# SPECIALTY GUIDELINE MANAGEMENT

# EPIDIOLEX (cannabidiol)

# POLICY

## I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

## FDA-Approved Indications

Epidiolex is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS), Dravet syndrome (DS), or tuberous sclerosis complex (TSC) in patients 1 year of age and older.

All other indications are considered experimental/investigational and not medically necessary.

# **II. CRITERIA FOR INITIAL APPROVAL**

# A. Seizures associated with Lennox-Gastaut syndrome or Dravet syndrome

Authorization of 12 months may be granted for treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in members 1 year of age and older.

## B. Seizures associated with Tuberous Sclerosis Complex

Authorization of 12 months may be granted for treatment of seizures associated with tuberous sclerosis complex in members 1 year of age and older.

## **III. CONTINUATION OF THERAPY**

Authorization of 12 months may be granted for continuation of treatment in members (including new members) 1 year of age and older requesting reauthorization for an indication listed in Section II when the member has achieved or maintained a positive clinical response (e.g., decrease in seizures).

## **IV. REFERENCE**

1. Epidiolex [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; March 2024.

Epidiolex 2609-A SGM P2024.docx

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