

ONFI® (clobazam)

**GPI CODING:**

721000070003\*\*

**DESCRIPTION:**

ONFI (clobazam) is indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older. The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Onfi prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

**APPROVAL DURATION:**

Approval duration: lifetime

**CRITERIA FOR ONFI**

- I. Patient is currently receiving another anticonvulsant therapy **AND**
- II. Patient has types of seizures associated with Lennox-Gastaut Syndrome (e.g., tonic, atonic, absence or myoclonic seizures)