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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

RETIRED

Effective Date: 04/08/2021

Zulresso™ (brexanolone injection)

FDA approval: March 19, 2019

HCPCS: J1632

Benefit: Medical

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. Treatment for postpartum depression
 - b. Prescribed by or in consultation with a psychiatrist or obstetrician/gynecologist who meets all REMS requirements
 - c. FDA approved age
 - d. Must be 6 months postpartum or less
 - e. Must have a Hamilton Rating Scale for Depression (HAM-D) score of 20 or greater
 - f. Must not have a history of schizophrenia, bipolar disorder, schizoaffective disorder, or suicide attempt
 - g. Must not be breastfeeding or agree to temporary stop giving their infant breastmilk
 - h. Trial and failure of one oral antidepressant for postpartum depression either this episode or a previous episode
 - i. Must also be used in combination with cognitive behavioral therapy or interpersonal psychotherapy weekly
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limit: 1 infusion/each birth
 - b. Initial Authorization Period: 6 months

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Therapeutic considerations:

A. FDA approved indication/Diagnosis

- a. The treatment of postpartum depression in adults

**Please refer to most recent prescribing information.*

https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/211371lbl.pdf

B. Background Information

- a. It is estimated up to 80% of new mothers experience some form of mild depression after giving birth
- b. However, approximately 400,000 American women will suffer a longer-lasting, more severe postpartum depression causing feelings of guilt or insignificance, impairments in physical functioning, problems with reasoning or even thoughts of suicide
- c. Serious PPD can begin during the pregnancy, shortly after the birth or weeks later
- d. If left untreated, symptoms may persist and become chronic
- e. The strongest risk factor for postpartum depression is a history of the disease with a previous pregnancy
- f. Other risk factors include antenatal depressive symptoms, a history of major depressive disorder, poor social support, major life events or stressors during pregnancy, and a family history of postpartum depression
- g. Current American Psychiatric Association (APA) and American College of Obstetricians and Gynecologists (ACOG) guidelines recommend psychotherapy as the first-line of treatment for mild to moderate postpartum depression
- h. Antidepressant medications are recommended in the presence of moderate to severe depressive symptoms, particularly in women with a history of recurrent depression
- i. In cases where pharmacotherapy is warranted, selection of medications with low transfer to breast milk is desirable
- j. Sertraline, paroxetine and nortriptyline used while breastfeeding yield low-to-undetectable infant serum levels
- k. Zulresso is the first treatment specifically approved to treat postpartum depression and guidelines have not yet been updated to include it

C. Efficacy

**Please refer to most recent prescribing information.*

D. Medication Safety Considerations

Black Box Warning: Yes

**Please refer to most recent prescribing information.*

E. Dosing and administration

- a. Dosing:
 - i. A healthcare provider must be available on site to continuously monitor the patient for the duration of the infusion
 - ii. Administer as a continuous infusion over 60 hours (2.5 days) as follows:
 - 1. 0 to 4 hours: Initiate at a dose of 30 µg/kg/hr
 - 2. 4 to 24 hours: Increase the dose to 60 µg/kg/hr

3. 24 to 52 hours: Increase the dose to 90 µg/kg/hr (consider a dose of 60 µg/kg/hr for those who do not tolerate the 90 µg/kg/hr)
4. 52 to 56 hours: Decrease dose to 60 µg/kg/hr
5. 56 to 60 hours: Decrease dose to 30 µg/kg/hr

**Please refer to most recent prescribing information.*

F. How supplied

- a. 100 mg/20 mL single-dose vial

References:

1. Zulresso [package insert]. Cambridge, MA: Sage Therapeutics, Inc.; June 2019.
2. ACOG Practice Bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists number 92, April 2008 (replaces practice bulletin number 87, November 2007). Use of psychiatric medications during pregnancy and lactation. Obstet Gynecol. 2008; 111: 1001 – 20.
3. Yonkers KA, Wisner KL, Stewart DE, et al. The management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. Obstet Gynecol. 2009; 114: 703 – 13.
4. Gentile S. Drug treatment for mood disorders in pregnancy. Curr Opin Psychiatry. 2011; 24: 34–40.
5. Levey L, Ragan K, Hower-Hartley A, et al. Psychiatric disorders in pregnancy. Neurol Clin. 2004; 22: 863 – 93.
6. Meltzer-Brody S, Colquhoun H, Riesenberger R, et al. Brexanolone injection in post-partum depression: two multicenter, double-blind, randomized, placebo-controlled, phase 3 trials. Lancet. 2018; 392 (10152): 1058-70.
7. FDA Press Release. FDA approves first treatment for postpartum depression. March 19, 2019. Available at: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm633919.htm>. Accessed on: March 20, 2019.

Policy History												
#	Date	Change Description										
1.2	Effective Date: 04/08/2021	Retiring policy as drug is not managed with prior authorization										
1.1	Effective Date: 04/16/2020	Annual Review										
1.0	Effective Date: 05/09/2019	New Policy<table><tr><th>Line of Business</th><th>PA Required (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.*