



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

GANAXOLONE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GANAXOLONE	ZTALMY	47912		GPI-10 (7260003300)	

GUIDELINES FOR USE

- Does the patient have a diagnosis of seizures and meet **ALL** of the following criteria?
  - The patient is 2 years of age or older
  - The patient's seizures are associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #36 mL per day.**  
If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **GANAXOLONE (Ztalmy)** requires the following rule(s) be met for approval:

- You have seizures
- You are 2 years of age or older
- Your seizures are associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD: a type of genetic disorder)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ztalmy.

REFERENCES

- Ztalmy [Prescribing Information]. Radnor, PA: Marinus Pharmaceuticals, Inc.; June 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/01/22

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P&T Approval: 07/22