

Clinical Policy: Brexanolone (Zulresso)

Reference Number: CP.PHAR.417 Effective Date: 06.01.19 Last Review Date: 05.25 Line of Business: Commercial, HIM, Medicaid

Coding Implications Revision Log

See <u>Important Reminder</u> at the end of this policy for important regulatory and legal information.

Description

Brexanolone (ZulressoTM) is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator.

FDA Approved Indication(s)

Zulresso is indicated for the treatment of postpartum depression (PPD) in patients 15 years and older.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation[®] that Zulresso is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Postpartum Depression (must meet all):

- 1. Diagnosis of a major depressive episode that began no earlier than the third trimester and no later than the first 4 weeks following delivery, as diagnosed by Structured Clinical Interview for DSM-5;
- 2. Prescribed by or in consultation with psychiatrist or obstetrician-gynecologist;
- 3. Age \geq 15 years;
- 4. Member meets ONE of the following (a, b, c, d, e, f, or g):
 - a. HAMD score is ≥ 24 (severe depression) (see Appendix D);
 - b. MADRS score is \geq 35 (severe depression) (see Appendix D);
 - c. PHQ-9 score is ≥ 20 (severe depression) (see Appendix D);
 - d. EPDS score is ≥ 20 (severe depression) (see Appendix D);
 - e. BDI score is ≥ 29 (severe depression) (see Appendix D);
 - f. If member does not have severe depression as demonstrated by at least one of the depression scores above (a, b, c, d, or e), documentation of severe depression as evidenced by a psychiatrist or obstetrician-gynecologist clinical interview;
 - g. Failure of a 4-week trial of ONE of the following oral antidepressants at up to maximally indicated dose but no less than the commonly recognized minimum therapeutic dose, unless clinically significant adverse effects are experienced or all are contraindicated: selective serotonin reuptake inhibitor (SSRI), serotonin-norepinephrine reuptake inhibitor (SNRI), tricyclic antidepressant (TCA), bupropion, mirtazapine (*see Appendix B*);



- 5. No more than 6 months have passed since member has given birth;
- 6. Member has not received prior treatment with Zulresso or Zurzuvae[™] for the current pregnancy;
- 7. Dose does not exceed 90 mcg/kg per hour over 60 hours (2.5 days) as follows:
 - a. 0 to 4 hours: Initiate with a dosage of 30 mcg/kg per hour;
 - b. 4 to 24 hours: Increase dosage to 60 mcg/kg per hour;
 - c. 24 to 52 hours: Increase dosage to 90 mcg/kg per hour (alternatively consider a dosage of 60 mcg/kg per hour for those who do not tolerate 90 mcg/kg per hour);
 - d. 52 to 56 hours: Decrease dosage to 60 mcg/kg per hour;
 - e. 56 to 60 hours: Decrease dosage to 30 mcg/kg per hour.

Approval duration: 30 days (one time infusion per pregnancy)

- **B.** Other diagnoses/indications (must meet 1 or 2):
 - 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace, and CP.PMN.255 for Medicaid; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace, and CP.PMN.16 for Medicaid; or
 - 2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Postpartum Depression

1. Re-authorization is not permitted. Members must meet the initial approval criteria. Approval duration: Not applicable

B. Other diagnoses/indications (must meet 1 or 2):

- 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace, and CP.PMN.255 for Medicaid; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business:



CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace, and CP.PMN.16 for Medicaid; or

2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid, or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key	
BDI: Beck Depression Inventory	PHQ-9: Patient Health Questionnaire
EPDS: Edinburgh Postnatal Depression	PPD: postpartum depression
Scale	SNRI: serotonin-norepinephrine reuptake
FDA: Food and Drug Administration	inhibitor
HAM-D: Hamilton Rating Scale for	SSRI: selective serotonin reuptake inhibitor
Depression	TCA: tricyclic antidepressant
MADRS: Montgomery-Åsberg	

Appendix B: Therapeutic Alternatives

Depression Rating Scale

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/
		Maximum Dose
SSRIs		
citalopram	20 mg PO QD; may increase to 40 mg PO	$40 \text{ mg/day} (\leq 60 \text{ years})$
(Celexa [®])	QD after one week	20 mg/day (> 60 years)
escitalopram	10 mg PO QD; may increase to 20 mg PO	20 mg/day
(Lexapro [®])	QD after 1 week	
fluoxetine	Prozac: 20 mg PO QD; may increase by	Prozac: 80 mg/day
(Prozac [®] , Prozac	10-20 mg after several weeks	
Weekly [®])		Prozac Weekly: 90
	Prozac Weekly: 90 mg PO q week	mg/week
	beginning 7 days after the last daily dose	
paroxetine	Paxil, Pexeva: 20 mg PO QD; may	Paxil: 50 mg/day
(Paxil [®] , Paxil	increase by 10 mg every week as needed	
CR [®])		Paxil CR: 62.5 mg/day



