

Prior Authorization / Preferred Drug List (PA/PDL) for Blujepa and Orlynvah

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Blujepa and Orlynvah Instructions, F-03412A. Prescribers may refer to the Forms page of the ForwardHealth Portal (the Portal) at 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 Blujepa and Orlynvah 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. Is the member female?

☐ Yes ☐ No

15. Are the member's age and weight consistent with the Food and Drug Administration-approved product labeling for the requested drug?

☐ Yes ☐ No

16. Is the member being treated for an uncomplicated urinary tract infection caused by an organism that is susceptible to the requested drug?

☐ Yes ☐ No

17. Has the prescriber determined that treatment with an alternative oral antibiotic is not appropriate for the member?

☐ Yes ☐ No

Section IV – Authorized signature

18. Signature – Prescriber: _____

19. Date signed: _____

Section V – For pharmacy providers using STAT-PA

20. National Drug Code (11 Digits): _____ 21. Days' supply requested (up to five days): _____

22. NPI: _____

23. 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.): _____

24. Place of service: _____ 25. Assigned PA number: _____

26. Grant date: _____ 27. Expiration date: _____ 28. Number of days approved: _____

Section VI – Additional information

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