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
Synagis® (palivizumab) Procedure Code: 90378

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This form is to be used by participating physicians to obtain coverage for Synagis. 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. Has the patient been treated with Synagis before? ☐ Yes ☐ No ***Dates of treatment:*** _____
2. Please provide the NPI number for the place of administration: _____
3. Has the patient already received doses for this RSV Season? ☐ Yes ☐ No ***Doses:*** _____ ***Dates:*** _____
4. What is the age in months at the start of RSV season? _____ months
5. What is the patient's weight in kg? _____ kg Date weight taken: _____
6. How many weeks gestation was the patient at birth? _____ weeks
7. Does the patient have significant congenital abnormalities of the airway or neuromuscular disease that compromise the handling of respiratory tract secretions? ☐ Yes ☐ No
8. Does the patient have hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) AND require treatment for CHD? ☐ Yes ☐ No
9. Does the patient have cystic fibrosis with clinical evidence of chronic lung disease (CLD) and/or nutritional compromise? ☐ Yes ☐ No
10. Does the patient have a disease state such as severe combined immunodeficiency or advanced AIDS that is causing them to be immunocompromised? ☐ Yes ☐ No Disease state: _____
11. Does the patient have CLD and a requirement for > 21% oxygen for at least the first 28 days after birth and are less than 1 year? ☐ Yes ☐ No
12. Does the patient have CLD of prematurity and continue to require medical support (i.e. supplemental oxygen, chronic corticosteroid therapy) during the 6 month period before the start of the second RSV season? ☐ Yes Medical support required: _____ ☐ No
13. Please attach any chart notes or additional documentation and submit to plan. ***(Required)***

Please add any other supporting medical information that may be useful in the decision-making process:

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 ☐ Concurrent 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**

9/22/2015; 11/20/2015; 5/9/2016; 2/2/2018;10/11/2018