

FORWARDHEALTH EXPEDITED EMERGENCY SUPPLY REQUEST

Instructions: Type or print clearly. Before completing this form, read the Expedited Emergency Supply Request Instructions, F-00401A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the instructions.

Pharmacy providers are required to have a completed 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 contacting the prescriber after submitting an expedited emergency supply request, pharmacy providers should discuss the following before submitting a PA request:

- For Preferred Drug List drug classes, the pharmacy provider should assist the prescriber in reviewing preferred drugs.
- For brand medically necessary drugs, the pharmacy provider should review therapeutic alternatives with the prescriber.
- For drugs that require clinical PA, the pharmacy provider should review clinical criteria with the prescriber to ensure the member meets the clinical criteria.

SECTION I — MEMBER INFORMATION

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

2. Member Identification Number

3. Date of Birth – Member

SECTION II – MEDICATION REVIEW

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. Telephone Number – Prescriber

SECTION III – JUSTIFICATION

12. Diagnosis Code and Description

13. Has the pharmacist determined that this drug is included in the expedited emergency supply policy?

Yes No

14. Has the pharmacist attempted to contact the prescriber and he or she is unavailable?

Yes No

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

Yes No

SECTION IV – AUTHORIZED SIGNATURE

16. **SIGNATURE** – Pharmacist

17. Date Signed

Continued

SECTION V – DATA REQUIRED ON STAT-PA

18. National Drug Code (11 Digits)

19. Days' Supply Requested (Up to 34 Days)

20. NPI

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

22. Place of Service

23. Grant Date

24. Expiration Date
