

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



Office of Pharmacy Services Prior Authorization Criteria

Epidiolex[®] (cannabidiol oral solution) *Effective 11/18/2020*

Prior Authorization Request Form

Epidiolex is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome or Tuberous Sclerosis Complex in patients 1 year 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 Gastaut or Tuberous Sclerosis Complex; 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.
- 6. For a diagnosis of Tuberous Sclerosis complex, patient must have failed to find satisfactory relief with TWO antiepileptic drugs, at least one of which is preferred.

NOTE:

For a diagnosis of Dravet Syndrome, it is recommended that the patient should avoid carbamazepine, oxcarbazepine, esclicarbazepine, lamotrigine or phenytoin, whereas carbamazepine should not be used in Lennox-Gastaut Syndrome. For diagnosis of Tuberous Sclerosis Complex associated with infantile spasms carbamazepine, oxcarbazepine or phenytoin should not be used.

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.) <u>http://www.drugtopics.com/novel-drugs/what-pharmacists-need-know-about-epidiolex.</u>
- 5.) Lexi-Comp Clinical Application 11/2/2020

Ver. 2020.4a – PS updated 11/18/2018 DUR Board Approval: 11/18/2018