

**FORWARDHEALTH  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR EXPEDITED EMERGENCY SUPPLY REQUEST**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) Expedited Emergency Supply Request Instructions, F-00401A. Providers may refer to the Forms page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms> for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) Expedited Emergency Supply Request form before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. Providers may call Provider Services at 800-947-9627 with questions.

When submitting an expedited emergency supply prior authorization request, pharmacy providers should refer to the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page of the Portal at <https://www.forwardhealth.wi.gov/WIPortal/content/Provider/medicaid/pharmacy/resources.htm.spage#> for the list of drugs that can be dispensed in up to a 14-day supply, 34-day supply, or 100-day supply.

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**SECTION I – MEMBER INFORMATION**

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

2. Member ID Number

3. Date of Birth – Member

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**SECTION II – MEDICATION REVIEW**

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4. Drug Name

5. Drug Strength

6. Date Prescription Written

7. Directions for Use

8. Name – Prescriber

9. National Provider Identifier – Prescriber

10. Address – Prescriber (Street, City, State, Zip+4 Code)

11. Phone Number – Prescriber

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**SECTION III – JUSTIFICATION**

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12. Diagnosis Code and Description

13. Has the pharmacist determined that this drug is included in the Expedited  
Emergency Supply Request Drugs data table?

Yes  No

14. Has the pharmacist reviewed the member's medical profile and determined that  
the member is in need of the drug immediately?

Yes  No

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**SECTION IV – AUTHORIZED SIGNATURE**

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15. **SIGNATURE** – Pharmacist

16. Date Signed

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**SECTION V – DATA REQUIRED ON STAT-PA**

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17. National Drug Code (11 Digits)

18. Days' Supply Requested (For up to a 14-day, 34-day,  
or 100-day supply)

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19. National Provider Identifier

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20. Date of Service (mm/dd/ccyy) (For STAT-PA requests, the date of service must be today's date.)

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21. Place of Service

22. Assigned Prior Authorization Number

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23. Grant Date

24. Expiration Date

25. Number of Days Approved

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