



Stephen, age 29 | EPIDIOLEX patient

## Starting a patient on EPIDIOLEX® (cannabidiol)

You can submit the information below to a Specialty Pharmacy in the Epidiolex Engage™ network or to the Epidiolex Engage Team.



### ✓ Submit one of the following

- ☐ EMR face sheet/patient demographic sheet, **OR** completed Epidiolex Engage enrollment form

### ✓ Fax or electronically submit EPIDIOLEX prescription

- ☐ Include dose, detailed titration schedule, directions for use, number of days' supply, and number of desired refills
- ☐ If appropriate for your patient, it may be helpful to include a prescription for a 90-day supply for the patient's maintenance dose, as some insurers may authorize this quantity

### ✓ Ensure the following information is included in your submission

#### Patient information:

- ☐ Full name, address, gender, date of birth, height, and weight
- ☐ ICD-10 code
- ☐ Current medications and known allergies
- ☐ Copy of front and back of patient's pharmacy benefit card and/or insurance card(s)

#### Caregiver/legal guardian information:

- ☐ Best contact information for pharmacy to arrange payment and shipment
- ☐ **Optional** HIPAA form signed by patient/caregiver or power of attorney on file if patient is 18 years of age or older

#### HCP office contact information:

- ☐ Full name, phone number, fax number, and email

# Resources for getting patients started

## + Common prior authorization (PA) criteria\*

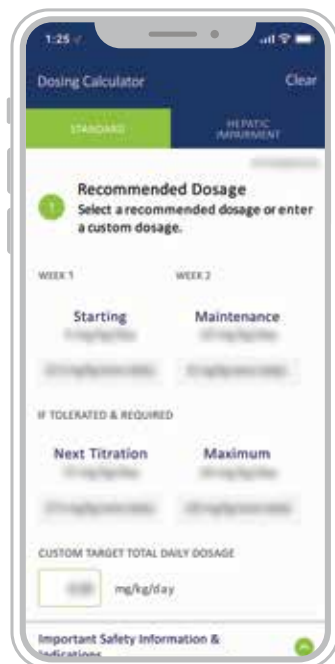
For some patients, a PA may be required to fulfill the prescription. The following information may be helpful to have on hand when navigating the PA process:

- ☐ ICD-10 code or patient diagnosis
- ☐ List of current and previously failed antiepileptic drugs
  - ☐ Some may request the inclusion of trial period, dosages used, and reason for failure
- ☐ Labs, such as LFTs or diagnostic tests (eg, EEG)
- ☐ Clinical notes applicable to plan criteria
  - ☐ Or, if reauthorizing EPIDIOLEX, chart notes or description of patient's response to EPIDIOLEX

**Greenwich Biosciences has partnered with CoverMyMeds® to help connect your patients with their treatment. Visit [covermymeds.com](https://covermymeds.com) for help with streamlined PA requests.**

\*This information has been assembled based on coverage criteria observed since the launch of EPIDIOLEX in 2018.

## + Calculate your patient's weight-based dose



Writing a prescription? Download the new **“EPIDIOLEX Dosing Calculator”** for iOS and Android or visit [EPIDIOLEXhcp.com](https://EPIDIOLEXhcp.com)

Find complete EPIDIOLEX Prescribing Information and other resources to support your patients.

**Visit [EPIDIOLEXhcp.com/getting-epidiolex/access-and-coverage](https://EPIDIOLEXhcp.com/getting-epidiolex/access-and-coverage) or contact your Greenwich representative**