

**FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR EPIDIOLEX**

INSTRUCTIONS: Type of print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Epidiolex Instructions, F-02433A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Epidiolex 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, by fax, or by mail. 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. Phone Number – Prescriber

SECTION III – CLINICAL INFORMATION – ALL REQUESTS

12. Diagnosis Code and Description

13. Does the member have Dravet syndrome?

Yes No

14. Does the member have Lennox-Gastaut syndrome?

Yes No

SECTION IV – AUTHORIZED SIGNATURE

16. **SIGNATURE** – Prescriber

17. Date Signed

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DT-PA122-122

SECTION V – FOR PHARMACY PROVIDERS USING STAT-PA

18. National Drug Code (11 Digits)	19. Days' Supply Requested (Up to 365 Days)	
20. NPI		
21. 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.)		
22. Place of Service		
23. Assigned PA Number		
24. Grant Date	25. Expiration Date	26. Number of Days Approved

SECTION VI – ADDITIONAL INFORMATION

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