DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-01749 (07/2021)

STATE OF WISCONSIN

Wis. Admin. Code § DHS 107.10(2)

FORWARDHEALTH PRIOR AUTHORIZATION DRUG ATTACHMENT FOR HYPOGLYCEMICS, INSULINS LONG-ACTING

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting Instructions, F-01749A. Prescribers may refer to the Forms page of the ForwardHealth Portal at https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form signed and dated by the prescriber before submitting a prior authorization (PA) request on the Portal, by fax, or by mail. Prescribers and pharmacy providers may call Provider Services at 800-947-9627 with questions.

This form must be completed for both initial **and** renewal PA requests.

Prescriber Responsibilities for Initial PA Requests

For initial PA requests, prescribers should do the following:

- Complete **Sections I, II, III, IV, VI, and if needed, VII** of this form.
- Provide copies of the member's medical records to be submitted with the PA request.
- Submit the member's medical records and the completed, signed, and dated PA form to the pharmacy where the prescription will be filled.

Prescriber Responsibilities for Renewal PA Requests

For renewal PA requests, prescribers should do the following:

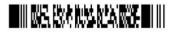
- Complete Sections I, II, III, V, VI, and if needed, VII of this form.
- Provide copies of the member's medical records to be submitted with the PA request.
- Submit the member's medical records and the completed, signed, and dated PA form to the pharmacy where the
 prescription will be filled.

Pharmacy Provider Responsibilities for Initial and Renewal PA Requests

For initial and renewal PA requests, pharmacy providers should do the following:

- Complete a Prior Authorization Request Form (PA/RF), F-11018.
- Submit the member's medical records and the completed Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form and a completed PA/RF to ForwardHealth on the Portal, by fax, or by mail.

SECTION I – MEMBER INFORMATION – INITIAL AND RENEWAL REQUESTS			
1. Name – Member (Last, First, Middle Initial)			
2. Member ID Number	3. Date of Birth – Member		
SECTION II - PRESCRIPTION INFORMATION - INITIAL AND RENEWAL REQUESTS			
4. Drug Name	5. Drug Strength		
6. Date Prescription Written	7. Refills		
8. Directions for Use			
9. Name – Prescriber			



Note: A copy of the member's medical records must be submitted with the PA request.

17a. List the glycemic treatmen	t goals the prescriber has established for the m	nember such as HbA1c and FBG.
17b. List the member's propose acting drug.	d insulin treatment regimen, including the non-	preferred hypoglycemics, insulins long-
Insulin	Dose / Dose Regimen	
Insulin	Dose / Dose Regimen	
Insulin	Dose / Dose Regimen	
SECTION V – CLINICAL INFORMATION – RENEWAL REQUESTS ONLY		
18. Has the member demonstrated a clinical improvement since starting the non-preferred hypoglycemics, insulins long-acting drug? ☐ Yes ☐ No		
If yes, provide specific examples of how the member's diabetes management has improved as a result of using a non-preferred hypoglycemics, insulins long-acting drug. A copy of the member's medical records must be submitted that demonstrate an improvement in the member's glycemic control. Examples include a decrease in HbA1c, improved FBG, and decreased hypoglycemia.		
Note: A copy of the member's medical records must be submitted with the PA request.		
SECTION VI — AUTHORIZED	SIGNATURE — INITIAL AND RENEWAL RE	QUESTS
19. SIGNATURE – Prescriber		20. Date Signed

SECTION VII – ADDITIONAL INFORMATION – INITIAL AND RENEWAL REQUESTS		
21. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.		