



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Nayzilam

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Effective Date: 11/1/2023

Last Review Date: 10/12/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Nayzilam under the patient's prescription drug benefit.

### Description:

Nayzilam is 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.

### Applicable Drug List:

Nayzilam

### Policy/Guideline:

**The requested drug will be covered with prior authorization when the following criteria are met:**

- The requested drug is being prescribed for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from the patient's usual seizure pattern in a patient with epilepsy

**AND**

- The patient is 12 years of age or older

### Approval Duration and Quantity Restrictions:

**Approval:** 12 months

**Quantity Level Limit:** 10 nasal spray units (5 boxes)/30 days or 30 nasal spray units (15 boxes)/90 days

### References:

- Nayzilam [package insert]. Smyrna, GA: UCB, Inc.; January 2023.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed May 8th, 2023.
- Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 05/08/2023).