

**Pharmacy Prior Authorization
Clinical Guidelines - Nayzilam**

Authorization Guidelines:

May be authorized when all the following criteria are met:

- Member has diagnosis of epilepsy
- Age is at least 12 years
- Request if for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity that are distinct from the member's usual seizure pattern
 - For example, seizure clusters, acute repetitive seizures

Approval Duration:

12 months

Quantity Level Limit:

2 units per fill

References:

1. Nayzilam [package insert]. Smyrna, GA: UCB, Inc.; May 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed May 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed May 2020.
4. Berger, JS, Davies, MG., (2019). UpToDate. Overview of lower extremity peripheral artery disease In Collins, KA, (Ed)., Retrieved from https://www.uptodate.com/contents/overview-of-lower-extremity-peripheral-artery-disease?search=Overview%20of%20lower%20extremity%20peripheral%20artery%20disease&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1. Accessed June 19, 2019.
5. Lincoff, A.M., Cutlip, D. (2019) UpToDate. Antiplatelet agents in acute ST-elevation myocardial infarction In GM Saperia (Ed)., Retrieved from https://www.uptodate.com/contents/antiplatelet-agents-in-acute-st-elevation-myocardial-infarction?search=Antiplatelet%20agents%20in%20acute%20ST-elevation%20myocardial%20infarction&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1. Accessed June 19, 2019.