



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Diastat™ (diazepam rectal gel)

Review Criteria

Member must meet all the following:

- Subject to Preferred Drug List requirements
- Member must be concurrently treated with other antiepileptic therapies
 - Diagnosis of febrile seizures is excluded from this requirement as oral agents generally are not given concurrently as a preventative measure
 - For any other diagnosis or reason for use of the rectal gel without the use of concurrent antiepileptic therapies, clinical rationale will need to be provided

Limitations:

- 1 kit, containing 2 rectal syringes per day
- Maximum of 2 kits, 4 syringes, per month