

Libervant (diazepam) buccal film
Effective 10/1/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Libervant (diazepam) buccal film is 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 2 to 5 years of age.

The recommended dose of Libervant is dependent on the patient’s weight. If a second dose is required it may be administered at least four hours after the first dose. No more than two doses should be used to treatment a single episode. Libervant should not be used to treat more than one episode every five days or more than five episodes per month.

Coverage Guidelines

Authorization may be granted for members new to the plan within the previous 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all of the following criteria and documentation has been submitted:

1. The member is at least 2 years of age and under 6 years of age
2. The member is using the requested medication 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
3. The requested medication is prescribed by or in consultation with a neurology specialist

Continuation of Therapy

Requests for reauthorization will be reviewed against the initial criteria.

Limitations

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

Drug Name	Quantity Limits
Libervant (diazepam) buccal film	10 films per 30 days

References

- 1. Libervant (diazepam) buccal film [prescribing information]. Aquestive Therapeutics: Warren, NJ; April 2024.

Review History

08/14/2024 – Reviewed at August P&T. Effective 10/1/2024.

