

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

*Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request
All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.*

Drug Name: Banzel® (rufinamide)

- Banzel® is indicated as adjunctive therapy for the treatment of Lennox-gastaut syndrome in children 4 years and older and adults.
- Potent cytochrome P450 enzyme inducers, such as carbamazepine, phenytoin, primidone, and phenobarbital appear to increase the clearance of Banzel®.
- Patients with renal impairment do not require any special dosage change. Banzel® is not recommended for severe hepatic impairment.
- Banzel® requires weight based dosage adjustment in children.
- Children four years and older, dose should be increased by 10mg/kg every other day to a target dose of 45mg/kg/day or 3200mg/day
- Adults should be initiated at a daily dose of 400-800 mg/day and increased every 2 days until a maximum daily dose of 3200mg/day.

Children Weight	Daily Dose			
	10 mg/kg/day (BID dosing)	20 mg/kg/day (BID dosing)	30 mg/kg/day (BID dosing)	45 mg/kg/day (BID dosing)
18.0-29.0 kg	200	400	600	800
29.1-50.0 kg	400	800	1,200	1,600
50.1-70.0kg	800	1,200	1,800	2,400
>70.0kg	1,000	1,800	2,400	3,200

The following criteria must be met:

- Patient has a diagnosis of Lennox-gastaut syndrome

Patient Name _____

Member Number _____

Physician Signature _____

Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____