**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis Admin. Code § DHS 107.10(2)

F-00433 (07/2022)

**FORWARDHEALTH**

**PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)**

**FOR PROTON PUMP INHIBITOR (PPI) ORALLY DISINTEGRATING TABLETS**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Orally Disintegrating Tablets Instructions, F-00433A. Prescribers may refer to the Forms page of the ForwardHealth Portal at [https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ ForwardHealthCommunications.aspx?panel=Forms](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/%20ForwardHealthCommunications.aspx?panel=Forms) for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Orally Disintegrating Tablets form signed and dated by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal, by fax, or by mail. Prescribers and pharmacy providers may call Provider Services at 800-947-9627 with questions.

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| **SECTION I – MEMBER INFORMATION** |
| 1. Name – Member (Last, First, Middle Initial)      |
| 2. Member ID 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. Address – Prescriber (Street, City, State, Zip+4 Code)      |
| 11. Phone Number – Prescriber      | 12. National Provider Identifier (NPI) – Prescriber      |
| **SECTION III – CLINICAL INFORMATION (Required for All Requests)** |
| 13. Diagnosis Code and Description      |
| 14. Is the member 5 years of age or older? [ ]  Yes [ ]  No |
| 15. Does the member have a medical condition(s) that prevents the use of PPI capsules and non-orally disintegrating tablets? [ ]  Yes [ ]  NoIf yes, list the medical condition(s) and describe how it prevents the member from using PPI capsules and non-orally disintegrating tablets. |
| 16. Has the member experienced an unsatisfactory therapeutic response or a clinicallysignificant adverse drug reaction with Nexium DR packet? [ ]  Yes [ ]  NoIf yes, list the dates Nexium DR packet was taken.      Describe the unsatisfactory therapeutic response or clinically significant adverse drug reaction.       |
| 17. Is there a clinically significant drug interaction between another drug the member istaking and Nexium DR packet? [ ]  Yes [ ]  NoIf yes, list the drug(s) and interaction(s) in the space provided.      |
| 18. Has the member experienced an unsatisfactory therapeutic response or a clinicallysignificant adverse drug reaction with Protonix suspension? [ ] Yes [ ]  No If yes, list the dates Protonix suspension was taken.      Describe the unsatisfactory therapeutic response or clinically significant adverse drug reaction.      |
| 19. Is there a clinically significant drug interaction between another drug the member istaking and Protonix suspension? [ ] Yes [ ]  No If yes, list the drug(s) and interaction(s) in the space provided.      |
| **SECTION IV – AUTHORIZED SIGNATURE** |
| 20. **SIGNATURE** – Prescriber | 21. Date Signed |
| **SECTION V – FOR PHARMACY PROVIDERS USING STAT-PA** |
| 22. National Drug Code (11 Digits)      | 23. Days’ Supply Requested (Up to 365 Days)      |
| 24. NPI      |

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| 25. Date of Service (DOS) (mmd/dd/ccyy) (For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.)       |
| 26. Place of Service      |
| 27. Assigned PA Number      |
| 28. Grant Date      | 29. Expiration Date      | 30. Number of Days Approved      |
| **SECTION VI – ADDITIONAL INFORMATION** |
| 31. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.      |