

# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

## Request for Insured Coverage of Cannabidiol (Epidiolex)

### PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
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PATIENT ADDRESS

### INITIAL REQUEST

For the adjunctive treatment of patients aged 2 years or older with confirmed diagnosis of seizures associated the following:

<input type="checkbox"/> Lennox-Gastaut Syndrome:	<input type="checkbox"/> Dravet Syndrome:	<input type="checkbox"/> Tuberous Sclerosis Complex:
<input type="checkbox"/> Experienced treatment failure on at least 2 antiepileptic drugs	<input type="checkbox"/> Not adequately controlled with 2 or more antiepileptic drugs at the time of initiation	<input type="checkbox"/> Currently taking 1 or more antiepileptic drugs at stable doses for at least 4 weeks before initiation
<input type="checkbox"/> Currently taking 1 or more antiepileptic drugs at stable doses for at least 4 weeks before initiation	<input type="checkbox"/> At least 4 convulsive seizures per month	<input type="checkbox"/> Experienced treatment failure despite previously or currently receiving treatment with at least 2 antiepileptic drugs
<input type="checkbox"/> At least 2 drop seizures per week over a 28-day period before initiation of cannabidiol	<input type="checkbox"/> Not concurrently using cannabis or other cannabinoid-based medications	<input type="checkbox"/> At least 8 seizures per 28 days before initiation of cannabidiol
<input type="checkbox"/> Not concurrently using cannabis or other cannabinoid-based medications		<input type="checkbox"/> Not concurrently using mTOR inhibitors, cannabis or other cannabinoid-based medications

### MEDICATION TRIALS

Details of antiepileptic drug trials:

Drug	Duration	Ongoing?	Outcome
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### RENEWAL REQUEST

Renewal requests for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex diagnosis must provide proof of beneficial clinical effect, without severe toxicity or treatment intolerance. Please advise:

PRESCRIBER NAME & ADDRESS:

LICENCE #

PRESCRIBER SIGNATURE

DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To:

Nova Scotia Pharmacare Programs  
P.O. Box 500, Halifax, NS B3J 2S1; Fax: (902) 496-4440

12/2025

