### Overview

Epidiolex is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS) in patients at least 2 years of age.

### Coverage Guidelines

1. Authorization may be granted for members who are currently receiving treatment with Epidiolex, excluding when the product is obtained as samples or via manufacturer’s patient assistance program OR

2. Authorization may be granted when all the following diagnosis specific criteria are met, and documentation has been provided.

#### Dravet syndrome:

1. Member is at least 2 years old
2. Prescriber is a neurologist or documentation provided of recent neurology consultation
3. Member will be using requested medication as adjunctive therapy
4. Member has had an inadequate response or adverse reaction to at least 2 of the following anticonvulsant agents OR a contraindication to all of the following agents:
   a. clobazam
   b. clonazepam
   c. ethosuximide
   d. levetiracetam
   e. phenobarbital
   f. stiripentol
   g. topiramate
   h. valproic acid
   i. Zonisamide
Lennox-Gastaut syndrome:
1. Member is at least 2 years old
2. Prescriber is a neurologist or documentation provided of recent neurology consultation
3. Member will be using requested medication as adjunctive therapy
4. Member has had an inadequate response or adverse reaction to at least 2 of the following anticonvulsant agents OR a contraindication to all of the following agents:
   a. clobazam
   b. felbamate
   c. lamotrigine
   d. topiramate
   e. valproic acid

Continuation of Therapy
Reauthorization may be approved when physician assessment has been provided documenting a decrease in the number of seizures.

Limitations
1. Initial approvals will be approved for 3 months
2. Reauthorizations will be approved for 12 months
3. The following quantity limits apply:
   | Epidiolex 100mg/mL | 600mL per 30 days |

References
1. Epidiolex (cannabidiol) [prescribing information]. Carlsbad, CA: Greenwich Biosciences, Inc; April 2020

Review History
04/17/2019 – Reviewed
07/22/2020 – Reviewed and updated July P&T Mtg; references updated; updated Program Type to PA and QL; added QL to criteria; added started and stabilized statement. Effective 10/01/2020.

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