



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ZONISAMIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ZONISAMIDE	ZONISADE	21140		GPI-10 (7260009000)	BRAND = ZONISADE

GUIDELINES FOR USE

1. Does the patient have a diagnosis of partial-onset seizures and meet **ALL** of the following criteria?
 - The patient is 16 years of age or older
 - Zonisade will be used as adjunctive treatment
 - The patient is unable to swallow zonisamide capsules

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #30 mL per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ZONISAMIDE (Zonisade)** requires the following rule(s) be met for approval:

- A. You have partial-onset seizures (a type of seizure)
- B. You are 16 years of age or older
- C. Zonisade will be used as adjunctive (add-on) treatment
- D. You are unable to swallow to zonisamide capsules

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Zonisade.

REFERENCES

- Zonisade [Prescribing Information]. Wilmington, MA: Azurity Pharmaceuticals, Inc., July 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/23

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P&T Approval: 10/22