

Nayzilam nasal spray (midazolam)  
**Effective 07/01/2025**

<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 Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Nayzilam (midazolam) 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 12 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 the following criteria are met:

1. Member is 12 years of age or older
2. Member is using medication for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (ie, seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern
3. Provider specialty is neurology 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	Quantity Limit
Nayzilam 5mg/0.1mL (2 per box)	5 boxes (10 units total) per 30 days

### References

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2. Burtin P, Jacqz-Aigrain E, Girard P, et al, "Population Pharmacokinetics of Midazolam in Neonates," *Clin Pharmacol Ther*, 1994, 56(6 Pt 1):615-25.[\[PubMed 7995003\]](#)
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6. Fraser G, "Intranasal Midazolam," *Hosp Pharm*, 1992, 27:73-4.
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8. Holmes GL and Riviello JJ Jr, "Midazolam and Pentobarbital for Refractory Status Epilepticus," *Pediatr Neurol*, 1999, 20(4):259-64.[\[PubMed 10328273\]](#)
9. Holsti M, Sill BL, Firth SD, et al, "Prehospital Intranasal Midazolam for the Treatment of Pediatric Seizures," *Pediatr Emerg Care*, 2007, 23(3):148-53.[\[PubMed 17413428\]](#)
10. Holsti M, Dudley N, Schunk J, et al, "Intranasal Midazolam vs Rectal Diazepam for the Home Treatment of Acute Seizures in Pediatric Patients With Epilepsy," *Arch Pediatr Adolesc Med*, 2010, 164(8):747-53.[\[PubMed 20679166\]](#)
11. Kutlu NO, Yakinci C, Dogrul M, et al, "Intranasal Midazolam for Prolonged Convulsive Seizures," *Brain Dev*, 2000, 22(6):359-61.[\[PubMed 11042416\]](#)
12. Nayzilam (midazolam) [prescribing information]. Smyrna, GA: UCB; January 2023.
13. Rivera R, Segnini M, Baltodano A, et al, "Midazolam in the Treatment of Status Epilepticus in Children," *Crit Care Med*, 1993, 21(7):991-4.
14. Yoshikawa H, Yamazaki S, Abe T, Oda Y. Midazolam as a first-line agent for status epilepticus in children. *Brain Dev*. 2000;22(4):239-242.[\[PubMed 10838111\]](#)

### Review History

03/18/2020 – Reviewed at P&T (effective 6/1/20)

09/21/2022 – Reviewed at Sept P&T; Separated Comm/Exch vs MH policy; no clinical updates.

06/11/2025 – Reviewed and updated at June P&T. Updated language for members who are new to the Plan. Effective 07/01/2025.

