

**FORWARDHEALTH  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR JOURNAVX**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Journavx Instructions, F-03370A. Prescribers may refer to the Forms page of the ForwardHealth Portal (the Portal) at [forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms](http://forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms) for the completion instructions.

Pharmacy providers are required to have a completed PA/PDL for Journavx 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.

**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. Directions for Use

8. Refills

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**

13. Diagnosis Code and Description

14. Does the member have moderate to severe acute pain?

☐ Yes

☐ No



DT-PA137-137

15. Has the prescriber determined that treatment with acetaminophen is not appropriate for the member? ☐ Yes ☐ No

16. Has the prescriber determined that treatment with a non-steroidal anti-inflammatory drug is not appropriate for the member? ☐ Yes ☐ No

**SECTION IV – AUTHORIZED SIGNATURE**

17. **SIGNATURE** – Prescribing Provider

18. Date Signed

**SECTION V – FOR PHARMACY PROVIDERS USING STAT-PA**

19. National Drug Code (11 Digits)

20. Days' Supply Requested (Up to 14 Days)

21. NPI

22. Date of Service (DOS) (mm/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.)

23. Place of Service

24. Assigned PA Number

25. Grant Date

26. Expiration Date

27. Number of Days Approved

**SECTION VI – ADDITIONAL INFORMATION**

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