

POLICY NAME	Ztalmy (ganaxolone)	POLICY #	3141P
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Criteria

Coverage Criteria

- ☐ Diagnosis of seizures with confirmation of CDKL5 deficiency based on genetic testing
- ☐ Prescribed by a neurologist (doctor of the nervous system)
- ☐ Patient age 2 years or older
- ☐ Documentation of monthly seizures at baseline
- ☐ Documentation of trial and failure of at least two previous antiepileptic therapies
- ☐ Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Ztalmy by both a pharmacist and medical director