Kaiser Permanente Health Plan of Mid-Atlantic States, Inc.
Epidiolex (cannabidiol) Prior Authorization (PA)
Pharmacy Benefits Prior Authorization Help Desk
Length of Authorizations: Initial- 6 months; Continuation- 12 months

Instructions:
This form is used by Kaiser Permanente and/or participating providers for coverage of **Epidiolex (cannabidiol).** Please complete and fax this form back to Kaiser Permanente within 24 hours [fax: 1-866-331-2104]. If you have any questions or concerns, please call 1-866-331-2103. **Requests will not be considered unless this form is complete. The KP-MAS Formulary can be found at: http://www.providers.kaiserpermanente.org/mas/formulary.html**

1 – Patient Information

Patient Name: ______________________________ Kaiser Medical ID#: _________________ Date of Birth: _____________

2 – Provider Information

Is the prescriber a neurologist ? □ No □ Yes

If consulted with a specialist, specialist name and specialty: ____

Provider Name: ______________________________ Specialty: ____________________ Provider NPI: _________________

Provider Address: ____

Provider Phone #: _________________________Provider Fax #: __________________________

Please check the boxes that apply:
□ Initial Request □ Continuation of Therapy Request

3 – Pharmacy Information

Pharmacy Name: ________________________________ Pharmacy NPI: ____

Pharmacy Phone #______________________________ Pharmacy Fax #: ____

4 – Drug Therapy Requested

Drug 1: Name/Strength/Formulation: ____
Sig: ____

Drug 2: Name/Strength/Formulation: ____
Sig: ____

5– Diagnosis/Clinical Criteria

Initial Therapy:

1. Is the member ≥1 year? **AND**
   □ No □ Yes
2. Is the member prescribed for Dravet Syndrome or Lennox-Gastaut Syndrome? **AND**
   □ No □ Yes
3. Member has failed an adequate trial (≥2 months), or patient has intolerance to, at least 2 other antiepileptic medications that are appropriate for diagnosis:
   - Lennox Gastaut: felbamate, valproate, topiramate, rufinamide, clobazam, clonazepam, zonisamide
   - Dravet Syndrome: valproate, clobazam, levetiracetam, topiramate, zonisamide, clonazepam.

   □ No □ Yes

Continuation of Therapy:

1. Continued to be prescribed by neurologist for Dravet Syndrome or Lennox-Gastaut Syndrome, **AND**
   □ No □ Yes
2. Member has sustained improvement in seizure control (frequency and/por severity) since starting Epidiolex as assessed and documented by neurologist, **AND**
   □ No □ Yes
3. Member has no significant hepatic impairment, **AND**
   □ No □ Yes
4. Patient is not using cannabis or other cannabis derivatives, AND
   □ No □ Yes
5. Office visit or telephone visit with neurologist within the past 12 months
   □ No □ Yes

7 – Provider Sign-Off

Additional Information – Please provide any additional information that should be taken into consideration.

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I certify that the information provided is accurate. Supporting documentation is available for State audits.

Provider Signature:	**Date:**

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