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Epidiolex (Cannabidiol) Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004 or Provider Help Desk 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

Epidiolex	_____	_____	Specify: _____
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7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization (PA) is required for cannabidiol (Epidiolex). Payment will be considered under the following conditions:

- 1) Patient meets the FDA approved age; and
- 2) Baseline serum transaminases (ALT and AST) and total bilirubin levels have been obtained prior to initiating therapy (attach results); and
- 3) A diagnosis of Lennox-Gastaut syndrome with documentation of an adequate trial and inadequate response with at least two concomitant antiepileptic drugs (AEDs) from the following: valproic acid, lamotrigine, topiramate, felbamate, rufinamide, clobazam; or
- 4) A diagnosis of Dravet syndrome with documentation of an adequate trial and inadequate response with at least two concomitant AEDs from the following: clobazam, valproic acid, levetiracetam, topiramate; and
- 5) Is prescribed by or in consultation with a neurologist; and
- 6) The total daily dose does not exceed 20mg/kg/day.

If criteria for coverage are met, initial requests will be approved for three months. Additional PA requests will be considered when the following criteria are met:

- 1) Documentation of clinical response to therapy (i.e. reduction in the frequency of seizures); and
- 2) The total daily dose does not exceed 20mg/kg/day.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Patient weight (kg): _____ **Date obtained:** _____

Is prescriber a neurologist?

Yes No If no, note consultation with neurologist:

Consultation date: _____ Physician name & phone: _____

Have baseline serum transaminases (ALT and AST) and total bilirubin been obtained prior to initiating therapy?

Yes (attach results) No

Lennox-Gastaut syndrome

Document an adequate trial and inadequate response with at least two concomitant AEDs from the following: valproic acid, lamotrigine, topiramate, felbamate, rufinamide, clobazam.

Trial #1 drug name and dose: _____

Trial dates: _____ Failure reason: _____

Trial #2 drug name and dose: _____

Trial dates: _____ Failure reason: _____

Dravet syndrome

Document an adequate trial and inadequate response with at least two concomitant AEDs from the following: clobazam, valproic acid, levetiracetam, topiramate.

Trial #1 drug name and dose: _____

Trial dates: _____ Failure reason: _____

Trial #2 drug name and dose: _____

Trial dates: _____ Failure reason: _____

Renewals

Document clinical response to therapy: _____

Patient weight (kg): _____ **Date obtained:** _____

9. Physician signature

 Prescriber or authorized signature _____
 Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.