

PHARMACY POLICY STATEMENT

Georgia Medicaid

DRUG NAME	Ztalmy (ganaxolone)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Ztalmy is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD) in patients 2 years of age and older. Its anticonvulsant effects are thought to result from positive allosteric modulation of the GABA A receptor in the central nervous system. Ztalmy, the first drug specifically indicated for CDD, was approved by the FDA in 2022 and is supplied as a suspension for oral administration three times a day. Dosing is weight based if the patient weighs 28 kg or less.

CDD is an X-linked developmental epileptic encephalopathy caused by mutations of the CDKL5 gene that result in nonfunctional or absent CDKL5 protein. It is associated with refractory infantile onset epilepsy, global developmental delay, and variable features that include sleep difficulties, behavioral disturbances, and movement disorders. Epilepsy usually begins in the first 3 months of life. The mutation is more prevalent in females but the course of disease is more severe in males.

Ztalmy (ganaxolone) will be considered for coverage when the following criteria are met:

Cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD)

For **initial** authorization:

1. Member is at least 2 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of CDKL5 deficiency confirmed by genetic testing results; AND
4. Member's seizure onset was within the first year of life; AND
5. Motor and cognitive developmental delays are present; AND
6. Documented trial and failure of at least 2 previous anticonvulsants; AND
7. Documentation of monthly seizure frequency on current therapy.
8. **Dosage allowed/Quantity limit:** See prescribing information for starting doses and titration.
 Max dose for weight 28 kg or less: 63mg/kg/day (21 mg/kg TID)
 Max dose for weight greater than 28 kg: 1800 mg/day (600 mg TID)

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:

1. Chart notes must include documentation of a clinically significant reduction of major motor seizure frequency compared to baseline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Ztalmy (ganaxolone) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
04/19/2022	New policy for Ztalmy created.
01/27/2025	Updated references.

References:

1. Ztalmy [prescribing information]. Marinus Pharmaceuticals, Inc.; 2024.
2. Olson HE, Amin S, Bahi-Buisson N, et al. Long-term treatment with ganaxolone for seizures associated with cyclin-dependent kinase-like 5 deficiency disorder: Two-year open-label extension follow-up. *Epilepsia*. 2024;65(1):37-45. doi:10.1111/epi.17826
3. Olson HE, Demarest ST, Pestana-Knight EM, et al. Cyclin-Dependent Kinase-Like 5 Deficiency Disorder: Clinical Review. *Pediatr Neurol*. 2019;97:18-25. doi:10.1016/j.pediatrneurol.2019.02.015
4. Amin S, Monaghan M, Aledo-Serrano A, et al. International Consensus Recommendations for the Assessment and Management of Individuals With CDKL5 Deficiency Disorder. *Front Neurol*. 2022;13:874695. Published 2022 Jun 20. doi:10.3389/fneur.2022.874695

Effective date: 02/01/2026

Revised date: 01/27/2025