



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

CLOBAZAM-SYMPAZAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CLOBAZAM	SYMPAZAN	06536		GPI-10 (7210000700)	DOSAGE FORM = FILM

GUIDELINES FOR USE

1. Does the patient have a diagnosis of Lennox-Gastaut syndrome and meet **ALL** of the following criteria?

- The patient is 2 years of age or older
- Therapy is prescribed by or in consultation with a neurologist
- Sympazan will be used for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome
- The patient is unable to take tablets or suspension
- The patient had a trial of or contraindication to generic/branded clobazam products (Onfi)

If yes, **approve for 12 months by GPID or GPI-14 for all of the following strengths with a quantity limit of #2 per day:**

- **5mg film**
- **10mg film**
- **20mg film**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **CLOBAZAM-SYMPAZAN** requires the following rule(s) be met for approval:

- A. You have Lennox-Gastaut Syndrome (a type of seizure disorder in young children)
- B. You are 2 years of age or older
- C. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
- D. Sympazan will be used for adjunctive (add-on) treatment of seizures associated with Lennox-Gastaut syndrome
- E. You are unable to take tablets or suspension
- F. You had a trial of or contraindication (harmful for) to generic/branded clobazam products (Onfi)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE



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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Sympazan.

REFERENCES

- Sympazan [Prescribing Information]. Warren, NJ. Aquestive Therapeutics; March 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/22

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Client Approval: 05/22

P&T Approval: 04/22