CVS Caremark®

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| Reference number(s) |
| 2917-A |

# 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.)
* 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.