FORWARDHEALTH

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR GROWTH HORMONE DRUGS 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, but is not limited to, 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. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs, F-11092. Pharmacy providers are required to use the PA/PDL for Growth Hormone Drugs 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 or on paper. Prescribers and pharmacy providers are required to retain a completed copy of the 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 requests submitted on the ForwardHealth Portal, pharmacy providers may access www.forwardhealth.wi.gov/.
- For PA requests submitted 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 submitted 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 drug listed in Element 4.

Element 6: Date Prescription Written
Enter the date the prescription was written.

Element 7: Refills
Enter the number of refills.

Element 8: Directions for Use
Enter the directions for use of the drug.

Element 9: Name – Prescriber
Enter the name of the prescriber.

Element 10: National Provider Identifier (NPI) – Prescriber
Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 11: Address – Prescriber
Enter the address (street, city, state, and zip+4 code) of the prescriber.

Element 12: Phone Number – Prescriber
Enter the phone number, including the area code, of the prescriber.

SECTION III – CLINICAL INFORMATION
Prescribers are required to complete the appropriate sections before signing and dating the PA/PDL for Growth Hormone Drugs form.

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.

SECTIONS III A, III B, and III C
Complete the appropriate section of this form:

- PA requests for growth hormone drugs (except Serostim or Zorbtive): complete Section III A only.
- PA requests for Serostim: complete Section III B only.
- PA requests for Zorbtive: complete Section III C only.

SECTION III A – CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS (EXCEPT SEROSTIM OR ZORBTIVE)

Element 14
Check the box to indicate whether or not the drug requested is a preferred growth hormone drug. If the drug is a non-preferred growth hormone drug, describe the reason for the request in the space provided.

Element 15
Check the box to indicate whether or not the prescription is written by an endocrinologist or through an endocrinology consultation.

Element 16
Check the box to indicate whether or not growth hormone will be used for the listed congenital condition(s).

Element 17
If growth hormone will not be used for one of the congenital conditions listed in Element 16, prescribers should indicate the medical condition that is being treated in the space provided.

Providers are required to include detailed documentation of the medical work-up and testing used to determine the need for growth hormone treatment. Documentation must include the following, when applicable based on the member's age:

- Detailed endocrinology and medical work-up, including medical problem list, current medication list, and medication history
- Height and weight measurements over time plotted on the most clinically appropriate growth chart(s) for age and gender, including growth velocity, growth percentiles, and Z-scores
- Copies of the most recent insulin-like growth factor-1 (IGF-1) and insulin-like growth factor-binding protein 3 (IGF-BP3) lab reports
- Bone age results
- Thyroid-stimulating hormone level
- Nutrition assessment
- Any other relevant testing, such as advanced imaging of the hypothalamic-pituitary region, if performed

For growth hormone renewal PA requests, providers should include copies of the most recent endocrinology clinic notes, clinically appropriate height and weight growth charts for age and gender, the most current IGF-1 and IGF-BP3 lab testing results, and the most current bone age when applicable based on the member's age.

Element 18
Check the box to indicate whether or not the member had a recent stimulated response growth hormone test. Indicate the type of the most recent stimulated response growth hormone test, the date of the test, and the peak response result.

Growth hormone stimulation testing should be conducted after an overnight fast, using a well-standardized protocol. Complete testing results must be submitted with the PA request. The testing results must include the type of stimulation test and the dose of stimulating agent, a copy of the medical notes during the entire testing procedure, vital signs, blood glucose levels, the time and results from each blood sample taken, and the provider interpretation of the testing results.

SECTION III B – CLINICAL INFORMATION FOR SEROSTIM ONLY

Element 19
Check the box to indicate whether or not the member has a diagnosis of AIDS wasting disease or cachexia.

SECTION III C – CLINICAL INFORMATION FOR ZORBTIVE ONLY

Element 20
Check the box to indicate whether or not the member has a diagnosis of short bowel syndrome with dependence on parenteral nutrition.

SECTION IV – AUTHORIZED SIGNATURE

Element 21: Signature – Prescriber
The prescriber is required to complete and sign this form.

Element 22: 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 23: National Drug Code
Enter the appropriate 11-digit National Drug Code for each drug.

Element 24: Days' Supply Requested
Enter the requested days' supply.

Element 25: NPI
Enter the NPI. Also enter the taxonomy code if the pharmacy provider's taxonomy code is not 333600000X.

Element 26: Date of Service
Enter the requested first date of service (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 27: Place of Service
Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Code	Description
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 28: Assigned PA Number
Enter the PA number assigned by the STAT-PA system.

Element 29: Grant Date
Enter the date the PA was approved by the STAT-PA system.

Element 30: Expiration Date
Enter the date the PA expires as assigned by the STAT-PA system.

Element 31: Number of Days Approved
Enter the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION VI – ADDITIONAL INFORMATION

Element 32
Include any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the drug requested may also be included here.