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# 5.75.36

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	July 1, 2022
<b>Subsection:</b>	Neuromuscular Agents	<b>Original Policy Date:</b>	April 15, 2022
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**Last Review Date:** June 16, 2022

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## Ztalmy

### Description

#### Ztalmy (ganaxolone) oral suspension

#### Background

Ztalmy (ganaxolone) is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator. The precise mechanism by which Ztalmy exerts its therapeutic effects in the treatment of seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD) is unknown, but its anticonvulsant effects are thought to result from positive allosteric modulation of the gamma-aminobutyric acid type A (GABA<sub>A</sub>) receptor in the central nervous system (1).

#### Regulatory Status

FDA-approved indication: Ztalmy is 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 (1).

Ztalmy contains warnings for somnolence, sedation and suicidal behavior and ideation (1).

Ztalmy dose should be decreased gradually when discontinuing treatment. As with all antiepileptic drugs, abrupt discontinuation should be avoided, when possible, to minimize the risk of increased seizure frequency and status epilepticus (1).

The safety and effectiveness of Ztalmy in pediatric patients less than 2 years of age have not been established (1).

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## Related policies

### Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Ztalmy may be considered **medically necessary** in patients 2 years of age and older with seizures associated with CDKL5 deficiency disorder and if the conditions indicated below are met.

Ztalmy may be considered **investigational** in patients less than 2 years of age and for all other indications.

## Prior-Approval Requirements

**Age** 2 years of age and older

### Diagnosis

The 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 *Renewal* Requirements

**Age** 2 years of age and older

### Diagnosis

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The patient must have the following:

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

**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

## Policy Guidelines

### Pre - PA Allowance

None

### Prior - Approval Limits

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

**Duration** 12 months

### Prior – Approval *Renewal* Limits

Same as above

## Rationale

### Summary

Ztalmy (ganaxolone) is a GABA<sub>A</sub> receptor positive modulator for the treatment of seizures associated with CDKL5 deficiency disorder (CDD). Patients should be monitored for suicidal behavior and thoughts and the dose should be gradually decreased upon discontinuation to reduce the risk of increased seizure frequency. The safety and effectiveness of Ztalmy in pediatric patients less than 2 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Ztalmy while maintaining optimal therapeutic outcomes.

### References

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1. Ztalmy [package insert]. Radnor, PA: Marinus Pharmaceuticals, Inc.; March 2022.

## Policy History

Date	Action
April 2022	Addition to PA
June 2022	Annual review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 16, 2022 and is effective on July 1, 2022.**