrin 50 – 100 times the upper limit of normal of the laboratory reference range as determined by an accredited laboratory?
    - Yes  No Comment: \_\_\_\_\_ Lab results: \_\_\_\_\_ Reference Range: \_\_\_\_\_ Date: \_\_\_\_\_
  - Does the patient have documentation of two mutations in the ferrochelatase (FECH) gene as determined by an accredited laboratory?
    - Yes  No Comment: \_\_\_\_\_
  - Does the patient have documentation of symptoms of erythropoietic protoporphyria phototoxicity?
    - Yes  No Comment: \_\_\_\_\_
  - Does the patient have history of melanoma or other cancerous or precancerous skin lesions?
    - Yes  No Comment: \_\_\_\_\_
- Continuation of therapy: Scenesse start date:** \_\_\_\_\_
  - Has the patient had documented clinical response (improvement) in the duration of sun exposure without pain?
    - Yes  No Comment: \_\_\_\_\_

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"/> Genetic mutation
<b>Step 3:</b> Submit	<b>By Fax: BCBSM Specialty Pharmacy Mailbox</b> <b>1-877-325-5979</b>	<b>By Mail: BCBSM Specialty Pharmacy Program</b> <b>P.O. Box 312320, Detroit, MI 48231-2320</b>

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