

## PRIOR AUTHORIZATION CRITERIA

**BRAND NAME\***  
(generic)

**BANZEL**  
(rufinamide)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

\* Drugs that are listed in the target drug box include both brand and generic and all dosages forms and strengths unless otherwise stated

### POLICY

#### FDA-APPROVED INDICATIONS

Banzel (rufinamide) is indicated for adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome in pediatric patients 1 year of age and older and in adults.

#### COVERAGE CRITERIA

Banzel (rufinamide) will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome in a patient one year of age or older

#### RATIONALE

These criteria meet the Medicare Part D definition of a medically accepted indication. This definition includes uses which are approved by the FDA or supported by a citation included, or approved for inclusion, in one of the Medicare approved compendia.

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Banzel (rufinamide) is indicated for adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome in pediatric patients 1 year of age and older and in adults.<sup>1-3</sup>

#### REFERENCES

1. Banzel [package insert]. Woodcliff Lake, NJ: Eisai Inc.; June 2015.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed May 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed May 2017.