

NAYZILAM
(midazolam nasal spray)

Pre - PA Allowance

None

Prior-Approval Requirements

Patients 12 years of age and older with a paid claim for a seizure medication such as: divalproex sodium (Depakote, Depakote ER), lamotrigine (Lamictal), levetiracetam (Keppra), topiramate (Topamax) in the past 180 days are exempt from these initial PA requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

Intermittent seizure episodes (i.e., seizure clusters, acute repetitive seizures)

AND ALL of the following:

- Medication will be used for acute seizures
- Episodes are distinct from the patient's usual epilepsy seizure pattern
- Patient is on a stable regimen of antiepileptic therapy
- Prescriber agrees to assess the patient before prescribing concomitant opioid therapy to limit opioid dosages and durations to the minimum required
- NOT** being used for the treatment of anxiety
- NO** concurrent therapy with another Prior Authorization (PA) benzodiazepine (see Appendix 1)

Prior - Approval Limits

Quantity

Strength	Quantity Limit per 90 days
5 mg single-dose nasal spray	30 units per 90 days

Duration 3 months

Prior – Approval *Renewal* Requirements

Same as above



**BlueCross
BlueShield**

Federal Employee Program.

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Prior - Approval *Renewal* Limits

Quantity

Strength	Quantity Limit per 90 days
5 mg single-dose nasal spray	30 units per 90 days

Duration 6 months

Appendix 1 - List of Prior Authorization (PA) Benzodiazepines

Generic Name	Brand Name
diazepam	Libervant
diazepam	Valtoco
midazolam	Nayzilam