



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Nayzilam™ (midazolam nasal spray)

Review Criteria

- Subject to Preferred Drug List requirements
- Member must be at least 12 years of age
- Member must concurrently be treated with maintenance antiepileptic therapies
- Approval granted in one-month intervals to ensure quantity limits are not being exceeded

Limitations:

- Max of 10 doses (5 kits) per 30 days