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
Zolgensma® (onasemnogene abeparvovec-xioi)
HCPCS CODE : J3399

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 Zolgensma. 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	☐ Zolgensma	**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 the prescriber a neurologist specializing in pediatric neuromuscular disorders? ☐ Yes ☐ No
   If no, please list the consulting neurologist specializing in pediatric neuromuscular disorders: _____
2. Has patient previously received Zolgensma or other gene therapy? ☐ Yes ☐ No Comment: _____
3. Please provide the NPI number for the place of administration: _____
4. Please specify the location of administration (e.g. name of facility): _____
5. Has the clinical outcome information been provided within the Audaire Health provider portal as requested by BCBSM?
   ☐ Yes ☐ No Comment: _____
6. **Initiation AND Continuation of therapy:**
   a. What is the patient's diagnosis?
      i. ☐ Spinal Muscular Atrophy *(SMA)*
      ii. ☐ Other – *please specify diagnosis:* _____
   b. Does the member have a genetically-confirmed double-deletion of SMN1 gene and less than or equal to four copies of the SMN2 gene?
      ☐ Yes ☐ No ☐ Unknown
   c. Does the member have antibodies against the viral vector, AAV9 > 1:50?
      ☐ Yes ☐ No ☐ Unknown
   d. Will the member be receiving daily corticosteroids starting at least 24 hours prior to therapy and continuing 30 days after Zolgensma is given?
      ☐ Yes ☐ No ☐ Unknown
   e. Does the patient have advanced SMA (for example: complete paralysis of limbs, permanent ventilator dependence)?
      ☐ Yes ☐ No ☐ Unknown
   f. Will the patient be receiving Zolgensma with Spinraza, or Evrysdi?
      ☐ Yes ☐ No Comment: _____
7. **Continuation of therapy -** *Please include rationale for continuation of therapy*_____
8. *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 necessary chart notes	☐ Important laboratory results
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**

6/3/2019; 7/1/2020; 4/8/2021; 6/9/2022; 9/29/2022