BRAND NAME (generic)

BANZEL (rufinamide)

Status: CVS Caremark Criteria Type: Initial Prior Authorization

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

The requested drug 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

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 [available with subscription]. Accessed May 2018.
 3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2018.

Banzel Policy 863-A, 496-A 05-2018

©2018 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

