

**zonisamide oral suspension (ZONISADE)**

**Diagnosis Considered for Coverage:**

- FDA-approved and compendia-supported uses

**Coverage Criteria:**

**For all supported uses:**

- Patient is unable to use preferred oral formulation (i.e. tablet, capsule), **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 11/30/2022