

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:



DT-PA139-139

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

Yes No

15. Is the member being treated for an uncomplicated urinary tract infection (Blujepa or Orlynvah) **or** uncomplicated urogenital gonorrhea (Blujepa only) caused by an organism that is susceptible to the requested drug?

Yes No

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

Yes No

Section IV – Authorized signature

17. Signature – Prescriber: _____

18. Date signed: _____

Section V – For pharmacy providers using STAT-PA

19. National Drug Code (11 Digits): _____

20. Days' supply requested (up to five 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 requested drug may be included here.