

**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 <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) 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 – 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 Lennox-Gastaut syndrome?

Yes  No

14. Does the member have tuberous sclerosis complex?

Yes  No

15. Does the member have Dravet syndrome?

Yes  No

**SECTION IV – AUTHORIZED SIGNATURE**

16. **SIGNATURE** – Prescriber

17. Date Signed



DT-PA122-122

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

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18. National Drug Code (11 Digits)

19. Days' Supply Requested (Up to 365 Days)

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20. National Provider Identifier

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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.)

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22. Place of Service

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23. Assigned PA Number

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24. Grant Date

25. Expiration Date

26. Number of Days Approved

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**SECTION VI – ADDITIONAL INFORMATION**

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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.

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