

CRITERIA FOR PRIOR AUTHORIZATION

Onfi® (Clobazam)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) require prior authorization:
Onfi® (Clobazam)

CRITERIA for Lennox-Gastaut Syndrome (LGS) (must meet all of the following)

- Patient must be 2 years of age or older
- Patient must have a diagnosis of Lennox-Gastaut Syndrome
- Patient is receiving Onfi as an adjunctive treatment to at least one other anti-epileptic medication
- Must be prescribed by or in consultation with a neurologist

LENGTH OF APPROVAL: 12 months