

FORWARDHEALTH PRIOR AUTHORIZATION /PREFERRED DRUG LIST (PA/PDL) FOR BELSOMRA® COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible members. Although these instructions refer to BadgerCare Plus, all information applies to Medicaid and SeniorCare.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (Wis. Admin. Code § DHS 104.02[4]).

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration, such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting PA for Belsomra®. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Belsomra®, F-01673. Pharmacy providers are required to use the PA/PDL for Belsomra® to request PA for Belsomra® using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the ForwardHealth Portal, by fax, or by mail. Prescribers and pharmacy providers are required to retain a completed copy of the form.

Pharmacy providers may submit PA requests on a PA drug attachment form in one of the following ways:

- 1) For STAT-PA requests, pharmacy providers should call 800-947-1197.
- 2) For requests submitted on the ForwardHealth Portal, pharmacy providers may access www.forwardhealth.wi.gov/.
- 3) For PA requests submitted by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA drug attachment to ForwardHealth at 608-221-8616.
- 4) For PA requests submitted by mail, pharmacy providers should submit a PA/RF and the appropriate PA drug attachment to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

Element 3 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 4 — Drug Name

Enter the drug name.

Element 5 — Drug Strength

Enter the strength of the drug listed in Element 4.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

Element 8 — Refills

Enter the number of refills for the drug listed in Element 4.

Element 9 — Name — Prescriber

Enter the name of the prescriber.

Element 10 — National Provider Identifier (NPI) — Prescriber

Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 11 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 12 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION III — CLINICAL INFORMATION

Element 13 — Diagnosis Code and Description

Enter the appropriate and most-specific *International Classification of Diseases* (ICD) diagnosis code and description most relevant to the drug requested. The ICD diagnosis code must correspond with the ICD description.

Element 14

Indicate whether or not the member is 18 years of age or older.

Element 15

Indicate whether or not the member has narcolepsy.

Element 16

Indicate whether or not the member has a medical history of substance abuse or misuse.

Element 17

Indicate whether or not the member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with at least **two** preferred drugs from the Sedative Hypnotics drug class. If yes, list the drug name and dates the drug was taken in the space provided for at least **two** preferred drugs the member has taken from the Sedative Hypnotics drug class. Describe the unsatisfactory therapeutic response(s) or clinically significant adverse drug reaction(s).

SECTION IV — AUTHORIZED SIGNATURE

Element 18 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 19 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION V — FOR PHARMACY PROVIDERS USING STAT-PA

Element 20 — National Drug Code

Enter the appropriate 11-digit National Drug Code for each drug.

Element 21 — Days' Supply Requested

Enter the requested days' supply.

Element 22 — NPI

Enter the NPI. Also enter the taxonomy code if the pharmacy provider's taxonomy code is not 333600000X.

Element 23 — Date of Service

Enter the requested first date of service (DOS) for the drug in MM/DD/CCYY format. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 24 — Place of Service

Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Code	Description
01	Pharmacy
13	Assisted living facility
14	Group home
32	Nursing facility
34	Hospice
50	Federally qualified health center
65	End-stage renal disease treatment facility
72	Rural health clinic

Element 25 — Assigned PA Number

Enter the PA number assigned by the STAT-PA system.

Element 26 — Grant Date

Enter the date the PA was approved by the STAT-PA system.

Element 27 — Expiration Date

Enter the date the PA expires as assigned by the STAT-PA system.

Element 28 — Number of Days Approved

Enter the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — ADDITIONAL INFORMATION

Element 29

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.