

Commercial/Healthcare Exchange PA Criteria

Effective: February 20, 2020

Prior Authorization: Valtoco

Products Affected: Valtoco (diazepam) nasal spray

<u>Medication Description</u>: The exact mechanism of action for diazepam is not fully understood, but it is thought to involve potentiation of GABAergic neurotransmission resulting from binding at the benzodiazepine site of the GABAa receptor.

<u>Covered Uses:</u> 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 6 years of age and older.

Exclusion Criteria:

- 1. Known hypersensitivity to diazepam
- 2. Patient with acute narrow angle glaucoma

Required Medical Information:

- 1. Diagnosis
- 2. Current therapy regimen

Age Restrictions: 6 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of intermittent episodes of frequent Seizure activity (i.e., seizure clusters, acute repetitive seizures); **AND**
- B. Patient is currently receiving treatment with maintenance antiepileptic medication(s).

References:

1. Valtoco® nasal spray [prescribing information]. San Diego, CA: Neurelis, Inc.; January 2020.





Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	4/7/2020