# BRAND NAME (generic)

BANZEL (rufinamide)

Status: CVS Caremark Criteria Type: Initial Prior Authorization

## POLICY

### FDA-APPROVED INDICATIONS

Banzel 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.; April 2020.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed May 12, 2021.
- 3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed May 12, 2021.

©2021 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.