Pharmacy Drug Policy Checklist

POLICY NAME	Epidiolex (cannabidiol)	POLICY #	2694P

Criteria

Exclusion Criteria – Any of the following prevents coverage

☐ **2.1** Due to a lack of data showing that Epidiolex is both safe and effective, and the lack of U.S. Food and Drug Administration (FDA) approval, Epidiolex is considered experimental when used for the following indications:

- Treatment of autoimmune hepatitis
- Prevention of ischemia/reperfusion injury resulting from solid organ transplant
- Any indication other than those listed as covered in the policy

Coverage Criteria

☐ **1.1** Diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS), seizures associated with Dravet syndrome (DS), or seizures associated with Tuberous Sclerosis Complex (TSC)

☐ **1.2** Age 1 year of age or older

☐ **1.3** Prescribed by or in consultation with a neurologist (nervous system doctor)

☐ **1.4** Documentation of baseline liver function tests (ALT, AST, and total bilirubin levels)

☐ **1.5** Documented inadequate treatment response, intolerance, or contraindication to at least two of the following medications:

- Clobazam
- Valproate/valproic acid
- Lamotrigine
- Levetiracetam
- Topiramate
- Felbamate

☐ **1.6** Treatment plan includes the use of at least one other antiepileptic drug (such as above drugs)

☐ **1.7** Calculated dose does not exceed 20mg/kg/day based on the patient's most recent weight