

Medication Authorization Request Form (for any medication)

The most efficient way to request authorization is to use the NovoLogix[®] system. To access NovoLogix, log in to availity.com*, click *Payer Spaces*, click the BCBSM and BCN logo and then click the appropriate NovoLogix tile.

As an alternative, you can use this form to request authorization for any medical benefit drug that requires authorization for Medicare Plus Blue or BCN Advantage members. Please complete this form and submit via fax to 1-866-392-6465. If you have any questions regarding this process, please contact the Pharmacy Clinical Help Desk at 1-800-437-3803.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID number	Specialty
Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis	City/State/ZIP
Drug name/HCPCS code	Phone: () - Fax: () -
Dose and quantity	NPI
Directions	Contact person
Date of services	Contact person's phone/ext.

Step 1: DISEASE STATE INFORMATION

- Is this request for: Initiation Continuation Date of last dose: _____
- Place of service: Home Outpatient (NPI _____) Office
- Height: _____ Weight (kg): _____
- For Prolia[®] or Evenity[®] requests (if applicable):**
 Previous bisphosphonate therapy? Name of drug (s) _____ Dates: _____
 DXA scan T-scores: Left hip: _____ Right hip: _____ Left or right forearm: _____ Spine _____
 10-year probability of hip fracture _____% Major osteoporosis-related fracture _____% (DXA REPORT MUST BE ATTACHED)
- For **immune globulin (IVIG)** request (if applicable): IgG level _____ mg/dL Date: _____
- For certain **asthma drugs** (if applicable): IgE level _____ Date: _____ Eosinophil level _____ Date: _____
- For **retinal medications** (if applicable): Which eye is being treated? Left Right Both
 Has the patient tried and failed Avastin[®]? Yes: Which eye(s)? _____ Dates: _____ No
- Please provide other relevant history or information for the medication you are requesting:

9. Attach any chart notes or additional documentation and submit to plan. **(Required)**

Coverage won't be provided if the prescribing physician's signature and date aren't included on this document.

Request for **expedited review**: Please only check this option if the provider believes that waiting for the standard time frame could place the enrollee's life, health or ability to regain maximum function in **serious jeopardy**. (CMS definition)

Physician's name	Physician signature	Date
Step 2: Checklist <input type="checkbox"/> Completed form <input type="checkbox"/> Attached chart notes	<input type="checkbox"/> Concurrent medical problems <input type="checkbox"/> Prior therapies	
Step 3: Submit	Fax the completed form to 1-866-392-6465.	

*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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