Blue Cross Blue Shield Blue Care Network of Michigan

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

How to submit prior authorization requests for medical benefit drugs

For Blue Cross commercial and BCN commercial

Revised October 2025

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

Note: The information below doesn't apply to oncology medical benefit drugs.

Michigan prescribers

To submit prior authorization requests electronically:

1. Log in to our provider portal (availity.com*).
2. Click *Payer Spaces* on the menu bar and click the BCBSM and BCN logo.
3. Click the *Medical and Pharmacy Benefit Drug Prior Auth* tile on the Applications tab.
4. In the Medical and Pharmacy Drug PA Portal, click the *Authorization* menu and select *Add New*.
5. Enter the member's last name, date of birth, subscriber ID and authorization start date.
6. Click *Search* and then select the appropriate member in the member list.
7. Complete all required fields and submit the request.

If you're registered for Availity Essentials™ but aren't able to access it, submit the prior authorization request using the *Medication Authorization Request Form*, or *MARF*, that's on the next page. Fax it to the number on the form.

Non-Michigan prescribers

When submitting prior authorization requests, prescribers located outside of Michigan should complete the appropriate steps on the Getting Started page on **authorizations.bcbsm.com**. Look in the *Submit prior authorization requests* section.

If a non-Michigan prescriber is unable to submit a prior authorization request using the instructions on the webpage, submit the request using the *Medication Authorization Request Form*, or *MARF*, that's on the next page. Fax it to the number on the form.

Information about the Medical and Pharmacy Drug PA Portal

To learn how to use the Medical and Pharmacy Drug PA Portal, view a recorded demo by going to Blue Cross and BCN's Provider Training site, searching on *drugs* and launching the *Medical and Pharmacy Drug Prior Auth portal overview mini module*.

For detailed information about accessing the Provider Training site, see the "Online training" section of the Training Tools page on **authorizations.bcbsm.com**.

*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 and electronic data interchange services.

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form

Botox® (onabotulinumtoxinA) J0585 **Dysport™ (abobotulinumtoxinA) J0586**
Xeomin® (incobotulinumtoxinA) J0588 **Myobloc® (rimabotulinumtoxinB) J0587**
Daxxify® (abobotulinumtoxinA) J0589

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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: _____

12/18/2015;10/11/2018; 6/26/2019; 3/17/2020; 4/8/2021; 10/6/2022, 12/14/2023

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	☐ Form Completely Filled Out ☐ Attached Chart Notes	☐ Concurrent Medical Problems ☐ 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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