FORWARDHEALTH

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), INCLUDING CYCLO-OXYGENASE INHIBITORS

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Non-steroidal Anti-inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, Completion Instructions, F-11077A. Providers may refer to the Forms page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage* for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Non-steroidal Anti-inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal or on paper. Providers may call Provider Services at (800) 947-9627 with questions.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification 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. Name — Prescriber	9. National Provider Identifier (NPI) — Prescriber

10. Address — Prescriber (Street, City, State, ZIP+4 Code)

11. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION (Providers are required to complete Section III. For PA requests for cyclo-oxygenase inhibitors, providers are also required to complete Section IIIA.)

12. Diagnosis Code and Description

13. Has the member experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction with at least **two** preferred NSAIDs? (The two preferred NSAIDs taken cannot include ibuprofen or naproxen.) ❑ Yes ❑ No

If yes, list the preferred NSAIDs and doses, specific details about the unsatisfactory therapeutic responses or clinically significant adverse drug reactions, and the approximate dates the preferred NSAIDs were taken in the space provided.

1. _____
2. _____
3. _____
4. _____

Continued

SECTION IIIA — CLINICAL INFORMATION FOR CYCLO-OXYGENASE INHIBITORS ONLY

14. Does the member have a history of familial adenomatous polyposis (FAP)?	❑ Yes	❑ No
15. Does the member have medical record documentation of thrombocytopenia or platelet dysfunction?	❑ Yes	❑ No
16. Does the member have medical record documentation of peptic ulcer disease, a history of gastrointestinal (GI) bleeding, or a history of NSAID-induced GI bleeding?	❑ Yes	❑ No
17. Is the member currently taking oral anticoagulation therapy?	❑ Yes	❑ No
18. Has the member been prescribed daily low-dose aspirin for cardioprotection and requires NSAID therapy?	❑ Yes	❑ No
19. Is the member 65 years of age or older?	❑ Yes	❑ No

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

20. National Drug Code (11 Digits)	21. Days' Supply Requested (Up to 365 Days)

22. NPI

23. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service 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 V — AUTHORIZED SIGNATURE

29. **SIGNATURE** — Prescriber	30. Date Signed

SECTION VI — ADDITIONAL INFORMATION

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

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