

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Nayzilam (midazolam nasal spray)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Nayzilam (midazolam nasal spray)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Nayzilam (midazolam nasal spray) may be approved if the following criteria are met:

- I. Individual is 12 years of age or older; **AND**
- II. Individual has a diagnosis of epilepsy; **AND**
- III. Individual is using for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (e.g. seizure clusters, acute repetitive seizures) that are distinct from usual seizure pattern with epilepsy.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
CRX-ALL-0434-19

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Applicable	X	X	X	X	X	X	X

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 7, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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