Drug Name Dosing Regiment Dose Limit/ Maximum Dose Paxil CR: 25 mg PO QD; may increase by 12.5 mg every week as needed 200 mg/day sertraline 50 mg PO QD; may increase every week (Zoloft*) 200 mg/day sertraline 20 mg PO BID or 30 mg PO BID or 60 (Cymbalta*) 120 mg/day venlafaxine Effexor: 75 mg/day PO in 2-3 divided doses; may increase by 75 mg every 4 days as needed Effexor: 225 mg/day (outpatient) or 375 mg/day (inpatient) Effexor* days as needed 400 mg/day Effexor* 50 mg PO QD 400 mg/day (Pristiq*) 75 mg every 4 days as needed 400 mg/day Fetzima* 20 mg PO QD for 2 days, then 40 mg PO (levomilnacipran) 120 mg/day rC4s amitriptyline 25 to 50 mg/day PO in divided doses 150 mg/day amoxapine 25 to 200 mg/day PO QD or in divided 300 mg/day (150 mg/day clomipramine*/ 020 mg/day PO QD or divided doses 150 mg/day doses ndivised doses 200 mg/day (100 mg/day divided doses 150 0mg/day (100 mg/day Pediatric*: 100 mg/day desipramine 75 to 200 mg/day PO QD or in divided doses 200 mg/day (100 mg/day	Dave a Marria		Deve Lineit/
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Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Wellbutrin SR [®] , Wellbutrin XL [®])		Sustained-release: 400 mg/day Extended-release (HCl): 450 mg/day Extended-release (HBr): 522 mg/day
mirtazapine (Remeron [®] , Remeron Soltab)	15 to 15 mg PO QD	45 mg/day

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic. $\dagger Off$ -label

Appendix C: Contraindications/Boxed Warnings

- Boxed warning(s): Excessive sedation and sudden loss of consciousness during administration. Patients must be monitored for excessive sedation and sudden loss of consciousness and have continuous pulse oximetry monitoring. Because of these risks, Zulresso is available only through a restricted program under a REMS program.
- Contraindication(s): none reported

Appendix D: General Information

• HAM-D scale is a 17-item depression assessment scale to assess severity of, and change in, depressive symptoms.

HAM-D Score	Depression Rating
0-7	Normal, absence or remission of depression
8-16	Mild depression
17-23	Moderate depression
> 23	Severe depression

• MADRS is a 10-item diagnostic questionnaire used to measure the severity of depressive episodes in patients with mood disorders.

MADRS Score	Depression Rating
0-6	Normal/symptom absent
7-19	Mild depression
20 - 34	Moderate depression
> 34	Severe depression

• PHQ-9 is a 9-item multiple choice questionnaire used for diagnosis, screening, monitoring, and measuring the severity of depression.

PHQ-9 Score	Depression Severity
5-9	Minimal symptoms
10-14	Minor depression
	Major depression, mild
15 - 19	Major depression, moderately severe
> 19	Major depression, severe



• EPDS is a 10-item multiple choice questionnaire used to screen and assist in identifying possible symptoms of depression in the postnatal period.

EPDS Score	Depression Severity
5-9	Minimal symptomatology
10 - 14	Mild symptomatology
15 – 19	Moderate symptomatology
> 19	Severe symptomatology

• BDI is a 21-item, self-reported rating inventory that measures characteristic attitudes and symptoms of depression.

BDI Score	Depression Severity
0-13	Minimal depression
14 – 19	Mild depression
20 - 28	Moderate depression
> 28	Severe depression

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
PPD	 Administered as a continuous intravenous infusion over 60 hours (2.5 days) as follows: 0 to 4 hours: Initiate with a dosage of 30 mcg/kg per hour 4 to 24 hours: Increase dosage to 60 mcg/kg per hour 24 to 52 hours: Increase dosage to 90 mcg/kg per hour (alternatively consider a dosage of 60 mcg/kg per hour for those who do not tolerate 90 mcg/kg per hour) 52 to 56 hours: Decrease dosage to 60 mcg/kg per hour 56 to 60 hours: Decrease dosage to 30 mcg/kg per hour 	90 mcg/kg per hour

VI. Product Availability

Vial for injection, single-dose: 100 mg/20 mL (5 mg/mL)

VII. References

- 1. Zulresso Prescribing Information. Cambridge, MA: Sage Therapeutics, Inc.; June 2022. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/211371s007lbl.pdf . Accessed February 20, 2025.
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Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-todate sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J1632	Injection, brexanolone, 1 mg

Reviews, Revisions, and Approvals	Date	P&T Approval Date
2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.	03.01.21	05.21
2Q 2022 annual review: no significant changes; references reviewed and updated.	02.06.22	05.22
RT4: per updated prescribing information, updated indication and age requirements from adults (18 years) to 15 years of age or older.	07.18.22	
Template changes applied to other diagnoses/indications.	09.23.22	
2Q 2023 annual review: shortened the trial durations of antidepressant agent from 8 weeks to 4 weeks; references reviewed and updated.	02.07.23	05.23
Revised criterion for diagnosis of major depressive episode that began no later than the first 4 weeks following delivery per updated ACOG guidance; added requirement that member has not received prior treatment with Zulresso or Zurzuvae for the current	08.25.23	11.23



Reviews, Revisions, and Approvals	Date	P&T Approval Date
pregnancy; corrected MADRS score to \geq 35 for severe depression;		
added additional approval pathway if member does not have severe		
depression as demonstrated by at least one of the depression scores,		
documentation of severe depression as evidenced by a psychiatrist		
clinical interview.		
2Q 2024 annual review: Added obstetrician-gynecologist as an	04.04.24	05.24
additional prescriber specialty and specialist that can perform a		
clinical interview to confirm severe depression; per competitor		
analysis, added BDI and EPDS scales as additional methods to		
identify severe depression.		
2Q 2025 annual review: in Appendix B per Clinical Pharmacology,	02.20.25	05.25
updated dosing regimens and removed commercially unavailable		
branded therapeutic alternatives; references reviewed and updated.		

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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