

Specialty Guideline Management

Zulresso

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Zulresso	brexanolone

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Treatment of postpartum depression (PPD) in patients 15 years and older.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Authorization of 30 days for a one-time infusion may be granted for treatment of moderate to severe postpartum depression in members 15 years of age or older when all of the following criteria are met:

- Member has moderate to severe postpartum depression and had a major depressive episode that began no earlier than the third trimester of pregnancy and no later than the first 4 weeks following delivery, documented by standardized rating scales that reliably measure depressive symptoms (e.g., Beck Depression Inventory [BDI], Hamilton Depression Rating Scale [HDRS], Montgomery-Asberg Depression Rating Scale [MADRS], etc.)

Reference number(s)
2917-A

- Member is 6 months postpartum or less
- Member will not receive more than one infusion per pregnancy/childbirth

References

1. Zulresso [package insert]. Cambridge, MA: Sage Therapeutics, Inc.; July 2024.