

**FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), INCLUDING CYCLO-
OXYGENASE INHIBITORS**

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, Completion Instructions, F-11077A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors 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. Directions for Use

8. Name — Prescriber

9. National Provider Identifier (NPI) — Prescriber

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

11. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION (Complete Section III A or Section III B.)

12. Diagnosis Code and Description

Continued



SECTION IIIA — CLINICAL INFORMATION FOR NONSTEROIDAL ANTI-INFLAMMATORY DRUGS, INCLUDING CYCLO-OXYGENASE INHIBITORS

13. Has the member tried and failed two preferred, generic NSAIDs or experienced an adverse drug reaction? (The two preferred, generic NSAIDs taken cannot include ibuprofen or naproxen.) Yes No

If yes, check the two preferred, generic NSAIDs that were taken.

1. diclofenac
2. etodolac
3. flurbiprofen
4. indomethacin
5. ketoprofen
6. ketorolac
7. meloxicam
8. oxaprozin
9. piroxicam
10. sulindac

List the specific details about the treatment failures or adverse drug reactions and the approximate dates the two preferred, generic NSAIDs were taken in the space provided.

SECTION IIIB — CLINICAL INFORMATION FOR CYCLO-OXYGENASE INHIBITORS ONLY

14. Does the member have a history of familial adenomatous polyposis (FAP)? Yes No

15. Does the member have medical record documentation of thrombocytopenia or platelet dysfunction? Yes No

16. Does the member have medical record documentation of peptic ulcer disease, a history of gastrointestinal (GI) bleeding, or a history of NSAID-induced GI bleeding? Yes No

17. Is the member currently taking oral anticoagulation therapy? Yes No

18. Has the member been prescribed daily low-dose aspirin for cardioprotection and requires NSAID therapy? Yes No

19. Is the member 65 years of age or older? Yes No

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

20. National Drug Code (11 Digits)	21. Days' Supply Requested (Up to 365 Days)
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22. NPI

23. 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.)

24. Place of Service

25. Assigned PA Number

26. Grant Date	27. Expiration Date	28. Number of Days Approved
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SECTION V — AUTHORIZED SIGNATURE

29. SIGNATURE — Prescriber	30. Date Signed
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SECTION VI — ADDITIONAL INFORMATION

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