

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

CLOBAZAM (ONFI)

Generic	Brand	HICL	GCN	Exception/Other
CLOBAZAM	ONFI	06536		

GUIDELINES FOR USE

1. Is the patient under 18 years of age?

If yes, send the doctor a provider response letter and use reason code #142.
If no, continue to #2.

2. Does the patient have a diagnosis of seizure disorder?

If yes, **approve open-ended by HICL.**

Please use status code #050 and the approval text provided.

APPROVAL TEXT: Your request for Onfi (Clobazam) has been approved as requested.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Clobazam (Onfi) guideline, this medication is only covered for the treatment of seizures disorders. Your provider did not indicate that you are being treated for this condition and therefore your request was not approved.

RATIONALE

To ensure that clobazam is being used appropriately, for the treatment of seizure disorders. Clobazam belongs to a class of medications called benzodiazepines which have anxiolytic and antiepileptic properties. Outside of the United States, clobazam has been approved for adjunctive treatment of epilepsy including treatment of the following types of seizures: tonic-clonic, myoclonic, myoclonic-absent, simple-partial, and partial-complex; and short-term relief of severe, disabling or distressing anxiety. It is not recommended for use in patients with mild anxiety symptoms.

FDA APPROVED INDICATIONS

Clobazam is approved as adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years and older.

REFERENCES

- Ng YT, Conry JA, Drummond R, Stolle J, Weinberg MA; OV-1012 Study Investigators. Randomized, phase III study results of clobazam in Lennox-Gastaut syndrome. *Neurology*. 2011;77(15):1473-1481.
- Onfi [Prescribing Information]. Deerfield, IL: Lundbeck, Inc.: June 2018.

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