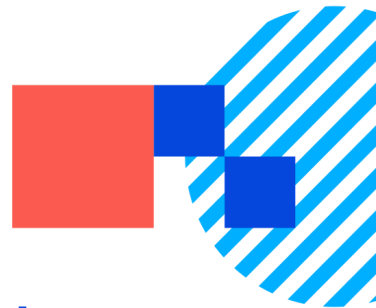




Seizure, Nasal Rescue Agents Prior Authorization and Step Therapy

Drug(s) Applied:	Nayzilam (midazolam), Valtoco (diazepam)
-------------------------	--

Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Epilepsy

1. Patient is currently receiving maintenance antiepileptic medication(s) within the past 30 days **and**
2. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., neurology)

Approval Duration: 12 months

II. Continued Therapy Criteria

A. Epilepsy

1. Patient is currently receiving maintenance antiepileptic medication(s) within the past 30 days **and**
2. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., neurology)

Approval Duration: 12 months

References:

1. Valtoco prescribing information. Neurelis, Inc. June 2025.
2. Nayzilam prescribing information. UCB, Inc. January 2023.

Policy Owned by: Curative PBM team