

SYMPAZAN (clobazam, oral)

Diagnosis Considered for Coverage:

- Seizures associated with Lennox-Gastaut syndrome- adjunctive therapy

Coverage Criteria:

For diagnosis above:

- Dose does not exceed 40 mg per day, **and**
- Meets step therapy requirement:

PLUS PLAN

- Inadequate response, intolerable side effect, or contraindication with TWO of the following alternatives: clonazepam (Klonopin), felbamate (Felbatol), lamotrigine (Lamictal), topiramate (Topamax), OR Inadequate response or intolerable side effect with Banzel, **and**
- Intolerable side effect to preferred clobazam (Onfi) not expected with Sympazan.

STANDARD PLAN

- One of the following:
 - Inadequate response, intolerable side effect, or contraindication with TWO of the following alternatives: clonazepam (Klonopin), felbamate (Felbatol), lamotrigine (Lamictal), topiramate (Topamax), **or**
 - Inadequate response or intolerable side effect with Banzel.

Coverage Duration: Length of benefit

Effective: 7/02/2019GF