Nevada Medicaid

Submit fax request to: 855-455-3303
Please note: All information below is required to process this request.

Epidiolex® (cannabidiol) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED.

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

- ☐ The recipient has a diagnosis of Lennox-Gastaut syndrome, Dravet Syndrome, or tuberous sclerosis complex
- ☐ The recipient is three years of age or older
- ☐ A recent serum transaminase (ALT and AST) and total bilirubin level has been obtained and is within normal limits
- ☐ The drug is prescribed by or in consultation with a neurologist
- ☐ The total dose does not exceed 25 mg/kg/day (12.5 mg/kg twice daily)
- ☐ The medication will be used as adjunctive therapy (the recipient has been taking one or more antiepileptic drugs and has chart notes confirming the presence of at least four convulsive seizures per month)

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.