



**Epidiolex (cannabidiol)  
Effective August 1, 2019**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**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**

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

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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

### **References**

1. Epidiolex (cannabidiol) [prescribing information]. Carlsbad, CA: Greenwich Biosciences; December 2018
2. Devinsky O, Cross JH, Laux L, et al. Trial of Cannabidiol for Drug-Resistant Seizures in the Dravet Syndrome. *N Engl J Med* 2017; 376:2011
3. Devinsky O, Marsh E, Friedman D, et al. Cannabidiol in patients with treatment-resistant epilepsy: an open-label interventional trial. *Lancet Neurol* 2016; 15:270

### **Review History**

04/17/19 – Reviewed

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