



MEDICAL COVERAGE POLICY
SERVICE: Brexanolone (Zulresso)

Policy Number:	256
Effective Date:	08/01/2021
Last Review:	06/24/2021
Next Review Date:	06/24/2022

Important note:

Unless otherwise indicated, this policy will apply to all lines of business. Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Brexanolone (Zulresso) may be medically necessary for the treatment of Postpartum Depression when **ALL** of the following criteria are met:

- Member is ≥ 18 years of age
- Must be prescribed by a psychiatrist
For Medicaid/CHIP requests ONLY: Must be prescribed by, or in consultation with, a psychiatrist or obstetrics/gynecologist
- Diagnosis of postpartum depression (ICD-10 code F53.0) with a HAM-D total score of at least 20, or as scored by an alternative comparable rating scale that measures depressive symptoms.
- Onset of the major depressive episode is within the third trimester and no later than the first four weeks postpartum.
- Six months or less postpartum at screening.
- No active psychosis or history of bipolar disorder or schizophrenia.
- Has not received treatment with Zulresso for the current postpartum depressive episode.
- Have continuous pulse oximetry monitoring during the infusion period due to risk of serious harm and be accompanied when interacting with their child(ren) as the drug can cause loss of consciousness.



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- A health-care provider must be available on site for continuous monitoring of the client for the duration of the infusion.

For Commercial/Medicare requests ONLY: To be eligible for Zulresso therapy in a **SUBSEQUENT** pregnancy, the HAM-D score must be documented at the end of the current infusion.

Only ONE treatment per postpartum period will be authorized

FDA Label restrictions:

- Patients are at risk of excessive sedation or sudden loss of consciousness during administration of ZULRESSO.
- Because of the risk of serious harm, patients must be monitored for excessive sedation and sudden loss of consciousness and have continuous pulse oximetry monitoring. Patients must be accompanied during interactions with their child(ren).
- ZULRESSO is available only through a restricted program called the ZULRESSO REMS.

Notable requirements of the ZULRESSO REMS include the following:

- Healthcare facilities must enroll in the program and ensure that ZULRESSO is only administered to patients who are enrolled in the ZULRESSO REMS.
- Pharmacies must be certified with the program and must only dispense ZULRESSO to healthcare facilities who are certified in the ZULRESSO REMS.
- Patients must be enrolled in the ZULRESSO REMS prior to administration of ZULRESSO. (See FDA website for more information: <https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=IndvRemsDetails.page&REMS=387>)
- Wholesalers and distributors must be registered with the program and must only distribute to certified healthcare facilities and pharmacies.

OVERVIEW:

Postpartum depression (PPD) refers to the development of a depressive illness following childbirth. The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not recognize PPD as a separate diagnosis; rather, PPD patients meet the criteria for a major depressive episode and the criteria for peripartum onset. PPD is a serious mood disorder associated with a range of debilitating symptoms that impact a woman’s ability to function, and is a leading cause of maternal suicide.

The prevalence of PPD among women residing in high income countries is reported to be approximately 10%. The Centers for Disease Control and Prevention report that PPD estimates in the U.S. vary by state, and can be as high as 1 in 5 women.

Treatment of PPD depends on the severity of symptoms and the level of functional impairment. Psychotherapy is considered first-line treatment for mild-to-moderate postpartum depression; psychotherapy may be combined with medication in patients with more severe symptoms. Use of pharmacotherapy in breastfeeding mothers is a concern, although the risks must be weighed against the risks associated with PPD, including suicide risk and impaired maternal-infant bonding.

Medication options include selective serotonin reuptake inhibitor (SSRI) agents. However, SSRI agents are not specifically FDA-approved for the treatment of PPD, and they can often take weeks to months to



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be effective in alleviating symptoms of depression. There is a high unmet need for new pharmacotherapy agents for the management of PPD; Zulresso was developed to address this need.

Zulresso is a sterile solution of allopregnanolone for intravenous (IV) infusion. Allopregnanolone is a positive allosteric modulator of the neurotransmitter gamma-aminobutyric acid (GABAA) receptors. Plasma allopregnanolone concentrations rise in concert with progesterone throughout pregnancy, reaching the highest physiological concentrations in the third trimester. After childbirth, these concentrations decrease abruptly. Failure of GABAA receptors to adapt to these changes may have a role in triggering PPD. Although the cause of PPD is not entirely understood, it is proposed that treatment of women with PPD with doses of allopregnanolone that result in serum concentrations equivalent to those present during the third trimester may lessen PPD symptoms.

Zulresso is administered as a continuous IV infusion over 60 hours. The recommended dosage and administration is as follows:

- 0 to 4 hours: initiate with a dosage of 30 mcg/kg/hour
- 4 to 24 hours: increase dosage to 60 mcg/kg/hour
- 24 to 52 hours: increase dosage to 90 mcg/kg/hour (a reduction in dosage to 60 mcg/kg/hour may be considered during this time period for patients who do not tolerate 90 mcg/kg/hour)
- 52 to 56 hours: decrease dosage to 60 mcg/kg/hour
- 56 to 60 hours: decrease dosage to 30 mcg/kg/hour

If excessive sedation occurs at any time during the infusion, the infusion should be stopped until the symptoms resolve. The infusion may be resumed at the same or lower dose as clinically appropriate.

MANDATES: None

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	
CPT Not Covered:	
HCPCS Codes	J1632
ICD10 codes:	
ICD10 Not covered:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	07/25/2019	New policy
Updated	06/25/2020	Logo changed to include FC
Reviewed	06/24/2020	Updated HCPCS code



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REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Kose S, Cetin M. Brexanolone: an allosteric modulator of GABA-A receptors in the rapid treatment of postpartum depression. *Psychiatry and Clinical Psychopharmacology*, 2017. 27:4, 326-328, DOI: 10.1080/24750573.2017.1380352
2. Gelaye B, Rondon M, Araya, PhD, Williams M. Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. *Lancet Psychiatry*. 2016 Oct; 3(10): 973–982. DOI: 10.1016/S2215-0366(16)30284-X
3. Kanes S, Colquhoun H, Gunduz-Bruce H, Raines S, Arnold R, Schacterle A, Doherty J, Epperson CN, Deligiannidis KM, Riesenbergr R, Hoffmann E, Rubinow D, Jonas J, Paul S, Meltzer-Brody S. Brexanolone (SAGE-547 injection) in post-partum depression: a randomised controlled trial. *Lancet*. 2017 Jul 29;390(10093):480-489. DOI: 10.1016/S0140-6736(17)31264-3. Epub 2017 Jun 12.