

VALTOCO
(diazepam nasal spray)

Pre - PA Allowance

None

Prior-Approval Requirements

Patients 2 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 2 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:

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

Prior - Approval Limits

Quantity 10 doses per 30 days

Duration 3 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Quantity 10 doses per 30 days

Duration 6 months



**BlueCross
BlueShield**

Federal Employee Program.

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Appendix 1 - List of Prior Authorization (PA) Benzodiazepines

Generic Name	Brand Name
diazepam	Libervant
diazepam	Valtoco
midazolam	Nayzilam