

**FORWARDHEALTH
PRIOR AUTHORIZATION / "J" CODE ATTACHMENT (PA/JCA)**

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at 608-221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/"J" Code Attachment (PA/JCA) Completion Instructions, F-11034A.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth — Member
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3. Member Identification Number

SECTION II — DRUG ORDER INFORMATION

4. Drug Name	5. Strength
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6. National Drug Code	7. HCPCS "J" Code
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8. Quantity Ordered	9. Date Order Issued	10. Daily Dose
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11. Name — Prescriber

12. National Provider Identifier	13. "Brand Medically Necessary" <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate and describe the adverse reaction, allergic reaction, or actual therapeutic failure in the space provided.
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SECTION III — CLINICAL INFORMATION

14. Diagnosis

15. Changes to Previous Clinical Condition
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Continued



SECTION III — CLINICAL INFORMATION (Continued)

16. Use (Check One)

- Compendium standards, such as the United States Pharmacopeia Dispensing Information (USP-DI) or drug package insert, lists the intended use previously identified as an accepted or a [bracketed] indication.
- The intended use identified above is *not* listed in compendium standards. Peer-reviewed clinical literature is attached.

17. Dose (Check One)

- The daily dose and duration are within compendium standards of general prescribing or dosing limits for the indicated use.
- The daily dose and duration are not within compendium standards of general prescribing or dosing limits for the intended use. Attach peer-reviewed literature that indicates this dose is appropriate or document the medical necessity of this dosing difference.

18. **SIGNATURE** — Prescriber

19. Date Signed
