

FORWARDHEALTH PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR GLUCAGON-LIKE PEPTIDE (GLP-1) AGENTS COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

The use of this form is mandatory when requesting PA for certain drugs. Refer to the Pharmacy page of the ForwardHealth Online Handbook for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Glucagon-Like Peptide (GLP-1) Agents to request PA for GLP-1 agents. Pharmacy providers are required to use the PA/PDL for GLP-1 Agents form to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a PA request on the ForwardHealth Portal or on paper. Prescribers and pharmacy providers are required to retain a completed copy of the form.

Providers may submit PA requests on a PA/PDL form in one of the following ways:

- 1) For STAT-PA requests, pharmacy providers should call (800) 947-1197.
- 2) For requests submitted on the ForwardHealth Portal, providers may access www.forwardhealth.wi.gov/.
- 3) For paper PA requests by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA/PDL form to ForwardHealth at (608) 221-8616.
- 4) For paper PA requests by mail, pharmacy providers should submit a PA/RF and the appropriate PA/PDL form to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or Wisconsin's EVS to obtain the correct member ID.

Element 3 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

SECTION II — PRESCRIPTION INFORMATION

Element 4 — Drug Name

Enter the name of the drug.

Element 5 — Drug Strength

Enter the strength of the drug.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Refills

Enter the number of refills.

Element 8 — Directions for Use

Enter the directions for use of the drug.

Element 9 — Name — Prescriber

Enter the name of the prescriber.

Element 10 — National Provider Identifier (NPI) — Prescriber

Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 11 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 12 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION III — CLINICAL INFORMATION FOR ALL REQUESTS

Element 13 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis code and/or description most relevant to the drug or biologic requested. The diagnosis code must correspond with the ICD-9-CM description. The diagnosis code indicated must be an allowable diagnosis code for GLP-1 agents.

Element 14

Indicate whether or not the member is 18 years of age or older.

Element 15

Indicate whether or not the member is currently receiving Lantus insulin injections.

Element 16

Indicate whether or not the member is currently receiving insulin injections other than Lantus insulin.

Element 17

Indicate whether or not the member currently has or is there a history of pancreatitis.

Element 18

Indicate whether or not the member currently has or is there a history of gastroparesis.

Element 19

Indicate whether or not the member is participating in lifestyle interventions (e.g., diet, exercise) to improve glucose control.

Element 20

Indicate the member's most current hemoglobin (HbA1c). In the STAT-PA system, indicate the member's most current HbA1c as a three-digit number (e.g., if the member's most current HbA1c is 5.6 percent, enter "056").

Element 21

Indicate the date the member's most current HbA1c was measured in MM/DD/CCYY format. The member's most current HbA1c measurement must be within the past six months.

Element 22

Indicate whether or not the member has been taking the maximum dose of metformin (1,700 mg/day to 2,500 mg/day) for the past three months.

Element 23

Indicate whether or not the member is currently taking and will continue to take the maximum effective dose of metformin.

Element 24

Indicate whether or not the member is unable to take the maximum effective dose of metformin. If yes, indicate the reason(s) why the member is not taking the maximum effective dose of metformin in the space provided.

Element 25

Indicate whether or not the member has been taking the maximum effective dose of a sulfonylurea for the past three months.

Element 26

Indicate whether or not the member is currently taking and will continue to take the maximum effective dose of a sulfonylurea. If yes, indicate the drug name, dose, and directions for use in the space provided.

Element 27

Indicate whether or not the member is unable to take the maximum effective dose of a sulfonylurea. If yes, indicate the reason(s) why the member is not taking the maximum effective dose of a sulfonylurea in the space provided.

Element 28

Indicate whether or not the member is currently using a GLP-1 agent. If yes, complete Section IIIA of the PA/PDL for GLP-1 Agent form.

SECTION IIIA — CLINICAL INFORMATION FOR MEMBERS CURRENTLY USING A GLP-1 AGENT

Element 29

Indicate whether or not the member has been using a GLP-1 agent for the past six months.

Element 30

Indicate whether or not the member's most current HbA1c has decreased by at least 0.5 percent since starting a GLP-1 agent.

Element 31

Indicate whether or not the member's HbA1c has dropped below seven percent since starting a GLP-1 agent.

SECTION IIIB — CLINICAL INFORMATION FOR VICTOZA REQUESTS ONLY

Prior authorization requests for Victoza must be submitted on paper by fax or mail.

Element 32

Indicate whether or not the member has tried and failed on the maximum dose of Byetta. If yes, indicate the dose, directions for use, and the approximate dates Byetta was used in the space provided. In addition, describe in detail how the member failed to achieve an adequate therapeutic response or why the member is unable to continue treatment with Byetta.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 33 — National Drug Code

Enter the appropriate 11-digit National Drug Code for each drug.

Element 34 — Days' Supply Requested

Enter the requested days' supply.

Element 35 — NPI

Enter the NPI. Also enter the taxonomy code if the pharmacy provider taxonomy code is not 333600000X.

Element 36 — Date of Service

Enter the requested first date of service (DOS) for the drug in MM/DD/CCYY format. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 37 — Place of Service

Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Element 38 — Assigned PA Number

Enter the PA number assigned by the STAT-PA system.

Element 39 — Grant Date

Enter the date the PA was approved by the STAT-PA system.

Element 40 — Expiration Date

Enter the date the PA expires as assigned by the STAT-PA system.

Element 41 — Number of Days Approved

Enter the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — AUTHORIZED SIGNATURE

Element 42 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 43 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION VI — ADDITIONAL INFORMATION

Element 44

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.