



Fax completed form to Navitus at: 855-668-8553
 For questions, please call: 877-908-6023

TEXAS MEDICAID

Drug Prior Authorization

Antiseizure Agents: cannabidiol (EPIDIOLEX)

Request Information (required)

This request is:

- Expedited* (Urgent)**
- Standard (Non-Urgent)**

*Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

Member Information (required)

Prescriber Information (required)

Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :		Specialty:
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

1. Medication Requested (Name):
(Go to #2)

2. Quantity Requested:
(Go to #3)

3. Dose Requested (Strength):
(Go to #4)

4. Dosing Instructions:
(Go to #5)

Preferred Drug List (PDL) Criteria (required for non-preferred products)

5. Provide primary diagnosis including ICD-10 code(s):
(Go to #6)

Clinical Criteria (required)

6. Does the member have paid claims for greater than or equal to (\geq) 60 days cannabidiol (EPIDIOLEX) in the last 90 days?

Yes (Approve - 365 days)
(Go to #10)

No
(Go to #7)

7. Is the member greater than or equal to (\geq) one (1) year of age?

Yes
(Go to #8)

No (Deny)
(Go to #8)

8. Does the member have a diagnosis of Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex in the last 730 days?

Yes (Approve - 365 days)
(Go to #10)

No
(Go to #9)

9. Does the member have at least 30 days therapy in the last 365 days of at least two (2) other anticonvulsant agents (excluding cannabidiol [EPIDIOLEX])?

Examples of anticonvulsant agents include: APTIOM, BRIVIACT, carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), CELONTIN, DIACOMIT, divalproex sodium (DEPAKOTE), ethosuximide (ZARONTIN), felbamate (FELBATOL), fenfluramine (FINTEPLA), FYCOMPA, gabapentin (GRALISE, NEUROTIN), lacosamide (VIMPAT), lamotrigine (LAMICTAL, SUBVENITE), levetiracetam (ELEPSIA, KEPPRA, ROWEEPRA, SPRITAM), oxcarbazepine (OXTELLAR, TRILEPTAL), phenobarbital, phenytoin (DILATIN, PHENYTEK), pregabalin (LYRICA), primidone (MYSOLINE), rufinamide (BANZEL), tiagabine (GABITRIL), topiramate (EPRONTIA, QUDEXY, TOPAMAX, TROKENDI), valproic acid (DEPAKENE), vigabatrin (SABRIL, VIGADRONE), XCOPRI, and zonisamide.

Yes (Approve - 365 days)
(Go to #10)

No (Deny)
(Go to #10)

Additional Information

10. Please provide any additional information we should consider (or attach any supporting documents):
(END)

Submission Information (required)

Prescriber Signature: _____ **Date:** _____

**** PLEASE FAX COMPLETED FORM TO: 855-668-8553 ****

If criteria not met, submit chart documentation with form citing complex medical circumstances.

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