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

Oxlumo™ (lumasiran)

HCPCS CODE: J0224

This form is to be used by participating physicians to obtain coverage for Oxlumo™. 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.

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PATIENT INFORMATION		PHYSICIAN INFORMATION
Name		**Name**
ID Number		**Specialty**
D.O.B.	☐Male ☐Female	**Address**
Diagnosis		**City /State/Zip**
Drug Name	☐Oxlumo®	**Phone/Fax: P**: ( ) - **F**: ( ) -
Dose and Quantity	**Weight (kg)**	**NPI**
Directions		**Contact Person**
Date of Service(s)		**Contact Person Phone / Ext.**

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: ☐ Initiation ☐ Continuation ***Date patient started therapy:*** _____
2. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
   ☐ Hospital outpatient facility (go to #3) *Reason for Hospital Outpatient administration:* _____
3. Please specify location of administration if hospital outpatient infusion: _____
4. Please provide the NPI number for the place of administration: _____
5. **Initiation AND Continuation of therapy:**
   a. What is the patient's diagnosis?
      ☐ Primary Hyperoxaluria Type 1
      ☐ Other, list diagnosis: _____
   b. How has the patient been diagnosed with primary hyperoxaluria type 1? ***(Please attach any tests confirming diagnosis)***
      ☐ Genetic testing of the AGXT mutation
      ☐ Other: _____
   c. What is the patient's urinary oxalate level before treatment? _____ Date: _____
   d. What is the patient's plasma oxalate level before treatment? _____ Date: _____
   e. Is the patient currently on peritoneal dialysis (PD)? ☐ Yes ☐ No
   f. Does the patient have a history of kidney transplant? ☐ Yes ☐ No
   g. Does the patient have a history of liver transplant? ☐ Yes ☐ No
   h. Has the patient attempted to increase fluid intake to 3 L/m^2 BSA per day? ☐ Yes ☐ No
   i. Has the patient experienced treatment failure to at least a 3-month trial with high-dose vitamin B-6 therapy?
      ☐ Yes, Please specify the dose: _____ ☐ No
6. **Continuation of therapy: Oxlumo start date**: _____
   a. Has the patient had a reduction in urinary or plasma oxalate levels compared to baseline?
      ☐ Yes ☐ No Comment _____
   b. What is the patient's urinary oxalate level after treatment? _____ Date: _____
   c. What is the patient's plasma oxalate level after treatment? _____ Date: _____
7. *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	☐ List of medications patient tried and failed ☐ Attach Diagnostic Tests and Labs
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**

2/5/2021; 10/1/2022