

**Valtoco (diazepam) nasal spray**  
**Effective 09/01/2025**

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

### Overview

Valtoco (diazepam) nasal spray is a 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 2 years of age and older.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 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 program

### OR

Authorization may be granted for members when all of the following criteria are met:

1. The member is 2 years of age or older
2. 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. Provider is a neurologist or provider is working in consultation with a neurologist.

### Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation of improvement of member's condition.

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
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.; April 2025.

## Review History

02/27/2020 – reviewed and approved by DCC

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

06/11/2025 – Reviewed and Updated at June P&T. Updated language for members who are new to the Plan. Decreased the minimum approvable age from 6 years to 2 years to align with updated FDA-approved package labeling. Effective 09/01/2025.

