MEDICAL MUTUAL®

Drug Policy

Policy:	**Epidiolex® (cannabidiol)**	**Annual Review Date:** **07/18/2024** **Last Revised Date:** **07/18/2024**

OVERVIEW

Epidiolex, a cannabinoid, is indicated in patients ≥ 1 years of age for the treatment of seizures associated with Dravet syndrome, Lennox-Gastaut syndrome, and Tuberous sclerosis complex.

Disease Overview

Dravet syndrome is a rare genetic epileptic encephalopathy marked with frequent and/or prolonged seizures.[2,3] The seizures generally begin in the first year of life in an otherwise healthy infant. Affected individuals can develop many seizure types: myoclonic, tonic-clonic, absence, atypical absence, atonic, focal aware or impaired awareness (previously called partial seizures), and status epilepticus.[3] Two or more antiseizure medications (ASMs) are often needed to control the seizures; most of the seizures are refractory to medications. The goals of treatment are cessation of prolonged convulsions, reduction in overall seizure frequency, and minimization of treatment side effects.[4,5]

Lennox-Gastaut syndrome, a severe epileptic and developmental encephalopathy, is associated with a high rate of morbidity and mortality.[6,7] Lennox-Gastaut syndrome most often begins between 3 and 5 years of age.[6-9] Affected children experience several different types of seizures, most commonly atonic seizures (sudden loss of muscle tone and limpness) and tonic seizures.[6,9] The three main forms of treatment of Lennox-Gastaut syndrome are ASMs, dietary therapy (typically the ketogenic diet), and device/surgery (e.g., vagus nerve stimulation, corpus callostomy).[9] None of the therapies are effective in all cases of Lennox-Gastaut syndrome and the disorder has proven particularly resistant to most therapeutic options.

Tuberous sclerosis complex is a rare, genetic disease that causes non-cancerous (benign) tumors to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs, and skin.[10] It can result in a combination of symptoms including seizures, impaired intellectual development, autism, behavioral problems, skin abnormalities, and kidney disease. Seizures affect most individuals with tuberous sclerosis complex at some point during their life and can be difficult to control.

POLICY STATEMENT

This policy involves the use of Epidiolex. Prior authorization is recommended for pharmacy benefit coverage of Epidiolex. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Epidiolex as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Epidiolex be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Epidiolex is recommended in those who meet the following criteria:

1. **Lennox-Gastaut Syndrome.** Approve if the patient meets ONE of the following criteria (A or B):

   A) Initial Therapy. Approve if the patient meets the following criteria (i, ii, iii, and iv):
   - **i.** Patient is ≥ 1 year of age; AND
   - **ii.** Patient has tried or is concomitantly receiving at least two other antiseizure medications; AND

   Note: Examples of other antiseizure medications include lamotrigine, topiramate, Banzel, felbamate, clobazam, valproic acid, levetiracetam, zonisamide, Fycompa, vigabatrin.
   - **iii.** The medication is prescribed by or in consultation with a neurologist.
   - **iv.** The dose of Epidiolex will not exceed the maximum recommended dose of 20 mg/kg/day.

   B) Patient is Currently Receiving Epidiolex. Approve if the patient meets the following criteria (i, ii, and iii):
   - **i.** The patient is tolerating treatment and there continues to be a medical need for the medication; AND
   - **ii.** The patient is is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber; AND
   - **iii.** The patient does not have sustained transaminase elevations greater than 5 times the upper limit of normal (5x ULN).

2. **Dravet Syndrome (Severe Myoclonic Epilepsy in Infancy)** Approve if the patient meets ONE of the following criteria (A or B):

   A) Initial Therapy. Approve if the patient meets the following criteria (i, ii, iii and iv):
   - **i.** Patient is ≥ 1 year of age; AND
   - **ii.** Patient meets ONE of the following criteria (a or b):
     - **a)** Patient has tried or is concomitantly receiving at least two other antiseizure medications.
       Note: Examples of other antiseizure medications include valproic acid, topiramate, clonazepam, levetiracetam, zonisamide; OR
     - **b)** Patient has tried or is concomitantly receiving one of Fintepla, Diacomit or clobazam; AND
   - **iii.** The medication is prescribed by or in consultation with a neurologist; AND
   - **iv.** The dose of Epidiolex will not exceed the maximum recommended dose of 20 mg/kg/day.

   B) Patient is Currently Receiving Epidiolex. Approve if the patient meets the following criteria (i, ii, and iii):
   - **i.** The patient is tolerating treatment and there continues to be a medical need for the medication; AND

ii. The patient is is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber; AND
iii. The patient does not have sustained transaminase elevations greater than 5 times the upper limit of normal (5x ULN).

3. Tuberous Sclerosis Complex. Approve if the patient meets ONE of the following criteria (A or B):

A) Initial Therapy. Approve if the patient meets the following criteria (i, ii, iii, iv, and v):
i. Patient is ≥ 1 year of age; AND
ii. Patient has tried or is concomitantly receiving at least two other antiseizure medications; AND
Note: Examples of other antiseizure medications include valproic acid, lamotrigine, topiramate, clonazepam, levetiracetam, zonisamide, Banzel, felbamate, clobazam, Fycompa, vigabatrin, everolimus.
iii. The medication is prescribed by or in consultation with a neurologist.
iv. Patient will continue treatment with at least one other antiepileptic drug (e.g. clobazam, valproate, lamotrigine, levetiracetam); AND
v. The dose of Epidiolex will not exceed the maximum recommended dose of 25 mg/kg/day

B) Patient is Currently Receiving Epidiolex. Approve if the patient meets the following criteria (i, ii, and iii):
i. The patient is tolerating treatment and there continues to be a medical need for the medication; AND
ii. The patient is is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber; AND
iii. The patient does not have sustained transaminase elevations greater than 5 times the upper limit of normal (5x ULN).

Other Uses with Supportive Evidence

4. Treatment-Refractory Seizures/Epilepsy [specific rare conditions] (i.e., CDKL5 deficiency disorder; Dup15q, Aicardi, or Doose syndromes; febrile infection-related epilepsy syndromes; Sturge-Weber syndrome; lissencephaly; cortical malformation/dysplasia; and epilepsy with myoclonic absences) Approve if the patient meets ONE of the following criteria (A or B):

A) Initial Therapy. Approve if the patient meets the following criteria (i, ii, and iii):
i. Patient is ≥ 1 year of age; AND
ii. Patient has tried or is concomitantly receiving at least two other antiseizure medications; AND
Note: Examples of other antiseizure medications include valproic acid, lamotrigine, topiramate, clonazepam, levetiracetam, zonisamide, Banzel, felbamate, clobazam, Fycompa, vigabatrin.
iii. The medication is prescribed by or in consultation with a neurologist.

B) Patient is Currently Receiving Epidiolex. Approve if the patient meets the following criteria (i, ii, and iii):
i. The patient is tolerating treatment and there continues to be a medical need for the medication; AND

ii. The patient is is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber; AND
iii. The patient does not have sustained transaminase elevations greater than 5 times the upper limit of normal (5x ULN).

Initial Approval/ Extended Approval.
A) *Initial Approval:* 4 months
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Epidiolex has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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