Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Banzel (rufinamide)***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***January 2009 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Brand (generic).

Banzel (rufinamide) is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in children 1 year of age and older and in adults.

DEFINITIONS

Lennox-Gastaut syndrome – a difficult to treat form of childhood-onset epilepsy that most often appears between the second and sixth year of life, and is characterized by frequent seizures and different seizure types; it is often accompanied by mental retardation and behavior problems.

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to

make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Banzel (rufinamide)**,** is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed by or in consultation with a neurologist
- Must be age 1 year or older
- Must have a diagnosis of Lennox-Gastaut syndrome
- Must have had an inadequate response or intolerance to at least 2 generic antiepileptic medications, such as lamotrigine, topiramate, felbamate
- Must be using rufinamide as adjunctive therapy to other anti-epileptic drugs (AEDs)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Banzel [package insert]. Woodcliff Lake, NJ: Eisai Co., Ltd.; June 2015.
2. Lamictal [package insert]. Resarch Triangle Park, NC: GlaxoSmithKline;2014.
3. Topamax [package insert]. Titusville, NJ: Janssen Ortho, LLC; 2014.
4. Felbatol [package insert]. Somerset, NJ: Meda Pharmaceuticals, Inc.; July 2011.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/2017, 02/2018*
Updated indication	*10/2016*