

midazolam nasal spray (NAYZILAM)

Diagnosis Considered for Coverage:

- Acute treatment of breakthrough seizures

Coverage Criteria:

For diagnosis listed above:

- Patient is unable to use or has intolerance to generic diazepam rectal gel (Diastat), **and**
- Dose does not exceed 10 doses per month.

Coverage Duration: one year

Effective Date: 6/28/2023