

WV MEDICAID PRIOR AUTHORIZATION FORM

Today's Date _____ **FAX 1-844-633-8427 PHYSICIAN ADMINISTERED DRUGS**

REGISTRATION ON ATTREZO IS REQUIRED TO SUBMIT PRIOR AUTHORIZATION REQUESTS WHETHER BY FAX OR ELECTRONICALLY.

DETERMINATIONS ARE AVAILABLE ON <https://portal.kepro.com/>

ATTREZO Requesting/Submitting Organization _____ Please list exactly as registered on ATTREZO

Address, City, State, Zip _____

ATTREZO Requesting/Submitting Organization NPI _____ Please list exactly as registered on ATTREZO

Person Submitting Request _____ Phone _____ Fax _____ Email _____

Referring/Ordering Provider (Per policy the Referring/Ordering Provider must be actively enrolled with WV Medicaid)

Name Do not write "See Above"	NPI Number	
Contact Information	Phone	Fax:

Place of Service/Service Provider (Per policy the Place of Service/Service Provider must be actively enrolled with WV Medicaid)

Name Do not write "See Above"	NPI Number	
Address, City, State, Zip		

Member Medicaid Number _____ DOB _____

Member First Name _____ Last Name _____

SERVICE TYPE: PHYSICIAN ADMINISTERED DRUGS Type of Admission/Procedure: Emergency/Medically Urgent Non-Urgent

Request Type: Prior Authorization
Retrospective Request, if applicable list the appropriate reason:
Denied by Member's Primary Payer Retrospective Medicaid Eligibility

List Other Retro Reason:

For Members under age 21, is this request an EPSDT referral? Yes NO **If yes, please submit the most current EPSDT form on file**

Place of Service: Office Inpatient Hospital OP Hospital CAH

List ALL Relevant ICD Diagnosis Code(s):

DIAGNOSIS CODE: _____ Symptoms: _____

DIAGNOSIS CODE: _____ Symptoms: _____

DIAGNOSIS CODE: _____ Symptoms: _____

DIAGNOSIS CODE: _____ Symptoms: _____

CODE	DESCRIPTION	START DATE
A9513	Injection Lutetium Lu 177, dotatate, therapeutic, 1 mCi (LUTATHERA)	___/___/___
J0172	Injection, aducanumab-avwa, 2 mg (ADUHELM)	___/___/___
J0585	Injection, abobotulimumtoxinA, 1 unit (BOTOX)	___/___/___
J0586	Injection, abobotulimumtoxinA, 5 units (BOTOX)	___/___/___
J0587	Injection, rimabotulimumtoxinB, 100 units (BOTOX)	___/___/___
J0588	Injection, incobotulimumtoxinA, 1 unit (BOTOX)	___/___/___
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram (CROFAB)	___/___/___
J1411	Injection, etranacogene dezaparvovec-hyphendrlb, per therapeutic dose (HEMGENIX)	___/___/___
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (ELEVIDYS)	___/___/___
J1428	Injection, eteplirsen, 10 mg (EXONDYS)	___/___/___
J1429	Injection, golodirsen, 10 mg (VYONDYS 53)	___/___/___
J1632	Injection, brexanolone, 1 mg (ZULRESSO)	___/___/___
J2326	Injection, Nusinersen, 0.1mg (SPINRAZA)	___/___/___
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg (SKYRIZI)	___/___/___
J3358	Ustekinumab, for intravenous injection, 1 mg (STELARA)	___/___/___
J3393	Injection, betibeglogene autotemcel, per treatment (ZENTEGLO)	___/___/___
J3398	Injection voretigene neparvovec-rzyl, 1 billion vector genome (LUXTURNA)	___/___/___
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes (ZOLGENSMA)	___/___/___
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg (SYNOJOYNT)	___/___/___
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg (TRILURON)	___/___/___
Q2041	Axicabtagene Ciloleucl, up to 200 million autologous Anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion (YESCARTA)	___/___/___
Q2042	Injection, tisagenlecleucl (KYMRIAH)	___/___/___
Q2053	Brexucabtagene autoleucl, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (TECARTUS)	___/___/___
Q2054	Lisocabtagene maraleucl, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (BREYANZI)	___/___/___
Q2055	Idecabtagene vicleucl, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (ABECMA)	___/___/___
Q2056	Ciltacabtagene autoleucl, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (CARVYKTI)	___/___/___

Please note: If medication is not included above, please reference the pharmacy section on the Bureau for Medical Services provider website located here: <https://dhr.wv.gov/bms/BMS%20Pharmacy/Pages/default.aspx> for additional assistance.

ADDITIONAL ANNOTATIONS: