Physician Administered J-Code Medications Prior Authorization Request

For Family Care Partnership Program Members ONLY

(RE: Medicaid Only FC Partnership Program Members Medications are carved out to the state)

Please complete this form and fax along with supporting clinical documentation to: Community Care Utilization Management Fax: 414-384-8272, phone: 262-207-9393, please call UM with any questions.

Incomplete forms or lack of supporting clinical may cause delay in determination or administrative denial for lack of clinical information.

This form is ONLY needed for the Physician Administered Medications/Codes requiring UM review (listed below)		
☐ **J0585 OnabotulinumtoxinA (Botox)**	☐**J0586 AbobtulinumtoxinA (Dysport)**	☐**J0587 RimabotulinumtoxinB (Myobloc)**
☐ **J0588 IncobotulinumtoxinA (Xeomin)**	☐**J0589 Daxibotulinumtoxina-lanm**	☐ **J0896 Luspatercept**
☐ **J1561Iimmune globulin**	☐**J1745 Infliximab**	☐ **J2350 Ocrelizumab**
☐ **J9022 Atezolizumab**	☐**J9173 Durvalumab**	☐ **J9228 Ipilimumab**
☐ **J9271 Pembrolizumab**	☐**J9299 Nivolumab**	☐ **J9305 Pemetrexed**
☐ **J9306 Pertuzumab**	☐**J9312 Rituximab**	☐ **J9355 Trastuzumab**
☐ **J3247 Secukinumab (Cosentyx)**	☐	

Member Name:	D.O.B:	Medicare ID #: Medicaid ID #:
Member Phone:	Member Address:	
Requesting Provider Name/Clinic:		
Address:		
Clinical Contact/Title:	Phone Number:	Fax Number:
Servicing Provider Name/Clinic:		
Tax ID:	NPI #:	
Address:		
Clinical Contract/Title:	Phone Number:	Fax Number:

205 Bishops Way, Brookfield, WI 53005 ● Phone: 262-207-9393 ● Fax: 414-384-8272

Physician Administered J-Code Medications Prior Authorization Request

For Family Care Partnership Program Members ONLY

Request Type	
☐ Standard ☐ Expedited	Expedited is defined as: Care and services that provide the physician indicates or the HMO determines that following the ordinary time frame could jeopardize the member's health or ability to regain maximum function.
Please explain rationale for the urgency:	

Diagnosis Information				
Diagnosis or Symptom Information:			ICD-10:	
HCPC code:	Description:	Qty/Freq:	Start Date:	End Date:
HCPC code:	Description:	Qty/Freq:	Start Date:	End Date:
HCPC code:	Description:	Qty/Freq:	Start Date:	End Date:

205 Bishops Way, Brookfield, WI 53005 ● Phone: 262-207-9393 ● Fax: 414-384-8272