

Ganaxolone Safety Edit

Goal:

- To ensure appropriate drug use and restrict to indications supported by medical literature

Length of Authorization:

- Up to 12 months

Requires PA:

- Ganaxolone

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the medication FDA-approved for the requested indication and patient age?	Yes: Go to #3	No: Go to #5
3. What is the patient's current weight?	Record weight: _____ (within past 6 months) Go to #4	
4. Does the requested dosing align with the FDA-approved dosing?	Yes: Approve for up to 12 months	No: Go to #5
5. Has the patient already been taking this medication for longer than 4 weeks AND currently taking at time of this request?	Yes: Approve for 1 month and forward to medical director for review. (Abrupt withdrawal may precipitate increased seizures)	No: Pass to RPh. Deny; medical appropriateness.

P&T / DUR Review: 10/22 (SF)
Implementation: 1/1/23