

**FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR HYPOGLYCEMICS, INSULIN – LONG-ACTING**

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Hypoglycemics, Insulin – Long-Acting Completion Instructions, F-01749A. 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 Hypoglycemics, Insulin – Long-Acting form signed by the prescriber before submitting a PA request on the Portal, by fax, or by mail. 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 Prior Authorization 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 diabetes management medical records to be submitted with the PA request.
- Submit the member's diabetes management medical records and the completed, signed, and dated form to the pharmacy where the prescription will be filled.

Prescriber Responsibilities for Renewal Prior Authorization 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 diabetes management medical records to be submitted with the PA request.
- Submit the member's diabetes management medical records and the completed, signed, and dated form to the pharmacy where the prescription will be filled.

Pharmacy Provider Responsibilities for Initial and Renewal Prior Authorization 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 diabetes management medical records and the completed PA/PDL for Hypoglycemics, Insulin – Long-Acting with the 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 Identification 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

10. National Provider Identifier – Prescriber

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

12. Telephone Number – Prescriber

Continued



SECTION III – CLINICAL INFORMATION – INITIAL AND RENEWAL REQUESTS

13. Diagnosis Code and Description

14. List the member's current daily insulin regimen or check "none" if appropriate.

None

Insulin _____ Dose / Dose Regimen _____ Start Date _____

Insulin _____ Dose / Dose Regimen _____ Start Date _____

Insulin _____ Dose / Dose Regimen _____ Start Date _____

SECTION IV – CLINICAL INFORMATION – INITIAL REQUESTS ONLY

15a. Has the member previously used Lantus® insulin? Yes No

If yes, provide details regarding how the member's Lantus® insulin regimen was adjusted to optimize glycemic control and the appropriate dates used. Include details regarding short-acting insulin if used in conjunction with Lantus® insulin. In addition, provide details regarding the member's Hemoglobin A1c (HbA1c) and Fasting Blood Glucose (FBG) readings along with approximate dates.

15b. Has the member experienced symptomatic hypoglycemia while using Lantus® insulin? Yes No

If yes, provide details regarding the frequency of hypoglycemic episodes, the blood sugar readings, when the last symptomatic hypoglycemic event occurred, and what medical intervention was required. What insulin adjustment options were utilized to decrease hypoglycemic episodes?

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

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SECTION IV – CLINICAL INFORMATION – INITIAL REQUESTS ONLY (Continued)

16a. Has the member previously used Levemir® insulin? Yes No

If yes, provide details regarding how the member's Levemir® insulin regimen was adjusted to optimize glycemic control and the approximate dates used. Include details regarding short-acting insulin if used in conjunction with Levemir® insulin. In addition, provide details regarding the member's HbA1c and FBG readings along with the approximate dates.

16b. Has the member experienced symptomatic hypoglycemia while using Levemir® insulin? Yes No

If yes, provide details regarding the frequency of hypoglycemic episodes, the blood sugar readings, when the last symptomatic hypoglycemic event occurred, and what medical intervention was required. What insulin adjustment options were utilized to decrease hypoglycemic episodes?

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

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SECTION IV – CLINICAL INFORMATION – INITIAL REQUESTS ONLY (Continued)

17a. List the glycemic treatment goals the prescriber has established for the member, such as: HbA1c and FBG.

17b. List the member's proposed daily insulin regimen to include the non-preferred long-acting insulin.

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 long-acting insulin?

Yes

No

If yes, provide specific examples of how the member's diabetes management has improved as a result of using a non-preferred long-acting insulin. A copy of the member's diabetes management 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 diabetes management medical records **must be submitted** with the PA request.

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SECTION VI – AUTHORIZED SIGNATURE – INITIAL AND RENEWAL REQUESTS

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.