

**Policy #: 115**

**Original policy date: 9/1/09**

**Page: 1 of 3**

**Title**

**Banzel™ (rufinamide)**

**Note:** Prescription drugs are covered to the extent that these types of services are generally covered by each member's benefit design. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for review. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally.

Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and criteria below are met.

Drug	Formulary Information	
	Standard	Blue Value Rx
	Formulary Status	Formulary Status
Banzel™	PA Required	PA Required

**When services are covered for Commercial products (excluding Medicare HMO Blue, Medicare PPO Blue, and Blue Medicare PFFS PlusRx plans; see below for coverage for these products)**

We cover **Banzel™ (rufinamide)** when the following criteria are met<sup>1</sup>:

- A diagnosis of seizure due to Lennox-Gastaut syndrome (ICD-9-CM diagnosis codes: 345.0)

**AND**

- The member has had previous treatment failure with one or more of the following medications within the previous 130 days:
  - valproate
  - clonazepam
  - lamotrigine
  - felbamate
  - topiramate

**When services are not covered for Commercial Products (excluding Medicare HMO Blue, Medicare PPO Blue, and Blue Medicare PFFS PlusRx products)**

We do not cover drugs listed in the above chart unless the above criteria are met.

**When services are covered for Medicare HMO Blue, Medicare PPO Blue and Blue Medicare PFFS PlusRx Products**

This medication is covered for Medicare HMO Blue, Medicare PPO Blue and Blue Medicare PFFS PlusRx products.

**Individual consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be

considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

Blue Cross Blue Shield of Massachusetts  
Clinical Pharmacy Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

#### **Managed care, Indemnity and PPO guidelines**

- Prior Authorization is required for all plans as these drugs are processed as a Pharmacy benefit.
- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who meet the above criteria.  
Pharmacy Operations: (800)366-7778
- Physicians may fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who meet the above criteria.

#### **Coding information**

Physician billing is not applicable as these medications are billed through the pharmacy benefit.

#### **Policy update history**

New Policy, effective 9/1/09.

#### **Footnotes**

<sup>1</sup>Based on the recommendations of the BCBSMA Pharmacy and Therapeutics Committee meeting on 5/12/09.

#### **References**

1. Banzel [package insert]. Woodcliff Lake, NJ: Eisai, Inc.; 2008.
2. Glauser, Tracy, "Lennox-Gastaut Syndrome" emedicine, April 2006.  
< <http://emedicine.medscape.com/article/1176735-overview>>

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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**Request for Outpatient Retail Pharmacy Prior Authorization**

**Phone Authorization (800)366-7778**

**Fax to: Clinical Pharmacy Program (800) 583-6289**

We plan to respond to your request within two business days of our receipt. To ensure that we can confirm your request (required by NCQA), please be sure to include your fax number.

<b>We cannot process requests unless they contain all of the information requested below:</b>	
<b>Patient Information (REQUIRED)</b>	
Name	
BCBSMA ID number	
Is the patient a BCBSMA employee? If yes, please fax request to: (617) 246-4013	Yes                      No
Date of Birth	
Patient's Diagnosis or ICD-9-CM code	
<b>Physician Information (REQUIRED)</b>	
Name	
Medical Specialty	
BCBSMA Provider number/NPI number	
Telephone Number	
Fax Number	
Contact Name (if different from physician)	
Please select one of the three following sections to complete, depending on the nature of your request for the above-named patient.	
<b>Formulary Exception Request</b>	
Name of non-covered drug you want to prescribe	
Reason for Individual Consideration Request (please check one): <input type="checkbox"/> Treatment failure with the following covered drugs in class <input type="checkbox"/> Documented adverse reaction to the following covered drugs <input type="checkbox"/> Other clinical reason (please specify) _____	
<b>Quality Care Dosing Override Request</b>	
Drug name, strength and quantity requested:	
Clinical reason for override (please specify)	
<b>Outpatient Retail Pharmacy Prior Authorization Request</b>	
Drug name:	
Start/End date (must be one year or less):	
Associated Co-morbid diagnosis:	
MD Signature:	Date: