OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **(Pharmacy) 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Epidiolex® (cannabidiol)

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Recommended Dosage: LGS, DS Initial: 2.5 mg/kg twice daily; may increase after 1 week to a maintenance dose of 5 mg/kg twice daily; if needed and tolerated, may increase in weekly increments of 2.5 mg/kg twice daily to a maximum dosage of 10 mg/kg twice daily.

TSC: Initial: 2.5 mg/kg twice daily; may increase dose in weekly increments of 2.5 mg/kg twice daily to a maximum dose of 12.5 mg/kg twice daily.

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization Approval: 6 months

- ❑ Patient must be 1 year of age or older

AND

- ❑ Prescribing Physician: ❑ Neurologist **OR** ❑ Consultation with a Neurologist

AND

- ❑ Patient must have **ONE** of the following diagnosis (**Please check patient's diagnosis below):**
  - ❑ Seizures associated with Lennox-Gastaut syndrome (LGS)

OR

  - ❑ Seizures associated with Dravet syndrome (DS)

OR

  - ❑ Seizures associated with Tuberous Sclerosis Complex (TSC)

AND

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- ❑ Patient must be refractory to at least 2 anti-epileptic drugs (AEDs) that are appropriate for diagnosis **(subject to verification through pharmacy paid claims):**
  - ❑ **AEDs for Lennox Gastaut:** (felbamate, valproate, topiramate, lamotrigine, rufinamide, clobazam, clonazepam, zonisamide)
  - ❑ **AEDs for Dravet Syndrome:** (valproate, clobazam, levetiracetam, topiramate, zonisamide, clonazepam)
  - ❑ **AEDs for Tuberous Sclerosis Complex:** (phenobarbital, phenytoin, carbamazepine, oxcarbazepine, valproate, divalproex sodium, clobazam, levetiracetam, topiramate, vigabatrin, everolimus, zonisamide, rufinamide)

AND

- ❑ Prescriber to provide attestation that Epidiolex® will be used as adjunct therapy with ≥ 1 antiepileptic drug

AND

- ❑ Must submit baseline testing of serum transaminases (ALT and AST) and total bilirubin levels prior to starting therapy and monitored periodically throughout therapy

AND

- ❑ Prescriber to provide attestation that Epidiolex® will not be used with other cannabis or cannabis derivatives

Reauthorization – 12 months. **ALL** of the following criteria must be met:

- ❑ Patient continues to meet initial criteria

AND

- ❑ Prescriber must submit annual serum transaminases (ALT and AST) and total bilirubin levels

AND

- ❑ There is no significant liver impairment (ALT or AST greater than 3 times upper limit of normal with bilirubin greater than 2 times upper limit of normal)

Medication being provided by Specialty Pharmacy - PropriumRx

(Continued on next page; signature page is required to process request.)

(Please ensure signature page is attached to form.)

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by Pharmacy and Therapeutics Committee**: ~~1/17/2019;~~ 10/15/2020
REVISED/UPDATED: ~~3/20/2019;~~ **4/1/2021**