

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.

Authorization Request Form

Zilretta® (triamcinolone acetonide extended-release injectable suspension, for intra-articular use only)

HCPCS CODE: J3304



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

This form is to be used by participating physicians to obtain coverage for Zilretta®. 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 <input type="checkbox"/> Zilretta®	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Is this request for: Initiation Continuation *Date patient started therapy:* _____
- Administered by patient or a medical professional? patient (self) health care professional (physician, nurse, etc.)
- Please provide the NPI number for the place of administration: _____
- Initiation AND Continuation of therapy:**
 - Requested Anatomical Location of Injection: Left Knee Right Knee Both Knees Other (please specify): _____
 - Kellgren-Lawrence Grade: 0 1 2 3 4
 - Please check all non-pharmacological therapies tried by patient:
 - Resistance or Cardiovascular Exercise
 - Weight Reduction (Please indicate % weight loss from baseline): _____
 - Durable Medical Equipment (Please Specify): _____
 - Physical Therapy or Occupational Therapy
 - Please check all pharmacological therapies tried by patient:
 - Oral NSAID at maximal tolerated Dose (If contraindicated please specify): _____
 - Topical NSAID, List the name: _____
 - Immediate release intra-articular triamcinolone acetonide injection (please list dates and reason for failure): _____
 - Please provide a credible explanation why Zilretta is expected to work if triamcinolone acetonide has not: _____
 - Has the patient had a previous intra-articular corticosteroid injection within the past 3 months? YES NO
- Continuation of therapy:**
 - Has the patient previously received a Zilretta® injection into the same joint currently being requested? 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 Chart Notes	
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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