

Request for Prior Authorization
Cannabidiol (Epidiolex) (Continued)
(PLEASE PRINT – ACCURACY IS IMPORTANT)

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:** _____

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.