

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)
 Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Banzel[®] (rufinamide)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Banzel 200 mg tablet Banzel 400 mg tablet Banzel 40 mg/mL suspension
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dose & frequency: _____

Precertification Requirements

Before this drug is covered, the patient must be at least one year old and using Banzel as:

1. Adjunctive treatment for Lennox-Gastaut syndrome

(please include supporting documentation of diagnosis along with request for coverage)

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

Lennox-Gastaut syndrome
 Other, the patient's condition is: _____
 Rationale for use: _____

B. Banzel will be prescribed as adjunctive therapy with the following antiepileptic drugs:

Drug	Dose	Dates of Use	Therapy Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____