

**ZTALMY**  
**(ganaxolone oral suspension)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 2 years of age and older

**Diagnosis**

Patient must have the following:

Seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD)

**AND ALL** of the following:

1. Molecular confirmation of a pathogenic or likely pathogenic mutation in the CDKL5 gene
2. Inadequate response, intolerance, or contraindication to at least **TWO** antiepileptic drugs (e.g., valproate, levetiracetam, clobazam, vigabatrin, etc.)
3. Prescriber agrees to monitor for the emergence or worsening of depression, suicidal thoughts or behavior, or unusual changes in mood or behavior
4. Prescriber agrees to decrease Ztalmy dose gradually when discontinuing treatment

**Prior - Approval Limits**

**Quantity** 30 bottles (3300 mL) per 90 days

**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

**Age** 2 years of age and older

**Diagnosis**

Patient must have the following:

Seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD)



**BlueCross  
BlueShield**

Federal Employee Program.

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**AND ALL** of the following:

1. Decrease in the number of seizures from baseline
2. Prescriber agrees to monitor for the emergence or worsening of depression, suicidal thoughts or behavior, or unusual changes in mood or behavior
3. Prescriber agrees to decrease Ztalmy dose gradually when discontinuing treatment

**Prior - Approval *Renewal* Limits**

Same as above