DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-11049 (07/2016)

STATE OF WISCONSIN
Wis. Admin. Code §§ DHS 107.10(2), 152.06(3)(h), 153.06(3)(g), 154.06(3)(g)

FORWARDHEALTH

PRIOR AUTHORIZATION / DRUG ATTACHMENT (PA/DGA)

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Drug Attachment (PA/DGA) Completion Instructions, F-11049A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Drug Attachment (PA/DGA) form before submitting a PA request on the Portal, by fax, or by mail. Providers may call Provider Services at 800-947-9627 with questions.

SECTION I — MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member Identification Number	3. Date of Birth – Member

SECTION II – PRESCRIPTION INFORMATION

4. Drug Name	5. Drug Strength
6. Date Prescription Written	7. Refills

8. Directions for Use

9. Name – Prescriber	10. National Provider Identifier – Prescriber

11. Address – Prescriber (Street, City, State, ZIP+4 Code)

12. Telephone Number – Prescriber

SECTION III – CLINICAL INFORMATION

13. Diagnosis Code and Description

SECTIONS IV-VIII

Complete the appropriate sections of this form:

- Section IV for HealthCheck “Other Services” drug requests
- Section V for diagnosis-restricted drug requests
- Section VI for drugs with specific PA criteria addressed in the ForwardHealth Online Handbook
- Section VII for other drug requests
- Section VIII for additional information when extra space is needed to complete Sections IV–VII

Continued

DT-PA014-014

SECTION IV – CLINICAL INFORMATION FOR HEALTHCHECK "OTHER SERVICES" DRUG REQUESTS

14. Document the clinical rationale to support the medical necessity of the drug being requested as a HealthCheck "Other Services" PA request. Include documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used. Medical records and peer-reviewed medical literature should be provided as necessary to support the PA request.

    Note: All HealthCheck "Other Services" drug PA requests must also include the date of the member's most recent HealthCheck screen, along with the name of the HealthCheck screener (who is required to be Medicaid-enrolled). HealthCheck "Other Services" is limited to members under 21 years of age.

SECTION V – CLINICAL INFORMATION FOR DIAGNOSIS-RESTRICTED DRUG REQUESTS

15. Submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the drug. Include documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used. Medical records should be provided as necessary to support the PA request.

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SECTION VI – CLINICAL INFORMATION FOR DRUGS WITH SPECIFIC CRITERIA ADDRESSED IN THE FORWARDHEALTH ONLINE HANDBOOK

16. Review the ForwardHealth Online Handbook PA criteria on the ForwardHealth Portal and document the required information. Refer to the Prior Authorization Drug Attachment topic in the Prior Authorization section of the Online Handbook for more information and a list of drugs.

SECTION VII – CLINICAL INFORMATION FOR OTHER DRUG REQUESTS

17. Document the clinical rationale to support the medical necessity of the drug being requested. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used is required. In addition, if the drug requested is a non-preferred PDL drug, specifically address why other preferred PDL drugs cannot be used. Medical records and peer-reviewed medical literature should be provided as necessary to support the PA request.

    Note: If the pharmacy submitting the PA request is an out-of-state pharmacy providing a non-emergency service and the drug being requested does not have specific PA criteria established, additional documentation is required to be submitted. Prior authorization documentation must demonstrate that the member has a medical condition for which the requested drug has Food and Drug Administration (FDA) approval (medical records must be provided to verify the member's medical condition). Additionally, the drug must be prescribed in a dose and manner consistent with the FDA-approved product labeling.

Continued

SECTION VIII – ADDITIONAL INFORMATION

18. Indicate any additional information in the space below. If the space provided in Sections IV–VII is not sufficient, include any additional information here.

SECTION IX – AUTHORIZED SIGNATURE

19. **SIGNATURE** – Prescriber	20. Date Signed

Reset Form