

Clobazam Criteria

Revised 07/10/2024

CLOBAZAM (GENERIC FOR ONFI)

Length of Authorization: 1 year

CHILDREN – CRITERIA TO APPROVE

All the following:

- Age \geq 2 year
- Diagnosis of adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome (LGS)
- Prescriber is a neurologist or consult notes from a neurology office are provided.

ADULTS – CRITERIA TO APPROVE

All the following:

- Age \geq 18 years
- Diagnosis of adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome (LGS)
- Prescriber is a neurologist or consult notes from a neurology office are provided.

ADULTS – RENEWAL CRITERIA

All the following:

- Member is responding well to therapy.
- Patient has not experienced any treatment-restricting adverse effects.

REVISION HISTORY

Date	Issues/Updates
07/10/2024	• Initial draft creation

Orange Text = Important Information | **Teal Text = Auto PA**

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