

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.

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Authorization Request Form

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

HCPCS CODE: J3304



**Blue Cross
Blue Shield
Blue Care Network
of Michigan**

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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