

FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR ZETIA OR VYTORIN

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Zetia or Vytorin Completion Instructions, F-00279A. Providers may refer to the Forms page of the ForwardHealth Portal at 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/Preferred Drug List (PA/PDL) for Zetia or Vytorin 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

13. Diagnosis Code and Description

14. Is the member being treated for an elevated total cholesterol level?

Yes No

15. Is the member being treated for an elevated low-density lipoprotein cholesterol level?

Yes No

SECTION IIIA — CLINICAL INFORMATION FOR ZETIA (Complete this section only for PA requests for Zetia.)

16. Does the member have a medical condition(s) or contraindication(s) that prevents him or her from taking a 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitor (i.e., statin) drug?

Yes No

If yes, list the medical condition(s) or contraindication(s) in the space provided.

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SECTION IIIA — CLINICAL INFORMATION FOR ZETIA (Continued)

17. Is there a clinically significant drug interaction with another medication the member is taking and a statin drug? Yes No

If yes, list the medication(s) and interaction(s) in the space provided.

18. Is the member currently taking or has the member previously taken a statin drug? Yes No

19. Has the member experienced a clinically significant adverse drug reaction to a statin drug? Yes No

If yes, list the name of the drug, specific details about the clinically significant adverse drug reaction, and the approximate dates of the adverse drug reaction in the space provided.

20. Has the member taken a preferred statin drug for at least three consecutive months and experienced an unsatisfactory therapeutic response? Yes No

If yes, list the name of the drug, dose of the drug, and the approximate dates the drug was taken in the space provided.

SECTION IIIB — CLINICAL INFORMATION FOR VYTORIN (Complete this section only for PA requests for Vytorin.)

21. Is the member stabilized on Vytorin and achieving a measureable therapeutic response? Yes No

22. Is the member stabilized on simvastatin plus Zetia as two separate drugs and achieving a measureable therapeutic response? Yes No

23. Does the member have a medical condition(s) that prevents him or her from taking simvastatin plus Zetia as two separate drugs? Yes No

If yes, list the medical condition(s) in the space provided.

24. Are member preference or member copayment the reasons why the member is unable to take simvastatin plus Zetia as two separate drugs? Yes No

SECTION IV — AUTHORIZED SIGNATURE

25. SIGNATURE — Prescriber

26. Date Signed

SECTION V — FOR PHARMACY PROVIDERS USING STAT-PA

27. National Drug Code (11 Digits)

28. Days' Supply Requested (Up to 365 Days)

29. NPI

30. 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.)

31. Place of Service

32. Assigned PA Number

33. Grant Date

34. Expiration Date

35. Number of Days Approved

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