AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Rufinamide	Page:	1 of 1
Effective Date:	8/5/2024	Last Review Date:	7/2024

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☐Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Rufinamide under the patient's prescription drug benefit.

Description:

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.

Applicable Drug List:

Rufinamide

Policy/Guideline:

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

AND

- The patient is one year of age or older

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. Banzel [package insert]. Nutley, NJ: Eisai Inc.; December 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed April 27, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/27/2023)