**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Admin. Code §§ DHS 107.06(2)

F-11034 (07/2022) DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g)

**FORWARDHEALTH**

**PRIOR AUTHORIZATION / PHYSICIAN-ADMINISTERED DRUG ATTACHMENT (PA/PAD)**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Physician-Administered Drug Attachment (PA/PAD) Instructions, F-11034A. Prescribers may refer to the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ ForwardHealthCommunications.aspx?panel=Forms](http://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/%20ForwardHealthCommunications.aspx?panel=Forms) for the completion instructions. Prescribers may call Provider Services at 800-947-9627 with questions.

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| **SECTION I – MEMBER INFORMATION** |
| 1. Name – Member (Last, First, Middle Initial)      |
| 2. Member ID Number      | 3. Date of Birth – Member      |
| **SECTION II – DRUG ORDER INFORMATION** |
| 4. Drug Name      | 5. Drug Strength      |
| 6. National Drug Code      | 7. Healthcare Common Procedure Coding System Procedure Code       |
| 8. Order Date      | 9. Dose      |
| 10. Name – Prescriber      |
| 11. Address – Prescriber (Street, City, State, Zip+4 Code)      |
| 12. Phone Number – Prescriber      | 13. National Provider Identifier      |
| **SECTION III – CLINICAL INFORMATION** |
| 14. Diagnosis Code and Description      |
| **SECTIONS IV–VII**Complete the appropriate sections of this form:• Section IV for diagnosis-restricted physician-administered drug requests• Section V for physician-administered drugs with specific PA criteria addressed in the ForwardHealth Online Handbook• Section VI for other physician-administered drug requests• Section VII for additional information when extra space is needed to complete Sections IV–VI |

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| **SECTION IV – CLINICAL INFORMATION FOR DIAGNOSIS-RESTRICTED PHYSICIAN-ADMINISTERED DRUG REQUESTS** |
| 15. Submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the physician-administered drug. Include documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used. Medical records should be provided as necessary to support the PA request.      |
| **SECTION V – CLINICAL INFORMATION FOR PHYSICIAN-ADMINISTERED DRUGS WITH SPECIFIC CRITERIA ADDRESSED IN THE FORWARDHEALTH ONLINE HANDBOOK** |
| 16. Review the ForwardHealth Online Handbook PA criteria for the requested drug and document the required information. Refer to the appropriate topic in the Online Handbook for the drug-specific clinical PA criteria.      |
| **SECTION VI – CLINICAL INFORMATION FOR OTHER PHYSICIAN-ADMINISTERED DRUG REQUESTS** |
| 17. Document the clinical rationale to support the medical necessity of the physician-administered drug being requested. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not used is required. Medical records and peer-reviewed medical literature should be provided as necessary to support the PA request.      |
| **SECTION VII – ADDITIONAL INFORMATION** |
| 18. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here. If the space provided in Sections IV–VI is not sufficient, include any additional information here.       |
| **SECTION VIII – AUTHORIZED SIGNATURE** |
| 19. **SIGNATURE** – Prescriber | 20. Date Signed |