



2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Epidiolex

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Form with fields: Patient Name, Prescriber Name, Member Number, Fax: Phone, Date of Birth, Office Contact, Line of Business, NPI, State Lic ID, Address, City, State ZIP, Primary Phone, Specialty/facility name (if applicable)

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Form with fields: Drug Name, Strength, Directions / SIG

Please attach any pertinent medical history including labs and information for this member that may support approval. Please answer the following questions and sign.

Q1. Does the patient have a hypersensitivity to cannabidiol or any of the ingredients in the product?

Yes No

Q2. Does the patient have a documented diagnosis of Dravet syndrome (DS) or Lennox-Gastaut syndrome (LGS) or Tuberous Sclerosis Complex (TSC)?

Yes No

Q3. Is Epidiolex being prescribed by or in consultation with a neurologist or an epileptologist?

Yes No

Q4. Is the patient 1 year of age or older?

Yes No

Q5. Prior to initiation of therapy, are baseline serum transaminases (ALT and AST) and total bilirubin attached, and will these labs be monitored periodically during therapy?



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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. Has the patient failed to become seizure-free with at least 2 antiepileptic drugs (specify drugs tried)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Will Epidiolex be used as adjunctive therapy with other antiepileptic drug(s) (provide name of drug or drugs)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Is the requested Epidiolex dose in accordance with FDA-approved labeled dose not exceeding 20 mg/kg/day for treatment of seizures associated with Lennox-Gastaut Syndrome and Dravet Syndrome or dose not exceeding 25 mg/kg/day for treatment of seizures associated with Tuberous Sclerosis Complex?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q9. Additional Information:	

Prescriber Signature

Date
2024 Prior Authorization Request