ConnectiCare

Commercial/Healthcare Exchange PA Criteria

Effective: February 6th, 2019

Prior Authorization: Sympazan

Products Affected: Sympazan (clobazam) oral soluble film

Covered Uses: the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients ≥ 2 years of age.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 2 years of age and older.

Prescriber Restrictions: Prescribed by, or in consultation with, a Neurologist.

Coverage Duration: 12 months

Other Criteria:

Lennox-Gastaut Syndrome

A. Patient has a diagnosis of Lennox-Gastaut syndrome (LGS); AND
B. The patient has tried and/or is concomitantly receiving at least TWO other antiepileptic drugs (e.g., valproic acid, levetiracetam, zonisamide, perampanel, vigabatrin, others); OR
C. Patient has tried and/or is concomitantly receiving ONE other antiepileptic drug specifically for the treatment of LGS (e.g., lamotrigine, topiramate, rufinamide, felbamate, Epidiolex, or Onfi (clobazam).

References:

1. Onfi® tablets and oral suspension [prescribing information]. Deerfield, IL: Lundbeck; June 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/02/2019