

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/Servicing Provider (Per policy the Place of Service/Servicing 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 Urgent Care Facility Inpatient Hospital OP Hospital Ambulatory Surgical Center Birthing Center Military Treatment Facility

List ALL Relevant ICD Diagnosis Code(s):

DIAGNOSIS CODE:: _____ Symptoms: _____

DIAGNOSIS CODE:: _____ Symptoms: _____

DIAGNOSIS CODE:: _____ Symptoms: _____

DIAGNOSIS CODE:: _____ Symptoms: _____

CODE	DESCRIPTION	START DATE OF SERVICE
A9513	<u>Injection Lutetium Lu 177, dotatate, therapeutic, 1 mCi (LUTATHERA)</u>	Start Date: ____/____/____
C9073	<u>Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose</u>	Start Date: ____/____/____
C9081	<u>Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (ABECMA)</u>	Start Date: ____/____/____
J0585	<u>Injection, abobotulimumtoxinA, 1 unit</u>	Start Date: ____/____/____
J0586	<u>Injection, abobotulimumtoxinA, 5 units</u>	Start Date: ____/____/____
J0587	<u>Injection, rimabotulimumtoxinB, 100 units</u>	Start Date: ____/____/____
J0588	<u>Injection, rimabotulimumtoxinB, 100 units</u>	Start Date: ____/____/____
J0840	<u>Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram (CROFAB)</u>	Start Date: ____/____/____
J1632	<u>Injection, brexanolone, 1 mg (ZULRESSO)</u>	Start Date: ____/____/____
J2326	<u>Injection, Nusinersen, 0.1mg (SPINRAZA)</u>	Start Date: ____/____/____
J3398	<u>Injection voretigene neparvovec-rzyl, 1 billion vector genome (LUXTURNA)</u>	Start Date: ____/____/____
J3399	<u>Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10¹⁵ vector genomes (ZOLGENSMA)</u>	Start Date: ____/____/____
J7331	<u>Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg (SYNOJOYNT)</u>	Start Date: ____/____/____
J7332	<u>Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg (TRILURON)</u>	Start Date: ____/____/____
Q2041	<u>Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion (YESCARTA)</u>	Start Date: ____/____/____
Q2042	<u>Injection, tisagenlecleucel (KYMRIAH)</u>	Start Date: ____/____/____
Q2053	<u>Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (TECARTUS)</u>	Start Date: ____/____/____
Q2054	<u>Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (BREYANZI)</u>	Start Date: ____/____/____

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> or contact Kepro's Medical Unit at 800-346-8272 for additional assistance.

ADDITIONAL ANNOTATIONS: