

Clobazam

Goal(s): To ensure appropriate drug use and restrict to indications supported by medical literature and funded by Oregon Health Plan.

Length of Authorization:

- 12 months

Requires PA:

Clobazam

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the request for renewal of therapy previously approved by the FFS system?	Yes: Go to Renewal Criteria	No: Go to #3
3. Does the patient have a diagnosis of Lennox-Gastaut syndrome and is the patient 2 years of age or older?	Yes: Go to #4	No: Go to # 5
4. Is the patient uncontrolled on current baseline therapy with at least one other antiepileptic medication?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness
5. Does the patient have a diagnosis of Dravet Syndrome and is the patient 2 years of age or older?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness.

Renewal Criteria		
1. Has seizure frequency decreased since beginning therapy?	Yes: Approve for 12 months	No: Pass to RPh. Deny for lack of treatment response.

Limitations of Use:

- Clobazam is not FDA-approved for epilepsy syndromes other than Lennox-Gastaut.
- National Institute for Health and Care Excellence (NICE) guidance recommends clobazam as a second line agent for management of Dravet Syndrome.¹

1. National Institute for Health and Care Excellence (NICE). Epilepsies: diagnosis and management. [nice.org.uk/guidance/cg137](https://www.nice.org.uk/guidance/cg137). Accessed July 30, 2018

P&T Review: 10/21 (DM); 10/20 (DM); 6/2020 (DM); 1/19 (DM); 3/18; 7/16; 3/15; 5/12
Implementation: 3/1/19; 8/16, 8/12