



STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Services  
Prior Authorization Criteria

**ZULRESSO® (brexanolone)**

**Billed under: J1632** (Injection, brexanolone, 1 mg)

**Applicable ICD10 Codes: F53.0 Postpartum depression**

[Prior Authorization Request Form](#)

ZULRESSO is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of post-partum depression (PPD) in patients 15 years old and older.

**Initial authorization requires review by the Medical Director and may be approved when all of the following criteria is met:**

1. Must be prescribed by a Psychiatrist; **AND**
2. The patient is a non-pregnant female and at least 15 years of age; **AND**
3. Patient must be  $\leq$  6 months post-partum at the time of screening; **AND**
4. The patient must meet the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) criteria for **moderate to severe** major depressive disorder with onset of the major depressive episode occurring no earlier than the 3<sup>rd</sup> trimester and no later than four (4) weeks following delivery. Clinical documentation is required; **AND**
5. Patient has not previously received either Zulresso OR Zurzuva (zuranolone) for the current postpartum depressive episode from the most recent pregnancy; **AND**



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6. The healthcare facility and patient must be enrolled in Zulresso REMS prior to administration of Zulresso; **AND**
7. The patient does not have any known clinical contraindication to Zulresso. Patients with active untreated substance abuse disorder, active psychosis, schizophrenia, bipolar or schizo-affective disorder will be denied authorization of coverage.

**Initial authorization approval shall be granted a 30-day authorization to allow for a one-time 60-hour infusion if patients meet the above criteria.**



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**References:**

**Government Agency, Medical Society, and Other Authoritative Publications:**

1. United Healthcare  
<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/com-m-medical-drug/zulresso-brexanolone.pdf> (Accessed 2/26/2024)
2. Zulresso [package insert]. Cambridge, MA: Sage Therapeutics, Inc.; 2022.  
<https://assets.sagerx.com/zulresso/prescribing-information.pdf>  
(Accessed 5/3/24)
3. Lexi-Comp Clinical Application (Accessed 2/29/2024)
4. Meltzer-Brody S, Colquhoun H, Riesenber R, et al. Brexanolone injection in post-partum depression: two multicentre, double-blind, randomised, placebo-controlled, phase 3 trials. *Lancet*. 2018;392(10152):1058-1070
5. UpToDate Clinical Article "Severe Postpartum Unipolar Depression: Choosing Treatment" (Accessed 02/26/2024)

*Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member according to BMS coverage and policy guidelines.*