

## 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**  
**Synagis® (palivizumab) Procedure Code: 90378**



This form is to be used by participating physicians to obtain coverage for Synagis. 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**

- Has the patient been treated with Synagis before?  Yes  No **Dates of treatment:** \_\_\_\_\_
- Please provide the NPI number for the place of administration: \_\_\_\_\_
- Has the patient already received doses for this RSV Season?  Yes  No **Doses:** \_\_\_\_\_ **Dates:** \_\_\_\_\_
- What is the age in months at the start of RSV season? \_\_\_\_\_ months
- What is the patient's weight in kg? \_\_\_\_\_ kg Date weight taken: \_\_\_\_\_
- How many weeks gestation was the patient at birth? \_\_\_\_\_ weeks
- Does the patient have significant congenital abnormalities of the airway or neuromuscular disease that compromise the handling of respiratory tract secretions?  Yes  No
- Does the patient have hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) AND require treatment for CHD?  Yes  No
- Does the patient have cystic fibrosis with clinical evidence of chronic lung disease (CLD) and/or nutritional compromise?  
 Yes  No
- Does the patient have a disease state such as severe combined immunodeficiency or advanced AIDS that is causing them to be immunocompromised?  Yes  No Disease state: \_\_\_\_\_
- Does the patient have CLD and a requirement for > 21% oxygen for at least the first 28 days after birth and are less than 1 year?  
 Yes  No
- Does the patient have CLD of prematurity and continue to require medical support (i.e. supplemental oxygen, chronic corticosteroid therapy) during the 6 month period before the start of the second RSV season?  
 Yes Medical support required: \_\_\_\_\_  No
- Please attach any chart notes or additional documentation and submit to plan. **(Required)**

Please add any other supporting medical information that may be useful in the decision-making process:

**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"/> Concurrent Medical Problems <input type="checkbox"/> Concurrent Therapies
<b>Step 3:</b> Submit	<b>By Fax: BCBSM Specialty Pharmacy Mailbox</b> 1-877-325-5979	<b>By Mail: BCBSM Specialty Pharmacy Program</b> P.O. Box 312320, Detroit, MI 48231-2320

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