

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

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

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include information concerning enrollment status, accurate name, address, and member ID number.

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 Journavx. Attach additional pages if more space is needed. Refer to the Pharmacy service area of the ForwardHealth Online Handbook 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, sign, and date the Prior Authorization/Preferred Drug List (PA/PDL) for Journavx form, F-03370. Pharmacy providers must use the PA/PDL for Journavx form to request PA for Journavx using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the ForwardHealth Portal (the Portal), by fax, or by mail. Prescribers and pharmacy providers are required to retain a completed copy of the PA form.

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

- For STAT-PA requests, pharmacy providers should call 800-947-1197.
- For PA requests submitted on the Portal, pharmacy providers may access forwardhealth.wi.gov/.
- For PA requests submitted by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA/PDL form to ForwardHealth at 608-221-8616.
- For PA requests submitted by mail, pharmacy providers should submit a PA/RF and the appropriate PA/PDL 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

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 ID card and the EVS do not match, use the spelling from the EVS.

Element 2: Member ID 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

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: Address – Prescriber

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

Element 11: Phone Number – Prescriber

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

Element 12: National Provider Identifier (NPI) – Prescriber

Enter the 10-digit NPI 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 has moderate to severe acute pain.

Element 15

Indicate whether or not the prescriber has determined that treatment with acetaminophen is not appropriate for the member.

Element 16

Indicate whether or not the prescriber has determined that treatment with a non-steroidal inflammatory drug is not appropriate for the member.

SECTION IV – AUTHORIZED SIGNATURE

Element 17: Signature – Prescriber

The prescriber is required to complete and sign this form.

Element 18: 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 19: National Drug Code

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

Element 20: Days' Supply Requested

Enter the requested days' supply (up to 14 days).

Element 21: NPI

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

Element 22: Date of Service (DOS)

Enter the requested first 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 23: 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 24: Assigned PA Number

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

Element 25: Grant Date

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

Element 26: Expiration Date

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

Element 27: Number of Days Approved

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

SECTION VI – ADDITIONAL INFORMATION

Element 28

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