MEDICATION POLICY:
Valtoco®

Generic Name: Diazepam Nasal Spray

Therapeutic Class or Brand Name: Valtoco®

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/29/2020

Date Last Reviewed / Revised: 10/6/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I-VII are met)

I. Documented diagnosis of epilepsy with seizure cluster episodes.

II. Documentation that patient is experiencing intermittent, stereotypic episodes of frequent seizure activity (ie, seizure clusters, acute repetitive seizures).

III. Patient is currently on stable regimen of antiepileptic drug(s) (see Appendix A for examples).

IV. Documented treatment failure or contraindication to Diastat®

V. Minimum age requirement: 6 years old.

VI. Treatment is prescribed by or in consultation with a neurologist.

VII. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Acute narrow-angle glaucoma
- Hypersensitivity to diazepam.

OTHER CRITERIA

- WARNING: Risks from concomitant use with opioids; abuse, misuse, and addiction; and dependence and withdrawal reactions.
- Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death.
- CNS Depression: May cause an increased CNS-depressant effect when used with alcohol or other CNS depressants
- Suicidal Behavior and Ideation: Antiepileptic drugs increase the risk of suicidal ideation and behavior.
- Abuse, Misuse, and Addiction: The use of benzodiazepines, including VALTOCO™, exposes users to the risks of abuse, misuse, and addiction, which can lead to overdose or death

Quantity / Days Supply Restrictions

- 5 mg, 7.5 mg, or 10 mg of diazepam in 0.1 mL nasal spray: Up to 6 sprays per 30 days.
    - Maximum dose: 2 doses per single episode and no more than 1 episode every 5 days and 5 episodes per month.

Approval Length

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

Appendix

Appendix A: Antiepileptic Drugs
carbamazepine (Tegretol®), felbamate (Felbatol®), gabapentin (Neurontin®), lamotrigine (Lamictal®), levetiracetam (Keppra®), oxcarbazepine (Trileptal®), phenytoin (Dilantin®), phenobarbital, tiagabine (Gabitril®), topiramate (Topamax®), valproic acid (Depakene®), divalproex sodium (Depakote®), zonisamide (Zonegran®)

References