

## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Onfi™ (clobazam)

## **Review Criteria**

Member must meet all the following:

- Member must be at least 2 years of age
- Member must have diagnosis of probable Lennox-Gastaut syndrome (LGS) or Dravet syndrome
- Only approved as an adjunct treatment

## Limitations:

Maximum daily dose is 40mg