

How to submit prior authorization requests for medical benefit drugs

For Blue Cross commercial and Blue Care Network commercial

April 2023

Follow these steps to submit prior authorization requests when prescribing drugs covered under the medical benefit for Blue Cross Blue Shield of Michigan and Blue Care Network commercial members.

Michigan prescribers

To submit prior authorization requests electronically, first register for Availity® Essentials, our provider portal; refer to the [Register for web tools](#) page at bcbsm.com for details. Then:

1. Log in to [availity.com](#)*.
2. Click *Payer Spaces* on the menu bar and click the BCBSM and BCN logo.
3. On the Applications tab, click the tile for the appropriate NovoLogix web tool.
4. Within NovoLogix, click the *Authorizations* menu and select *Create Authorization*.
5. Enter the member's details and select the correct member on the contract.
6. Complete the required fields. This includes selecting the correct drug in the "Authorization Lines" section.
7. Click *Submit*, complete the protocol questions and click *Done*.

If you're registered for Availity but are not able to access it, submit your prior authorization request using the *Medication Authorization Request Form*, or MARF, that's on the next page.

Non-Michigan prescribers

When submitting a prior authorization request for the first time, prescribers located outside of Michigan should complete and submit:

- The *Medication Authorization Request Form*, or MARF, that's on the next page
- The [Application for access to NovoLogix for non-Michigan prescribers](#)

Submit these documents to the fax number or address that's on the MARF. Once we approve the request for access, we'll provide information about how to access the NovoLogix tool so that you can submit subsequent prior authorization requests electronically.

Note: Access to NovoLogix is available only to registered users. You must include a valid Type 1 (individual) NPI on the application for access to NovoLogix.

Information about NovoLogix

For more information about the NovoLogix web tool, look under the Training Resources heading on these webpages:

- [Blue Cross Medical-Benefit Drugs](#)
- [BCN Medical-Benefit Drugs](#)

If you need help with the NovoLogix tool, contact the Web Support Help Desk at 1-877-258-3932.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

Botox® (onabotulinumtoxinA) J0585

Dysport™ (abobotulinumtoxinA) J0586

Xeomin® (incobotulinumtoxinA) J0588

Myobloc® (rimabotulinumtoxinB) J0587

This form is to be used by participating physicians to obtain coverage for botulinum products. 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. Initial or Continuation request? ☐ Initial ☐ Continuation Date patient started therapy: _____

2. Please provide the NPI number for the place of administration: _____

3. Initiation AND Continuation of therapy:

a. What diagnosis is Botulinum Toxin Type B (Myobloc) being used for?

- ☐ Chronic sialorrhea
☐ Cervical dystonia (spasmodic torticollis)
☐ Other: _____

b. What diagnosis is Botulinum Toxin Type A (Botox/Dysport/Xeomin) being used for:

- ☐ Anal Fissure
☐ Achalasia/cardiospasm
☐ Primary axillary hyperhidrosis
☐ Gustatory or palmer hyperhidrosis
☐ Headache (go to g)
☐ Urinary incontinence
☐ Chronic sialorrhea
☐ Pelvic floor spasms
☐ Spasticity or dystonia (go to j)
☐ Cosmetic use
☐ Other: _____

c. Anal Fissure: Has the patient experienced treatment failure with nitroglycerin ointment or diltiazem cream? ☐ Yes ☐ No Explain _____

d. Achalasia/cardiospasm:

- i. Has the patient responded to dilation therapy for this condition? ☐ Yes ☐ No ☐ Member has not received dilation therapy
 ii. Is the patient a candidate for surgery? ☐ Yes ☐ No

e. Primary axillary hyperhidrosis:

- i. What factors have contributed to the patient's hyperhidrosis?
☐ Another diagnosis (ex: hyperthyroidism or anxiety): _____
☐ Another drug (ex: opioids or antidepressants): _____
☐ No other factors contribute to patient's hyperhidrosis
☐ Other factors: _____
 ii. Has the patient tried and failed topical antiperspirants and/or anticholinergic medications (ex: glycopyrrolate or oxybutynin)? ☐ Yes ☐ No Explain _____
 iii. Has the member's diagnosis resulted in medical complications (ex: skin maceration with secondary infection)? ☐ Yes ☐ No Explain _____

f. Gustatory or palmer hyperhidrosis: Has this resulted in medical complications (ex: skin maceration with secondary infection)? ☐ Yes ☐ No Explain: _____

g. Headache:

