

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

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

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 a PA for certain drugs. 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

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 the Prior Authorization/Preferred Drug List (PA/PDL) for Hypoglycemics, Insulin – Long-Acting form, F-01749.
- 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 PA/PDL for Hypoglycemics, Insulin – Long-Acting 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 form with the PA/RF to ForwardHealth on the Portal, by fax, or by mail.

Submitting Prior Authorization Requests

Pharmacy providers may submit PA requests on the PA/PDL for Hypoglycemics, Insulin – Long-Acting form in one of the following ways:

- 1) For requests submitted on the ForwardHealth Portal, pharmacy providers may access www.forwardhealth.wi.gov/.
- 2) For PA requests submitted by fax, pharmacy providers should submit the PA/RF, the member's diabetes management medical records, and the PA/PDL for Hypoglycemics, Insulin – Long-Acting form to ForwardHealth at 608-221-8616.
- 3) For PA requests submitted by mail, pharmacy providers should submit the PA/RF, the member's diabetes management medical records, and the PA/PDL for Hypoglycemics, Insulin – Long-Acting form 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 – INITIAL AND RENEWAL REQUESTS

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.

SECTION II – PRESCRIPTION INFORMATION – INITIAL AND RENEWAL REQUESTS

Element 4 – Drug Name

Enter the name of the drug.

Element 5 – Drug Strength

Enter the strength of the drug.

Element 6 – Date Prescription Written

Enter the date the prescription was written.

Element 7 – Refills

Enter the number of refills.

Element 8 – Directions for Use

Enter the directions for use of the drug.

Element 9 – Name – Prescriber

Enter the name of the prescriber.

Element 10 – National Provider Identifier – Prescriber

Enter the 10-digit National Provider Identifier 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 – INITIAL AND RENEWAL REQUESTS

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

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

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

SECTION IV – CLINICAL INFORMATION – INITIAL REQUESTS ONLY

Elements 15a-b

Indicate whether or not the member has previously used Lantus® insulin. If yes, provide details regarding how the member's Lantus® insulin was adjusted to optimize glycemic control and 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.

If the member has previously used Lantus® insulin, indicate whether or not the member has experienced symptomatic hypoglycemia while using Lantus® insulin. 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. Describe the insulin adjustment options that were utilized to decrease hypoglycemic episodes.

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

Elements 16a-b

Indicate whether or not the member has previously used Levemir® insulin. If yes, provide details regarding how the member's Levemir® insulin regimen was adjusted to optimize glycemic control and 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.

If the member has previously used Levemir® insulin, indicate whether or not the member has experienced symptomatic hypoglycemia while using Levemir® insulin. 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. Describe the insulin adjustment options that were utilized to decrease hypoglycemic episodes.

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

Elements 17a-b

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

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

SECTION V – CLINICAL INFORMATION – RENEWAL REQUESTS ONLY

Element 18

Indicate whether or not the member has demonstrated a clinical improvement since starting the non-preferred long-acting insulin. 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.

SECTION VI – AUTHORIZED SIGNATURE – INITIAL AND RENEWAL REQUEST

Element 19 – Signature – Prescriber

The prescriber is required to complete and sign this form.

Element 20 – Date Signed

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

SECTION VII – ADDITIONAL INFORMATION – INITIAL AND RENEWAL REQUESTS

Element 21

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