Health Alliance™

Pharmacy Drug Policy Checklist

POLICY NAME	Ztalmy (ganaxolone)	POLICY #	3141P

Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of seizures with confirmation of CDKL5 deficiency based on genetic testing

- ☐ **1.2** Prescribed by a neurologist (doctor of the nervous system)

- ☐ **1.3** Patient age 2 years or older

- ☐ **1.4** Documentation of monthly seizures at baseline

- ☐ **1.5** Documentation of trial and failure of at least two previous antiepileptic therapies

- ☐ **1.6** 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