

# PRIOR AUTHORIZATION CRITERIA

**DRUG CLASS**                      **ANTICONVULSANTS**

**BRAND NAME**  
**(generic)**

**ONFI**  
**(clobazam)**

**SYMPAZAN**  
**(clobazam)**

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

**Onfi**  
Onfi (clobazam) is indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.

**Sympazan**  
Sympazan (clobazam) is indicated for adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome (LGS) in patients 2 years of age or older.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in a patient 2 years of age or older

### REFERENCES

1. Onfi [package insert]. Deerfield, IL: Lundbeck Inc.; February 2021.
2. Sympazan [package insert]. Warren, NJ: Aquestive Therapeutics.; August 2020.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed May 4, 2021.
4. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed May 4, 2021.