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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
</tr>
<tr>
<td>☑ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
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</tbody>
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| Benefit               | ☒ Pharmacy Benefit            |
|-----------------------|☐ Medical Benefit (NLX)        |

| Specialty Limitations | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<th>Non-Specialty Medications</th>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<tr>
<th>Medical Specialty Medications (NLX)</th>
<th>All Plans</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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**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

Review History
04/17/19 – Reviewed

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