

DISCOVER THE POSSIBILITIES

An AED unlike any other— the first and only FDA-approved cannabidiol

 Epidiolex®
(cannabidiol)



Presley, age 2 | EPIDIOLEX patient living with TSC



The **only** medication indicated to treat seizures associated with TSC, LGS, and Dravet syndrome



EPIDIOLEX is approved for use in patients as early as 1 year of age across all 3 indications

With broad-spectrum efficacy, EPIDIOLEX significantly reduces multiple seizure types across 3 of the most difficult-to-treat epilepsies¹⁻³



Demonstrated reductions in:

- TSC-associated seizures, including both partial-onset* and generalized seizures
- Drop/total seizures in LGS
- Convulsive seizures in Dravet syndrome



Studied in patients on a wide range of concomitant treatments, EPIDIOLEX can be used as a monotherapy or with other AEDs



Structurally distinct from other AEDs



No longer a federally scheduled drug
Demonstrated low potential for abuse even at supratherapeutic doses

*Partial-onset seizures (focal) included simple partial seizures (focal motor seizure), complex partial seizures (focal impaired), and secondary generalized tonic-clonic seizures (focal to bilateral tonic-clonic).⁴

The safety profile for EPIDIOLEX was evaluated in an expansive clinical trial program



In all 3 indications, EPIDIOLEX was found to have a consistent safety profile in children and adults.

The most common adverse reactions in patients receiving EPIDIOLEX (≥10% and greater than placebo) include:

- Transaminase elevations
- Somnolence
- Decreased appetite
- Diarrhea
- Pyrexia
- Vomiting
- Fatigue, malaise, and asthenia
- Rash
- Insomnia, sleep disorder, and poor-quality sleep
- Infections

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION: HYPERSENSITIVITY

EPIDIOLEX (cannabidiol) oral solution is contraindicated in patients with a history of hypersensitivity to cannabidiol or any ingredients in the product.

WARNINGS & PRECAUTIONS

Hepatocellular Injury:

EPIDIOLEX can cause dose-related transaminase elevations. Concomitant use of valproate and elevated transaminase levels at baseline increase this risk. Transaminase and bilirubin levels should be obtained prior to starting treatment, at one, three, and six months after initiation of treatment, and periodically thereafter, or as clinically indicated. Resolution of transaminase elevations occurred with discontinuation of EPIDIOLEX, reduction of EPIDIOLEX and/or concomitant valproate, or without dose reduction. For patients with elevated transaminase levels, consider dose reduction or discontinuation of EPIDIOLEX or concomitant medications known to affect the liver (e.g., valproate or clobazam). Dose adjustment and slower dose titration is recommended in patients with moderate or severe hepatic impairment. Consider not initiating EPIDIOLEX in patients with evidence of significant liver injury.

Somnolence and Sedation:

EPIDIOLEX can cause somnolence and sedation that generally occurs early in treatment and may diminish over time; these effects occur more commonly in patients using clobazam and may be potentiated by other CNS depressants.

AED=antiepileptic drug; LGS=Lennox-Gastaut syndrome; TSC=tuberous sclerosis complex.

Please see additional Important Safety Information on next page and full Prescribing Information at EPIDIOLEXhcp.com.

Ready to prescribe EPIDIOLEX?

EPIDIOLEX offers flexible dosing for tolerability and response optimization:



Recommended starting dosage: **5 mg/kg/day** (2.5 mg/kg twice daily)

Dosage increase*: Weekly increments, as tolerated, of **5 mg/kg/day** (2.5 mg/kg twice daily)

Recommended maintenance dosage(s):

- LGS and Dravet syndrome dosage range: **10 to 20 mg/kg/day**[†] (5 to 10 mg/kg twice daily)
- TSC dosage: **25 mg/kg/day**[‡] (12.5 mg/kg twice daily)

*For patients in whom a more rapid titration is warranted, the dosage may be increased no more frequently than every other day.

[†]For patients with LGS or Dravet syndrome, administration of the 20 mg/kg/day dosage resulted in somewhat greater reductions in seizure rates than the recommended maintenance dosage of 10 mg/kg/day, but with an increase in adverse reactions. Increase dose from 10 mg/kg/day if tolerated and required.

[‡]The effectiveness of doses lower than 25 mg/kg/day has not been studied in patients with TSC.

Jazz Pharmaceuticals is committed to making EPIDIOLEX affordable and accessible for patients



Eligible commercially insured patients[§] can get EPIDIOLEX for as low as \$0 for the first 30-day prescription and as low as \$25 for subsequent prescriptions.

[§]For complete requirements, please see EPIDIOLEXhcp.com. Offer is subject to change or discontinuation without notice.

IMPORTANT SAFETY INFORMATION & INDICATIONS (cont'd)

WARNINGS & PRECAUTIONS (cont'd)

Suicidal Behavior and Ideation:

Antiepileptic drugs (AEDs), including EPIDIOLEX, increase the risk of suicidal thoughts or behavior. Inform patients, caregivers, and families of the risk and advise to monitor and report any signs of depression, suicidal thoughts or behavior, or unusual changes in mood or behavior. If these symptoms occur, consider if they are related to the AED or the underlying illness.

Withdrawal of Antiepileptic Drugs:

As with most AEDs, EPIDIOLEX should generally be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus.

ADVERSE REACTIONS:

The most common adverse reactions in patients receiving EPIDIOLEX ($\geq 10\%$ and greater than placebo) include transaminase elevations; somnolence; decreased appetite; diarrhea; pyrexia; vomiting; fatigue, malaise, and asthenia; rash; insomnia, sleep disorder and poor-quality sleep; and infections. Hematologic abnormalities were also observed.

PREGNANCY:

EPIDIOLEX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Encourage women who are taking EPIDIOLEX during pregnancy to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry.

DRUG INTERACTIONS:

Strong inducers of CYP3A4 and CYP2C19 may affect EPIDIOLEX exposure. EPIDIOLEX may affect exposure to CYP2C19 substrates (e.g., clobazam, diazepam, stiripentol), orally administered P-gp substrates, or other substrates (see full Prescribing Information). Consider dose reduction of orally administered everolimus, with appropriate therapeutic drug monitoring, when everolimus is combined with EPIDIOLEX. A lower starting dose of everolimus is recommended when added to EPIDIOLEX therapy. Concomitant use of EPIDIOLEX and valproate increases the incidence of liver enzyme elevations. Pneumonia was observed more frequently with concomitant use of EPIDIOLEX and clobazam. Dosage adjustment of EPIDIOLEX or other concomitant medications may be necessary.

INDICATIONS:

EPIDIOLEX (cannabidiol) oral solution 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.

Please refer to the EPIDIOLEX full Prescribing Information for additional important information.

References: 1. Wirrell EC. *Can J Neurol Sci.* 2016;43:S13-S18. 2. Piña-Garza JE, Boyce D, Tworek DM, et al. *Epilepsy Behav.* 2019;90:148-153. 3. Song J, Swallow E, Said Q, et al. *J Neurol Sci.* 2018;391:104-108. 4. Fisher RS, Cross JH, French JA, et al. *Epilepsia.* 2017;58(4):522-530.