Commercial/Healthcare Exchange PA Criteria

Effective: November 10, 2022

Prior Authorization: Zonisade

Products Affected: Zonisade (zonisamide) oral suspension

Medication Description: The exact method by which zonisamide exerts its anticonvulsant effect is unknown. Some in vitro studies suggest a blockade of sodium channels, with consequent stabilization of neuronal membranes and suppression of neuronal hypersynchronization, whereas other in vitro studies have shown zonisamide to suppress synaptically-driven electrical activity without affecting postsynaptic GABA or glutamate responses. It appears then, that zonisamide does not potentiate the synaptic activity of GABA. Zonisamide also serves as a weak inhibitor of carbonic anhydrase

Covered Uses:

1. Adjunctive therapy for the treatment of partial-onset seizures in adults and pediatric patients 16 years and older

Exclusion Criteria:

1. Patients who have demonstrated hypersensitivity to sulfonamides or zonisamide

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Prescriber Restriction: None

Age Restriction: 16 years and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Partial Onset Seizures
   - **A.** Patient is 16 years of age or older; **AND**
   - B. Patient is unable to swallow or has difficulty swallowing zonisamide capsules. If zonisamide capsules are non-formulary, approve.

References:

1. Zonisade [prescribing information]. Wilmington, MA: Azurity Pharmaceuticals, Inc. July 2022.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/10/2022