

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
Testosterone Replacement Therapy**



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

Aveed® (testosterone undecanoate) J3145, Testopel® (testosterone pellet) S0189

This form is to be used by participating physicians to obtain coverage for Aveed and Testopel. 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/ ICD-9		City /State/Zip	
Drug Name <input type="checkbox"/> Aveed® <input type="checkbox"/> Testopel®		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 therapy? Initiation Continuation *Date patient started therapy:* _____
- Please provide the NPI number for the place of administration: _____
- The request is for: Compounded Testosterone Pellet Brand Testopel® Product Aveed
- Will the patient be using this product in combination with other testosterone replacement therapy (for example: Depo-Testosterone, Delatestryl, AndroGel)?
 Yes No
- Initiation AND Continuation of therapy:**
Please check the patient's diagnosis:
 Hormone therapy for female-to-male transgendered patients
 Male Hypogonadism
 Male androgen deficiency syndrome
 Male testosterone deficiency
 Other: _____
 - Check the signs and symptoms the patient is experiencing:
 Height loss Low bone mineral density Low trauma fracture
 Anemia Loss of body hair Erectile Dysfunction
 Fatigue Other: _____
 - Has the patient tried and failed Depo-Testosterone or Delatestryl prior to starting Testopel or Aveed?
 Yes No, Comment: _____
- Continuation Request:** *Please fill out above as well.* Original Start Date _____
 - Have the patient's signs and symptoms improved while on therapy? 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 Lab Reports Showing Morning Free/Total Testosterone Levels with Lab Reported Normal Ranges Included
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

Confidentiality notice: This transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this in error, please notify the sender to arrange for the return of this document.