Drug/Drug Class

Epidiolex (Cannabidiol)

Clinical Information Included in this Document

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References**: clinical publications and sources relevant to this clinical criteria

**Note**: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA’ table
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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIDIOLEX 100MG/ML SOLUTION</td>
<td>45169</td>
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</table>
1. Is the client greater than or equal to (≥) 2 years of age?
   [ ] Yes (Go to #2)
   [ ] No (Deny)

2. Does the client have a **diagnosis of Lennox-Gastaut syndrome** in the last 730 days?
   [ ] Yes (Approve – 365 days)
   [ ] No (Go to #3)

3. Does the client have a **diagnosis of Dravet syndrome** in the last 730 days? (Manual)
   [ ] Yes (Approve – 365 days)
   [ ] No (Deny)
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Clinical Criteria Logic Diagram

Step 1
Is the client ≥ 2 years of age?

Yes
Approve Request (365 days)

No
Deny Request

Step 2
Does the client have a diagnosis of Lennox Gastaut syndrome in the last 730 days?

No
Deny Request

Yes
Approve Request (365 days)

Step 3
Does the client have a diagnosis of Dravet syndrome in the last 730 days? (Manual)

No
Deny Request

Yes
Approve Request (365 days)
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Clinical Criteria Supporting Tables

**Step 2 (diagnosis of Lennox-Gastaut syndrome)**
Required diagnosis: 1
Look back timeframe: 730 days

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G40811</td>
<td>LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS</td>
</tr>
<tr>
<td>G40812</td>
<td>LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS</td>
</tr>
<tr>
<td>G40813</td>
<td>LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS</td>
</tr>
<tr>
<td>G40814</td>
<td>LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS</td>
</tr>
</tbody>
</table>

**Step 3 (diagnosis of Dravet syndrome)**
Required diagnosis: 1
Look back timeframe: 730 days

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>DRAVET SYNDROME</td>
</tr>
</tbody>
</table>
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Clinical Criteria References


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
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<tr>
<td>01/25/2019</td>
<td>• Initial publication and presentation to the DUR Board</td>
</tr>
<tr>
<td>02/04/2019</td>
<td>• Updated to include DUR Board recommendations</td>
</tr>
<tr>
<td>03/28/2019</td>
<td>• Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each &quot;Drug Requiring PA&quot; table</td>
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