

**Valtoco Nasal Spray (diazepam)
Effective 06/01/20**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Diazepam nasal spray is a benzodiazepams indicated for acute intermittent seizures in patients with epilepsy. Diazepam binds to stereospecific benzodiazepine receptors on the postsynaptic GABA neuron at several sites within the central nervous system, including the limbic system, reticular formation. Enhancement of the inhibitory effect of GABA on neuronal excitability results by increased neuronal membrane permeability to chloride ions. This shift in chloride ions results in hyperpolarization (a less excitable state) and stabilization.

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Valtoco excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is ≥ 6 years of age
2. The member is using the medication as an acute treatment for 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
3. The provider is a neurologist or provider is working in consultation with a neurologist.

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.



Limitations

- 1. Authorizations will be approved for a duration of 12 months
- 2. The following quantity limits apply:

Valtoco 5mg/0.1mL (2 per box)	5 boxes (10 units total) per 30 days
Valtoco 10mg/0.1mL (2 per box)	5 boxes (10 units total) per 30 days
Valtoco 15mg/0.1mL (2 per box)	5 boxes (10 units total) per 30 days
Valtoco 20mg/0.1mL (2 per box)	5 boxes (10 units total) per 30 days

References

- 1. Valtoco (diazepam) [prescribing information]. San Diego, CA: Neurelis, Inc.; January 2020.

Review History

02/27/2020 – reviewed and approved by DCC

05/20/2020 – Reviewed and approved May P&T (effective 6/1/20)

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