

PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

ONFI
(clobazam)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

Ref # 871-A

* Drugs that are listed in the target drug box include both brand and generic and all dosages forms and strengths unless otherwise stated

FDA-APPROVED INDICATIONS

Onfi (clobazam) is indicated for the 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

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Onfi is a benzodiazepine indicated for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.¹⁻³

REFERENCES

- Onfi [package insert]. Deerfield, IL: Lundbeck Inc.; December 2016.
- Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2017.
- AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed May 2017.

Written by: UM Development (JK)
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Reviewed: Medical Affairs (KP) 11/2011, (MG) 05/2012; (DC) 05/2013; (LMS) 05/2014; (DNC) 05/2015
External Review: 12/2011, 06/2012, 10/2013, 10/2014, 10/2015, 10/2016, 07/2017

CRITERIA FOR APPROVAL

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|---|---|-----|----|
| 1 | Is the requested drug being prescribed for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in a patient 2 years of age or older? | Yes | No |
|---|---|-----|----|

Mapping Instructions

	Yes	No	DENIAL REASONS – DO NOT USE FOR MEDICARE PART D
1.	Approve, 36 months	Deny	Your plan covers this drug when you meet all of these conditions: - You are 2 years of age or older - You have seizures associated with Lennox-Gastaut Syndrome - You are taking the requested drug with another seizure drug Your use of this drug does not meet these requirements. This is based on the information we have.