

**FORWARDHEALTH**  
**PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)**  
**FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)**

**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) 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](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage) for the completion instructions.

Pharmacy providers are required to have a completed PA/PDL for NSAIDs 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 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. 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**

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*



DT-PA039-039

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**SECTION IV – FOR PHARMACY PROVIDERS USING STAT-PA**

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14. National Drug Code (11 Digits)		15. Days' Supply Requested (Up to 365 Days)
16. NPI		
17. 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.)		
18. Place of Service		
19. Assigned PA Number		
20. Grant Date	21. Expiration Date	22. Number of Days Approved

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**SECTION V – AUTHORIZED SIGNATURE**

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23. <b>SIGNATURE</b> – Prescriber	24. Date Signed
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**SECTION VI – ADDITIONAL INFORMATION**

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25. 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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