Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Clobazam

Products Affected: clobazam oral suspension and oral tablets; Onfi oral suspension and oral tablets

Medication Description: Clobazam is a benzodiazepine derivative anticonvulsant medication FDA-approved for the adjunct treatment of seizures associated with Lennox-Gastaut syndrome in patients 2 years and older. Similar to other benzodiazepines, the action of clobazam is thought to be mediated through the inhibitory neurotransmitter gamma-aminobutyric acid (GABA).

Covered Uses: Treatment of seizures associated with Lennox-Gastaut syndrome (LGS)

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 2 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a neurologist, specializing in seizure therapy.

Coverage Duration: 12 Months

Other Criteria:

A. The patient has a confirmed diagnosis of Lennox-Gastaut Syndrome; AND
B. The patient has had an insufficient response or intolerance to at least TWO of the following:
    a. Felbamate
    b. Lamotrigine
    c. Topiramate
    d. Clonazepam

References:

1. Product Information: ONFI(R) oral tablets, oral suspension, clobazam oral tablets, oral suspension. Lundbeck (per FDA), Deerfield, IL, 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/18/2019