PRIOR AUTHORIZATION POLICY

POLICY: Antiseizure Medications – Rufinamide Prior Authorization Policy
- Banzel® (rufinamide tablets and oral suspension – Eisai, generic)

REVIEW DATE: 09/18/2024

OVERVIEW

Rufinamide is indicated for adjunctive treatment of **seizures associated with Lennox-Gastaut syndrome** (LGS) in patients ≥ 1 year of age.[1]

Although rufinamide is only FDA-approved for use in LGS, clinical trial data indicate the drug may also be beneficial as adjunctive treatment of refractory focal epilepsy.[2] A review of six clinical trials found that rufinamide, when used as an add-on treatment, was effective in reducing seizure frequency in patients with drug-resistant focal epilepsy.

Disease Overview

LGS is a severe epileptic and developmental encephalopathy associated with a high rate of morbidity and mortality.[3,4] LGS most often begins between 3 years and 5 years of age and comprises approximately 3% to 4% of childhood epilepsies.[3-6] Affected children experience several different types of seizures, most commonly atonic seizures (sudden loss of muscle tone and limpness, also called drop seizures) and tonic seizures (increased muscle tone and muscle stiffness).[3,6] The three main forms of treatment of LGS are antiseizure medications (ASMs), dietary therapy (typically the ketogenic diet), and device/surgery (e.g., vagus nerve stimulation, corpus callosotomy).[6] None of the therapies are effective in all cases of LGS and the disorder has proven particularly resistant to most therapeutic options. The choice of treatment should take into consideration the patient's age and other associated conditions.

Guidelines/Recommendations

Lennox-Gastaut syndrome: Currently, the FDA-approved drugs for this condition are Epidiolex® (cannabidiol oral solution), felbamate, lamotrigine, rufinamide, topiramate, and clobazam.[7] Despite the lack of level I or level II evidence, valproic acid remains a mainstay in treatment.[5,6,8] If valproic acid does not provide adequate seizure control, which is almost always the case, lamotrigine should be added as the first adjunctive therapy.[4] If the combination regimen of valproic acid and lamotrigine does not provide adequate control, then rufinamide should be initiated and either valproic acid or lamotrigine should be discontinued. If seizure control is still not achieved, the next adjunctive therapies to consider are topiramate, clobazam, and felbamate. There is limited evidence for the use of levetiracetam, zonisamide, and Fycompa® (perampanel tablets and oral suspension). Where possible, no more than two ASMs should be used concomitantly; use of multiple ASMs raise the risk of side effects and/or drug-drug interactions.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of rufinamide. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with rufinamide as well as the monitoring required for adverse events and long-term efficacy, initial approval requires rufinamide to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of rufinamide is recommended in those who meet one of the following criteria:

FDA-Approved Indication

1. **Lennox-Gastaut Syndrome.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, and iii):
     - **i.** Patient is ≥ 1 year of age; AND
     - **ii.** Patient has tried and/or is concomitantly receiving at least two other antiseizure medications; AND
       Note: Examples of antiseizure medications include valproic acid, gabapentin, phenytoin, carbamazepine, oxcarbazepine, lacosamide, levetiracetam, zonisamide, Fycompa (perampanel tablet or oral suspension), vigabatrin, lamotrigine, topiramate, clobazam, Diacomit (stiripentol capsules or oral suspension), Epidiolex (cannabidiol oral solution), and felbamate.
     - **iii.** The medication is prescribed by or in consultation with a neurologist.
   - **B)** Patient is Currently Receiving rufinamide. Approve if the patient is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber.

Other Uses with Supportive Evidence

2. **Treatment-Refractory Seizures/Epilepsy.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, and iii):
     - **i.** Patient is ≥ 1 year of age; AND
     - **ii.** Patient has tried and/or is concomitantly receiving at least two other antiseizure medications; AND
       Note: Examples of antiseizure medications include valproic acid, gabapentin, phenytoin, carbamazepine, oxcarbazepine, lacosamide, levetiracetam, zonisamide, Fycompa (perampanel tablet or oral suspension), vigabatrin, lamotrigine, topiramate, clobazam, Diacomit (stiripentol capsules or oral suspension), Epidiolex (cannabidiol oral solution), and felbamate.
     - **iii.** The medication is prescribed by or in consultation with a neurologist.
   - **B)** Patient is Currently Receiving rufinamide. Approve if the patient is responding to therapy (e.g., reduced seizure severity, frequency, and/or duration) as determined by the prescriber.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of rufinamide is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Banzel® tablets and oral suspension [prescribing information]. Woodcliff Lake, NJ: Eisai; November 2019.
2. Brigo F, Jones K, Eltze C, et al. Anti-seizure medications for Lennox-Gastaut syndrome. *Cochrane Database Syst Rev*. 2021;4(4):CD003277.
3. Sirven JI, Shafer PO. Epilepsy Foundation – Lennox-Gastaut Syndrome. Updated February 2020. Available at: https://www.epilepsy.com/learn/types-epilepsy-syndromes/lennox-gastaut-syndrome-lgs/. Accessed on September 16, 2024.
4. Cross JH, Auvin S, Falip M, et al. Expert opinion on the management of Lennox-Gastaut syndrome: treatment algorithms and practical considerations. *Front Neurol*. 2017;8:505.

5. Ostendorf AP, Ng YT. Treatment-resistant Lennox-Gastaut syndrome: therapeutic trends, challenges, and future directions. *Neuropsych Dis Treatment*. 2017;13:1131-1140.
6. Wheless JW. National Organization for Rare Diseases (NORD) – Lennox-Gastaut syndrome. Updated May 20, 2024. Available at: https://rarediseases.org/rare-diseases/lennox-gastaut-syndrome/. Accessed on September 16, 2024.
7. Lennox-Gastaut Syndrome Foundation – Lennox-Gastaut Syndrome. Updated June 12, 2024. Available at: https://www.lgsfoundation.org/about-lgs-2/how-is-lgs-treated/. Accessed on September 16, 2024.
8. Cherian KA. Lennox-Gastaut syndrome treatment & management. Updated September 10, 2024. Available at: https://emedicine.medscape.com/article/1176735-treatment/. Accessed on September 16, 2024.