Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

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**, and following the steps.

To request a drug prior authorization, please go to bcbsm.com and follow these easy steps:

Log into the Availity

- Navigate to **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
Ultomiris™ (ravulizumab intravenous infusion) HCPCS CODE: J1303

Blue Cross Blue Shield Blue Care Network of Michigan

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This form is to be used by participating physicians to obtain coverage for Ultomiris. 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. ☐Male ☐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

1. Is this request for: ☐ Initiation ☐ Continuation ***Date patient started therapy***: _____
2. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
   ☐ Hospital outpatient facility (go to #3) *Reason for Hospital Outpatient administration:* _____
3. Please specify location of administration if hospital outpatient infusion: _____
   Please provide the NPI number for the place of administration: _____
4. Will the patient receive the first loading dose under the guidance of a health care provider prior to subcutaneous self-administered formulation? ☐ Yes ☐ No Comment: _____
5. **Initiation AND Continuation of therapy:**
   a. Will the patient be receiving Ultomiris concurrently with Soliris, Empaveli, immunoglobin therapy (IVIG), or other medications to treat any of the diagnoses below?
      ☐ yes ☐ no Comment: _____
   b. Please check the patient's diagnosis:
      ☐ Paroxysmal nocturnal hemoglobinuria (PNH) ☐ Atypical hemolytic uremic syndrome (aHUS) ☐ Refractory generalized myasthenia gravis (gMG
      ☐ Other _____
   c. **For PNH**:
      i. Does the patient have flow cytometric confirmation of PNH type III red cells? ☐ Yes, Please provide laboratory report for review: _____, Date: _____ ☐ No
      ii. How many transfusions has the patient had in the previous 24 months (prior to Ultomiris)? _____
      iii. Has the patient experienced a major adverse thrombotic vascular event from thromboembolism?
      ☐ Yes, List event: _____ ☐ No Comment _____
      iv. What is the patient's lactic dehydrogenase (LDH) level? _____Units/L Lab range: _____ Date: _____
      v. Which of these symptoms does the patient experience? ☐ Weakness ☐ Fatigue ☐ Hemoglobinuria ☐ Abdominal pain ☐ Dyspnea ☐ Hemoglobin < 10 g/dL ☐ A major vascular event
      ☐ Dysphagia ☐ Erectile dysfunction ☐ Other _____
   d. **For aHUS:**
      i. Have common causes of typical hemolytic uremic syndrome been rule out, including infectious causes of HUS and thrombotic thrombocytopenic purpura (TTP)?
      ☐ Yes ☐ No Comment: _____
      ii. What is the hemoglobin level prior to initiation of treatment? _____g/dL Date: _____
      iii. What is the platelet count prior to initiation of treatment? _____/mm3 Date: _____
      iv. Does the patient have evidence of hemolysis? ☐ Yes ☐ No Comment: _____
         1. If yes, what is the patient's lactic dehydrogenase (LDH) level? _____Units/L Lab range: _____ Date: _____
         2. If yes, what is the patient's haptoglobin level? _____mg/dL Date: _____
         3. If yes, does the patient have schistocytosis? ☐ Yes ☐ No Comment: _____
      v. What is the patient serum creatinine? _____mg/dL Date: _____
      vi. Is the patient currently undergoing dialysis? ☐ Yes ☐ No Comment: _____
   e. **For refractory gMG:**
      i. How has the patient been diagnosed with gMG? (Please attach any tests confirming diagnosis) ☐ Anti-AChR antibody test ☐ Edrophonium test
      ☐ Clinical response to oral cholinesterase inhibitors (ex. pyridostigmine) ☐ Repetitive nerve stimulation (RNS) ☐ Single-fiber electromyography (SFEMG)
      ☐ Other:_____
      ii. Does the patient have a history of thymectomy within 12 months, current thymoma, or other neoplasms of the thymus?
      ☐ Yes, Date: _____ ☐ No
      iii. What is the severity of the patient's MG? ☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V
      iv. Has the patient tried and failed therapy with at least one conventional therapy?
      ☐ Methotrexate Date started: _____ Date ended: _____
      ☐ Azathioprine Date started: _____ Date ended: _____
      ☐ Cyclophosphamide Date started: _____ Date ended: _____
      ☐ Cyclosporine Date started: _____ Date ended: _____
      ☐ Mycophenolate mofetil Date started: _____ Date ended: _____
      ☐ Tacrolimus Date started: _____ Date ended: _____
      ☐ Other: _____, Date started: _____ Date ended: _____
      v. Has the patient tried and failed Vyvgart? ☐ Yes ☐ No Comment _____
      vi. Is the patient currently receiving and will continue to receive a standard of care regimen for their diagnosis with Ultomiris? ☐ Yes ☐ No Comment: _____
6. **Continuation request:** Ultomiris start date _____
   a. Has the patient's condition improved while on therapy with Ultomiris? ☐ 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**

Step 2: Checklist	☐ Form Completely Filled Out ☐ Attached Chart Notes	☐ Concurrent Medical Problems ☐ Prior Therapies
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**

1/31/2020; 3/17/2020; 12/3/2020; 6/10/2021; 6/9/2022; 10/5/2022