Zulresso® (Brexanolone)

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Definition
Zulresso, a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator, is indicated for the treatment of postpartum depression in adults. Zulresso was approved under a priority review by the FDA and was granted a breakthrough therapy designation. The active ingredient of Zulpressa, brexanolone, is chemically identical to endogenous allopregnanolone. Plasma concentrations of allopregnanolone increase during pregnancy and decrease substantially after childbirth in both rodents and humans, and fluctuations in allopregnanolone have demonstrated effects on anxiety and depression in animal models. The mechanism of action of Zulresso is not fully understood but it has been shown to modulate GABA-mediated currents from recombinant human GABAA receptors in mammalian cells expressing α1β2γ2, α4β3δ, and α6β3δ receptor subunits.

Length of Authorization
Coverage will be provided for 1 treatment session (60 hour infusion) and may not be renewed.

Dosing Limits

Max Units (per dose and over time) [Medical Benefit]:
- 5 vials of 20mL (100mg/20mL) per treatment.
- Each 60-hour infusion will generally require preparation of 5 infusion bags; additional bags may be required for patients weighing ≥90 kg.

I. INITIAL APPROVAL CRITERIA

Zulresso may be considered medically necessary if ALL of the below conditions are met AND use is consistent with the medical necessity criteria that follows:
1. Postpartum Depression
   a. The patient has a diagnosis of postpartum depression
   b. The patient is 18 years of age or older
   c. The patient has a confirmed diagnosis of a major depressive episode using DSM criteria
   d. The patient has moderate to severe postpartum depression with a HAM-D total score of \( \geq 20 \), or Montgomery-Åsberg depression rating scale (MADRS) with a score of \( \geq 20 \), or as scored by a comparable standardized rating scale that reliably measures depressive symptoms. Scores must be documented by a psychiatrist.
   e. The patient has onset of depressive symptoms no sooner than the third trimester of pregnancy and no later than within 4 weeks after delivery
   f. The patient is \( \leq 6 \) months postpartum at screening
   g. The patient does not have active psychosis, or history of seizure, or schizophrenia, or bipolar disorder, or schizo affective disorder.
   h. Brexanolone is prescribed by or in consultation with a psychiatrist or an obstetrician-gynecologist.
   i. The patient is not currently pregnant
   j. Brexanolone (Zulresso) will be administered at a brexanolone (Zulresso) Center of Excellence

Limitations/Exclusions
Zulresso is not considered medically necessary for when any of the following selection criteria is met:
1) Repeat administration
2) Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. Renewal Criteria
   • Coverage may not be renewed. Limited to one infusion per pregnancy or postpartum period.

Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
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| Postpartum Depression | Administer ZULRESSO as a continuous intravenous (IV) infusion over a total of 60 hours (2.5 days) 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 |

Applicable Procedure Codes

<table>
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<tr>
<th>Procedure Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C9055</td>
<td>Injection, brexanolone, 1mg (effective 01/01/2020)</td>
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J1632  |  Injection, brexanolone, 1 mg (Zulresso). J-Code effective date: 10/01/2020

Applicable NDCs

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<th>Description</th>
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<tr>
<td>72152-0547-20</td>
<td>Brexanolone (Zulresso) 100 mg/20 mL Intravenous Solution</td>
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Applicable Diagnosis Codes

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<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
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<td>F53.0</td>
<td>Postpartum depression</td>
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Revision History

<table>
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<th>Date</th>
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<tr>
<td>09/11/2020</td>
<td>Added J-Code (J1632) Injection, brexanolone, 1 mg (Zulresso). J-Code effective date: 10/01/2020</td>
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<td>01/01/2020</td>
<td>Added C9055. Injection, brexanolone, 1mg (effective 01/01/2020)</td>
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References