

**Ztalmy**  
**Effective 03/01/2024**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

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.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted when the following criteria is met:

1. The member has a diagnosis of cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD)
2. Medical records documenting enzyme assay or genetic testing demonstrating pathogenic or likely pathogenic mutation in the CDKL5 gene.
3. The medication is prescribed by or in consultation with a neurologist.

### Continuation of Therapy

Authorization may be granted for continued treatment in members with CDKL5 deficiency disorder when the member achieves or maintains a positive clinical response to therapy (e.g., decrease in seizures)

### Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

### References

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

### Review History

2/14/2023: Created and Reviewed at Feb P&T, Effective 3/1/2024