



Independence Blue Cross

Policy Title	Rufinamide (Banzel™)
Policy Number	FS.CLIN.79

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy	<p>Rufinamide (Banzel™) is indicated for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in adults and children 4 years of age and older.</p> <p>The use of rufinamide (Banzel™) requires prior authorization (i.e. clinical pharmacy and/or medical director review).</p>				
Policy description	<p>Rufinamide (Banzel™) is an anticonvulsant. While the precise mechanism(s) by which rufinamide exerts its antiepileptic effect is unknown, it is thought that as per invitro studies that it modulates the activity of sodium channels and then prolongs the inactive state of the channel.</p>				
Policy guideline inclusion	<p>Rufinamide (Banzel™) is approved when the following inclusion criterion is met:</p> <ul style="list-style-type: none"> Documentation of a diagnosis of seizures associated with Lennox-Gastaut syndrome 				
Policy guideline exclusion	<p>Rufinamide (Banzel™) is denied when the following exclusion criterion is found:</p> <ul style="list-style-type: none"> No documentation of a diagnosis of seizures associated with Lennox-Gastaut syndrome 				
Policy List of Applicable Drugs	<table border="1"> <thead> <tr> <th>Brand Name</th> <th>Generic Name</th> </tr> </thead> <tbody> <tr> <td>Banzel</td> <td>rufinamide</td> </tr> </tbody> </table>	Brand Name	Generic Name	Banzel	rufinamide
Brand Name	Generic Name				
Banzel	rufinamide				
Dosing and administration	Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.				
Policy references	<p>Banzel™ (rufinamide). In: Facts and Comparisons [online through Facts and Comparisons Online]. Available at www.Factsandcomparisons.com Accessed April 8, 2011.</p> <p>Banzel™ (rufinamide). In: Drugdex [online through Micromedex Healthcare</p>				

	Series]. Available at www.micromedex.com . Accessed April 8, 2011. Banzel™ (rufinamide). Woodcliff Lake, NJ; Novartis Pharma AG: November 2008.
Policy link to related policies	
Version effective date	07/01/2011

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