

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 web-DENIS user

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

Log into the Provider Portal

- Navigate to bcbsm.com, and enter your provided username and password in the Provider Secured Services box

Navigate to the Medication Prior Authorization Link

- Select the quick link on the left side of the webpage labeled "Medical Benefit-Medication Prior Authorization" or scroll down the center of the page to find a duplicate link

Enter your National Provider Identifier (NPI)

- Type in or select your NPI from the drop-down list. Once you complete this step, you will be routed to Novologix

Complete the Prior Authorization Request

- Refer to BCBSM Prior Authorization Guide for instructions (accessible from the help menu under Blue Cross Blue Shield of Michigan).

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

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Xiaflex® (Collagenase Clostridium Histolyticum) HCPCS CODE: J0775



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

STEP 1: DISEASE STATE INFORMATION

- Please provide the NPI number for the place of administration: _____
- Has the prescribing physician completed the Xiaflex Xperience training?
 Yes No, Explain _____
- Please check the patient's diagnosis:
 Dupuytren's contracture (DC) Peyronie's disease (PD) Cellulite Other _____
- For DC only:**
 - Does the patient have a finger flexion contracture with a palpable cord of at least one finger (other than the thumb) that involves either the metacarpophalangeal (MP) joint or the proximal interphalangeal (PIP) joint?
 Yes No, Explain what Xiaflex is being used for _____
 - Is the administering physician a surgeon who has experience and training in hand surgeries?
 Yes No Comment: _____
- For PD only:**
 - Is Xiaflex being prescribed by or in consultation with a urologist? Yes No Comment: _____
 - Does the patient have a palpable plaque? Yes No, Explain _____
 - Does the patient have a curvature deformity of at least 30 degrees at start of therapy?
 Yes, list the degrees of curvature deformity: _____ No, list the degrees of curvature deformity: _____
 - What medications has the patient tried and failed?
 Pentoxifylline Verapamil gel Intralesional verapamil None Other: _____
 - Does the patient have any of the following?
 The plaque has calcified
 Penile curvature greater than 60 degrees, list the degrees of curvature deformity: _____
 Plaque has been stable or not changed over that last 6 months
 Plaque has been present for greater than 12 months
 Other: _____
- Is this the first time the patient has received Xiaflex?
 Yes
 No, Please specify how many times patient has received Xiaflex and the reason for more injections: _____

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
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Step 2 Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes	<input type="checkbox"/> Xiaflex® Xperience™ physician training <input type="checkbox"/> Facility enrolled through Xiaflex® Xperience™ training
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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
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