

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

ForwardHealth requires certain information to enable the programs 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 certain drugs. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth medical consultants 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 Blujepa and Orlynvah form, F-03412. Pharmacy providers are required to use the PA/PDL for Blujepa and Orlynvah form to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by 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/](http://forwardhealth.wi.gov/).
- For PA requests 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 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 name of the drug.

### Element 5: Drug strength

Enter the strength of the listed drug.

### 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.

### 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's age and weight are consistent with the Food and Drug Administration-approved product labeling for the requested drug.

**Element 15**

Indicate whether or not the member is 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.

**Element 16**

Indicate whether or not the prescriber has determined that treatment with an alternative oral antibiotic is not appropriate for the member.

**Section IV – Authorized signature****Element 17: Signature**

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 National Drug Code for the requested drug.

**Element 20: Days' supply requested**

Enter the requested days' supply (up to five 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.

<b>Code</b>	<b>Description</b>
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 the STAT-PA system approved for the PA request.

## **Section VI – Additional information**

Element 28

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