



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Sympazan™ (clobazam film)

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
- Approval for film therapy over generic tablets or suspension requires clinical rationale why the member cannot utilize the other forms.

Limitations:

- Maximum daily dose is 40mg