



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

Epidiolex® (cannabidiol oral solution)  
**Effective 11/15/2018**

[Prior Authorization Request Form](#)

*Epidiolex is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 2 years of age and older.*

**Prior authorization requests for Epidiolex may be approved if the following criteria are met:**

1. Prescribed by or in consultation with a neurologist; **AND**
2. The patient must be within the age range as recommended by the FDA label and indication; **AND**
3. Documented diagnosis of Dravet Syndrome OR Lennox Gaustaut; **AND**
4. For a diagnosis of Dravet Syndrome, patient must have failed to find satisfactory relief with trials of valproate and adjunctive clobazam; **AND**
5. For a diagnosis of Lennox-Gastaut Syndrome, patient must have failed adjunctive therapy with clobazam.

**NOTE:**

For a diagnosis of Dravet Syndrome, it is recommended that the patient should avoid carbamazepine, oxcarbazepine, eslicarbazepine, lamotrigine or phenytoin, whereas carbamazepine should not be used in Lennox-Gastaut Syndrome.

**Initial approval of Epidiolex will be for 90 days. Additional therapy shall be approved with documentation of satisfactory patient response.**

**References**

- 1.) LexiComp monograph on Epidiolex (11/08/2018)
- 2.) UpToDate summary of Dravet Syndrome: Management and Prognosis
- 3.) UpToDate summary article on Epilepsy syndromes in children (last update May 2018)
- 4.) <http://www.drugtopics.com/novel-drugs/what-pharmacists-need-know-about-epidiolex>.