

Brexanolone (Zulresso)

Goal(s):

- To ensure appropriate use of brexanolone in patient with post-partum depression.

Length of Authorization:

- One time use only.

Requires PA:

- Brexanolone requires a prior authorization approval due to safety concerns (pharmacy and physician administered claims)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA approved indication and age (e.g., ≥15 years)?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Is the patient with moderate to severe post-partum depression?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Has the patient been previously treated with brexanolone for severe post-partum depression related to their most recent pregnancy?	Yes: Pass to RPh. Deny; medical appropriateness. Multiple doses of brexanolone have not been studied.	No: Go to #5
5. Has the patient had an adequate trial (6-8 weeks) of an oral antidepressant?	Yes: Approve for a single, continuous, intravenous infusion over 60 hours (titrated per prescribing recommendations)	No: Pass to RPh. Deny; recommend trial of oral antidepressant