

Antidepressants
Zulresso (brexanolone)
Effective 09/01/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Notes	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

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

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization will be granted when all the following criteria has been met, and documentation has been submitted:

1. Diagnosis of postpartum depression
2. Member is ≥ 18 years of age
3. Prescriber is a specialist (e.g., obstetrician-gynecologist or psychiatrist [including obstetrician-gynecologist or psychiatric nurse practitioners or physician assistants]) or consult notes from a specialist (dated within 1 year) are provided
4. Member is ≤ 6 months postpartum at screening with onset of a major depressive episode no earlier than the third trimester and no later than 4 weeks after delivery
5. Member is not currently pregnant
6. Appropriate dosing (weight required)

Continuation of Therapy

Reauthorization by physician will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 1 month
2. Reauthorizations of Zulresso will not be granted as retreatment has not been established.

References

1. Zulresso® [package insert]. Cambridge (MA): Sage Pharmaceuticals.; 2019 Jun.

Review History

02/08/2023 - Reviewed and created for Feb P&T; matched MH UPPL. Effective 4/1/23.

4/12/23 – Reviewed and updated for Apr P&T. Added appendix criteria into criteria per NCQA standards. Added antidepressant polypharmacy to criteria. Added Auvelity® (dextromethorphan/ bupropion) and Fetzima® (levomilnacipran) to policy. Added quantity limits for: Fetzima, Trintellix, Viiibryd, Auvelity, Aplenzin, Pristiq, Wellbutrin XL. Removed maprotiline from policy due to obsolete status. Effective 6/5/23

05/10/23 – Reviewed and updated for P&T. Admin update to allow Spravato be available through both the pharmacy and medical benefits with PA. Effective 7/1/23.

07/12/23 – Reviewed and updated for P&T. Formatting updates to drug table. Simplified approvable diagnoses. Brand preferred and mandatory generic language was added under Limitations. Clarified polypharmacy description. Effective 7/31/23.

08/14/24 – Reviewed and updated for P&T. Internal update to separate Zulresso criteria from Antidepressants policy to its own medical policy. Examples of specialists was expanded and included in criteria. Effective 9/1/24

