Home Infusion Therapy Prior Authorization Form

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

West Virginia Medicaid
Drug Prior Authorization Form

http://www.dhhr.wv.gov/bms/Pharmacy/Pages/default.aspx

Rational Drug Therapy Program
WVU School of Pharmacy
PO Box 9511 HSCN
Morgantown, WV 26506
Fax: 1-800-531-7787
Phone: 1-800-847-3859

Patient Name (Last) | (First) | (M) | WV Medicaid 11 Digit ID# | Date of Birth (MM/DD/YYYY)

Prescriber Name (Last) | (First) | (MI)

Prescriber Address (Street) | (City) | (State) | (Zip)

(State): West Virginia

Prescriber 10-Digit NPI# | Phone # (111-222-3333) | Fax # (111-222-3333)

Pharmacy Name (if applicable)

Pharmacy Address (Street) | (City) | (State) | (Zip)

(State): West Virginia

Pharmacy 10-Digit NPI# | Phone # (111-222-3333) | Fax # (111-222-3333)

Important Notes: Preauthorization for medical necessity does not guarantee payment.
The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.

Primary Diagnosis | ICD Diagnosis Code (if available)

Secondary Diagnosis | ICD Diagnosis Code (if available)

One therapy per form; list components:

Drug Name and Strength | Drug Name and Strength | Drug Name and Strength

Directions | Doses per Day | Route of Administration

Duration: | Start Date: | End Date:

Dispense Type: ☐ Bag ☐ Syringe ☐ Cassette ☐ Other

Clinical Justifications (antibiotics require C&S Report)

Justification for use of non-oral treatment:

Other pertinent information (attach additional pages if needed)

Attestation: Your signature (manually or electronically) certifies that the above request is medically necessary, does not exceed the medical needs of the member, and is documented in your medical records. Medical/Pharmacy records must be made available upon request.

☐ Check here for electronic signature

Prescriber of Pharmacist Signature

Date: (MM/DD/YYYY)

For Internal Use Only

Compounding Code:

Quantity

Duration

Reviewed by:

Date:

Status:

Notes/Comments