- i. What type of headache does the patient have? ☐ Tension ☐ Cluster ☐ Medication overuse ☐ Chronic migraine headache ☐ Other: _____
 ii. What is the frequency of chronic migraine headache days (before/after starting botulinum toxins) as documented by the patient's headache diary or calendar?
 PRIOR TO botulinum toxin: _____ days/month AND _____ hours/month
 AFTER botulinum toxin: _____ days/month AND _____ hrs/month
 iii. What long term daily preventative treatments has the patient tried and failed for at least 6 weeks?
☐ Anticonvulsants (Must be: topiramate, sodium valproate, divalproex, or carbamazepine): _____
☐ ACE inhibitor/ARB: _____
☐ B-blockers: _____
☐ Calcium Channel Blockers: _____
☐ Antidepressants (Must be amitriptyline or venlafaxine): _____
☐ Triptans: _____
☐ Calcitonin gene-related peptide (CGRP): _____
☐ Other: _____

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h. Urinary incontinence:

- i. What is the cause of the incontinence?
☐ Detrusor overactivity associated with a neurogenic condition ☐ Idiopathic detrusor overactivity ☐ Overactive bladder ☐ Other: _____
- ii. What other medications has the patient experienced treatment failure with for the diagnosis?
☐ Ditropan ☐ Detrol ☐ Enablex ☐ Toviaz ☐ Sanctura ☐ Mirabegron (Myrbetriq) ☐ Other: _____

i. Pelvic floor spasms: Which therapies has the patient experienced treatment failure with for the diagnosis of pelvic floor spasms?

- ☐ Muscle relaxants (for example: Baclofen) ☐ Benzodiazepines (for example: Diazepam) ☐ Other: _____

j. Spasticity or dystonia:

- i. Which of the following conditions is the spasticity or dystonia associated with?
- ☐ Blepharospasm
 - ☐ Central demyelinating of corpus callosum
 - ☐ Cerebral Palsy
 - ☐ Demyelinating diseases of CNS
 - ☐ Facial nerve VII disorders
 - ☐ Facial myokymia, Melkersson's syndrome, facial/hemifacial spasms
 - ☐ Hereditary spastic paraplegia
 - ☐ Laryngeal spasm; laryngeal adductor spastic dysphonia, or stridulous
 - ☐ Leukodystrophy
 - ☐ Multiple sclerosis
 - ☐ Neuromyelitis optica
 - ☐ Organic writer's cramp
 - ☐ Orofacial dyskinesia (for example: jaw closure dystonia) or Meige syndrome
 - ☐ Schilder's disease
 - ☐ Spasmodic dysphonia
 - ☐ Spastic hemiplegia
 - ☐ Spasticity related to spinal cord injury or stroke
 - ☐ Strabismus
 - ☐ Torsion dystonia, idiopathic and symptomatic (Oppenheim's dystonia)
 - ☐ Upper limb spasticity (elbow flexors, wrist flexors, finger flexors, thumb flexors)
 - ☐ Lower limb spasticity (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus and flexor digitorum longus)
 - ☐ Cervical dystonia (spasmodic torticollis)
 - ☐ Muscle spasm
 - ☐ Other; Please provide the condition the spasticity or dystonia is associated with: _____
- ii. Please select the symptoms associated with the diagnosis of **cervical dystonia/spasmodic torticollis**?
☐ Involuntary contractions of the neck muscles ☐ Twisting/repetitive movements ☐ Abnormal postures ☐ Other: _____
- iii. The patient's diagnosis resulted in: ☐ Significant functional impairment ☐ Medical complications ☐ No complications

4. **Continuation request: (For migraine see 3g)** ☐ Improvement in symptoms ☐ Clinically stable ☐ Worsening of symptoms ☐ No response ☐ Unknown

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	<input type="checkbox"/> Concurrent Medical Problems <input type="checkbox"/> 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

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