



## Drug Coverage Policy

Effective Date..... 09/15/2025

Coverage Policy Number ..... IP0508

Policy Title..... Ztalmy

# Antiseizure Medications – Ztalmy

- Ztalmy® (ganaxolone oral suspension - Marinus)

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### **INSTRUCTIONS FOR USE**

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.*

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### **OVERVIEW**

Ztalmy, a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator, is indicated for the treatment of **seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD)** in patients  $\geq 2$  years of age.

## Disease Overview

CDD is a rare, X-linked developmental epileptic encephalopathy caused by mutations in the CDKL5 gene.<sup>2,3</sup> This disorder can manifest in a broad range of clinical symptoms, including early-onset (< 3 months of age in 90% of patients [median of 5 weeks]), hypotonia, intractable epilepsy, and neurodevelopmental delay impacting cognitive, motor, speech, and visual function. Both cognitive impairment and refractory epilepsy in individuals with CDD are particularly severe; less than 50% of patients have reported a period of seizure freedom > 2 months, with only 12% of patients experiencing seizure freedom for > 12 months. The CDKL5 gene provides instructions for making proteins that are essential for normal brain and neuron development. The CDKL5 protein acts as a kinase, an enzyme that changes the activity of other proteins by adding a phosphate group at specific positions; however, it has not yet been determined which proteins are targeted by the CDKL5 protein. Many cases of CDD have been identified in boys, but because of the location of the gene on the X chromosome, CDD primarily affects girls. Ztalmy is the first antiseizure medication that is FDA-approved for use in CDD and has been prospectively studied.

## Clinical Efficacy

The efficacy of Ztalmy in patients with molecularly confirmed CDD was evaluated in one pivotal trial called the Marigold Study (n = 101).<sup>4</sup> Eligible patients were 2 to 21 years of age and had a molecularly confirmed CDKL5 variant that was considered pathogenic or likely to be pathogenic. Patients could remain on a regimen of up to four concomitant antiseizure medications during the trial, including (but not limited to) valproate, levetiracetam, clobazam, and vigabatrin. During the 17-week double-blind phase, the median 28-day major motor seizure frequency was 45.0 in the Ztalmy arm vs. 55.5 in the placebo arm. Compared with the 6-week baseline period, the median percentage change in 28-day major motor seizure frequency was statistically significantly improved (reduced) in the Ztalmy arm vs. the placebo arm (-30.7% vs. -6.9%, respectively; P = 0.0036).

## Coverage Policy

### POLICY STATEMENT

Prior Authorization is required for benefit coverage of Ztalmy. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ztalmy as well as the monitoring required for adverse events and long-term efficacy, approval requires Ztalmy to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Documentation:** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information.

**Ztalmy is considered medically necessary when the following criteria are met:**

### FDA-Approved Indication

#### 1. Seizures Associated with Cyclin-Dependent Kinase-Like 5 (CDKL5) Deficiency

**Disorder.** Approve for 1 year if the patient meets ALL the following (A, B, C, and D):

**A)** Patient is  $\geq$  2 years of age; AND

**B)** Patient has a molecularly confirmed pathogenic or likely pathogenic variant in the CDKL5 gene **[documentation required]**; AND

**C)** Patient has tried and/or is concomitantly receiving at least two other antiseizure medications **[documentation required]**; AND

**Note:** This can include any two antiseizure medications, including but not limited to, clobazam, Epidiolex (cannabidiol oral solution), lacosamide, lamotrigine, levetiracetam, phenobarbital, rufinamide, topiramate, valproate, vigabatrin, zonisamide.

**D)** The medication is prescribed by or in consultation with a neurologist.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

**Conditions Not Covered**

**Ztalmy for any other use is considered not medically necessary. Criteria will be updated as new published data are available.**

**References**

1. Ztalmy® oral suspension [prescribing information]. Radnor, PA: Marinus; June 2023.
2. Olson HE, Daniels CI, Haviland I, et al. Current neurologic treatment and emerging therapies in CDKL5 deficiency disorder. *J Neurodev Disord.* 2021;13(1):40.
3. International Foundation for CDKL5 Research. About CDKL5. Available at: <https://www.cdkl5.com/about-cdkl5/>. Accessed on July 17, 2025.
4. Knight EMP, Amin S, Bahi-Buisson N, et al. Safety and efficacy of ganaxolone in patients with CDKL5 deficiency disorder: results from the double-blind phase of a randomised, placebo-controlled, phase 3 trial. *Lancet Neurol.* 2022;21:417-427.

**Revision Details**

Type of Revision	Summary of Changes	Date
Annual Revision	<b>Updated</b> coverage policy title from "Ganaxolone" to "Antiseizure Medications – Ztalmy."	11/1/2024
Annual Revision	<b>Added</b> documentation requirements throughout policy.	9/15/2025

The policy effective date is in force until updated or retired.

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