

## **Louisiana Medicaid Cannabidiol (Epidiolex®)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for cannabidiol (Epidiolex®).

### **Approval Criteria**

- Recipient is 2 years of age or older on the date of the request; **AND**
- Recipient has a diagnosis of Lennox-Gastaut or Dravet syndrome; **AND**
- Seizures have not been controlled by a trial of at least one other antiepileptic medication **[Medication and date of trial are noted on the request.]**; **AND**
- The recipient continues treatment with at least one other antiepileptic medication; **AND**
- Cannabidiol (Epidiolex®) is being prescribed by, or the request states that this medication is being prescribed in consultation with, a neurologist; **AND**
- The maximum dose does not exceed 20mg/kg per day; **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - The recipient has no concomitant drug therapies or disease states that limit the use of cannabidiol (Epidiolex®); **AND**
  - The recipient will not be receiving cannabidiol (Epidiolex®) in combination with any medication that is contraindicated or not recommended per FDA labeling.

**Duration of initial approval: 6 months**

### **Reauthorization Criteria**

- The recipient continues to meet initial approval criteria; **AND**
- The recipient continues to demonstrate a positive clinical response to treatment and this is stated on the request.

**Duration of reauthorization approval: 12 months**

*Additional edits may apply at Point-of-Sale (POS). Override options may be available. For more information, refer to the Louisiana Department of Health Pharmacy Benefits Management Services Manual at [www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf](http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf)*

### **Reference**

Epidiolex® (cannabidiol) [package insert]. Carlsbad, CA: Greenwich Biosciences, Inc.; December 2018.  
Retrieved from [https://www.epidiolex.com/sites/default/files/EPIDIOLEX\\_Full\\_Prescribing\\_Information.pdf](https://www.epidiolex.com/sites/default/files/EPIDIOLEX_Full_Prescribing_Information.pdf)

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