

**FORWARDHEALTH**  
**PRIOR AUTHORIZATION DRUG ATTACHMENT FOR ALPHA-1 PROTEINASE INHIBITOR**

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Alpha-1 Proteinase Inhibitor Completion Instructions, F-11056A. Providers may refer to the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage) for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization Drug Attachment for Alpha-1 Proteinase Inhibitor form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal or on paper. 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 (NPI) — Prescriber

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

12. Telephone Number — Prescriber

**SECTION III — CLINICAL INFORMATION FOR ALPHA-1 PROTEINASE INHIBITOR**

13. Diagnosis Code and Description

14. Does the member have clinically significant panacinar emphysema due to congenital Alpha-1-Antitrypsin deficiency?

Yes

No

15. **SIGNATURE** — Prescriber

16. Date Signed

**SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA**

17. National Drug Code (11 Digits)

18. Days' Supply Requested (Up to 186 Days)

19. NPI



---

**SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA (Continued)**

---

20. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

---

21. Place of Service

---

22. Assigned PA Number

---

23. Grant Date

24. Expiration Date

25. Number of Days Approved

---

**SECTION V — ADDITIONAL INFORMATION**

---

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

---