STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

ZULRESSO® (Brexanolone)

Billed under C9055

Effective 1/01/2020

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 adults.

Criteria for Approval

1. The medication is prescribed by, or in documented consultation with, a psychiatrist; **AND**

2. The patient is a non-pregnant female and at least 18 years of age; **AND**

3. The patient must be ≤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 3rd trimester and no later than 4 weeks following delivery. CLINICAL DOCUMENTATION IS REQUIRED; **AND**

5. The healthcare facility and patient must be enrolled in Zulresso REMS; **AND**

6. 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.

Patients meeting the above criteria shall be granted a 30-day prior authorization to allow for a one-time 60-hour infusion.

References

1.) Zulresso Package Insert
2.) Lexi-Comp Clinical Application 1/22/2020
3.) Meltzer-Brody S, Colquhoun H, Riesenberg 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
4.) UpToDate Clinical Article "Sever Postpartum Unipolar Depression: Choosing Treatment" reviewed 1/22/2020.