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Commercial/Healthcare Exchange PA Criteria
Effective: November 13, 2019

Prior Authorization: Nayzilam

Products Affected: Nayzilam (midazolam) nasal spray

Medication Description: NAYZILAM (midazolam) nasal spray is a nasally administered benzodiazepine indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 12 years of age and older. The exact mechanism of action for midazolam is not fully understood, but it is thought to involve potentiation of the GABAergic neurotransmission resulting from the binding at the benzodiazepine site of the $GABA_A$ receptor.

Covered Uses: the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 12 years of age and older.

Exclusion Criteria:
1. Patients with known hypersensitivity to midazolam.
2. Acute narrow-angle glaucoma

Required Medical Information:
1. Diagnosis

Age Restrictions: 12 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a neurologist.

Coverage Duration: 12 months

Other Criteria:
A. Patient has a diagnosis of epilepsy; AND
B. Patient will be using Nayzilam for the acute treatment of intermittent episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) are distinct from usual seizure pattern with epilepsy; AND
C. Patient is currently receiving maintenance antiepileptic medication(s) (e.g., lamotrigine, gabapentin, topiramate, oxcarbazepine).

References:
1. Nayzilam® nasal spray [prescribing information]. Plymouth, MN: Proximagen, LLC; May 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/13/2019