

FORWARDHEALTH
PRIOR AUTHORIZATION / PHYSICIAN-ADMINISTERED DRUG ATTACHMENT (PA/PAD)

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Physician-Administered Drug Attachment (PA/PAD) Instructions, F-11034A. Prescribers 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. Prescribers may call Provider Services at 800-947-9627 with questions.

SECTION I – MEMBER INFORMATION

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

2. Member ID Number

3. Date of Birth – Member

SECTION II – DRUG ORDER INFORMATION

4. Drug Name

5. Drug Strength

6. National Drug Code

7. Healthcare Common Procedure Coding System
Procedure Code

8. Order Date

9. Dose

10. Name – Prescriber

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

12. Phone Number – Prescriber

13. National Provider Identifier

SECTION III – CLINICAL INFORMATION

14. Diagnosis Code and Description

SECTIONS IV–VII

Complete the appropriate sections of this form:

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



DT-PA027-027

SECTION IV – CLINICAL INFORMATION FOR DIAGNOSIS-RESTRICTED PHYSICIAN-ADMINISTERED DRUG REQUESTS

15. Submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the physician-administered 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.

SECTION V – CLINICAL INFORMATION FOR PHYSICIAN-ADMINISTERED DRUGS WITH SPECIFIC CRITERIA ADDRESSED IN THE FORWARDHEALTH ONLINE HANDBOOK

16. Review the ForwardHealth Online Handbook PA criteria for the requested drug and document the required information. Refer to the appropriate topic in the Online Handbook for the drug-specific clinical PA criteria.
-

SECTION VI – CLINICAL INFORMATION FOR OTHER PHYSICIAN-ADMINISTERED DRUG REQUESTS

17. Document the clinical rationale to support the medical necessity of the physician-administered drug being requested. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used is required. Medical records and peer-reviewed medical literature should be provided as necessary to support the PA request.

SECTION VII – ADDITIONAL INFORMATION

18. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here. If the space provided in Sections IV–VI is not sufficient, include any additional information here.

SECTION VIII – AUTHORIZED SIGNATURE

19. **SIGNATURE** – Prescriber

20. Date Signed
