

# 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 ([availability.com](https://availability.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

**Scenesse® (afamelanotide injectable implant) HCPCS CODE: J7352**



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 Scenesse. 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

Pt weight (in kg): \_\_\_\_\_

Date recorded: \_\_\_\_\_

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. Is this request for: ☐ Initiation ☐ Continuation Date patient started therapy: \_\_\_\_\_

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

#### 3. Initiation AND Continuation of therapy:

a. Please check the patient's diagnosis, **(Please attach any tests confirming diagnosis):**

☐ Increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria

☐ Other: \_\_\_\_\_

a. Does the patient have documentation of elevated erythrocyte metal-free protoporphyrin greater than or equal to 85% of the total erythrocyte protoporphyrin as determined by an accredited laboratory?

☐ Yes ☐ No Comment: \_\_\_\_\_ Lab results: \_\_\_\_\_ Reference Range: \_\_\_\_\_ Date: \_\_\_\_\_

b. Does the patient have documentation of a total erythrocyte protoporphyrin 50 – 100 times the upper limit of normal of the laboratory reference range as determined by an accredited laboratory?

☐ Yes ☐ No Comment: \_\_\_\_\_ Lab results: \_\_\_\_\_ Reference Range: \_\_\_\_\_ Date: \_\_\_\_\_

b. Does the patient have documentation of two mutations in the ferrochelatase (FECH) gene as determined by an accredited laboratory?

☐ Yes ☐ No Comment: \_\_\_\_\_

c. Does the patient have documentation of symptoms of erythropoietic protoporphyria phototoxicity?

☐ Yes ☐ No Comment: \_\_\_\_\_

d. Does the patient have history of melanoma or other cancerous or precancerous skin lesions?

☐ Yes ☐ No Comment: \_\_\_\_\_

#### 4. Continuation of therapy: Scenesse start date: \_\_\_\_\_

a. Has the patient had documented clinical response (improvement) in the duration of sun exposure without pain?

☐ Yes ☐ No Comment: \_\_\_\_\_

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

☐ Genetic mutation

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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