AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Epidiolex	Page:	1 of 2
Effective Date:	10/15/2025	Last Review Date:	9/2025
Applies to:	☐Illinois ☐Maryland ☐Michigan	☐Florida ☒Florida Kids ☐Virginia	☐New Jersey ☒Pennsylvania Kids ☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Epidiolex under the patient's prescription drug benefit.

Description:

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[1]

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.

Applicable Drug List:

Epidiolex

Policy/Guideline:

Coverage Criteria

Seizures Associated with Lennox-Gastaut Syndrome, Dravet Syndrome, and Tuberous Sclerosis Complex[1]

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

AND

- For Lennox-Gastaut syndrome member is unable to take any 2 of the following due to a trial and inadequate treatment response or intolerance, or a contraindication: valproate derivative, lamotrigine, rufinamide, topiramate, or clobazam; OR
- For Dravet syndrome: member is unable to take a valproate derivative and clobazam due to a trial and inadequate treatment response or intolerance, or a contraindication.

Continuation of Therapy

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

AND

- The member has a diagnosis of Lennox-Gastaut syndrome
- The member has a diagnosis of Dravet syndrome
- The member has a diagnosis of seizures associated with tuberous sclerosis complex

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: Epidiolex 100mg/mL oral solution: 800 mL per 30 days

References:

1. Epidiolex [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; June 2025.