

# Zulresso™ (Brexanolone)

Policy Number: 2020D0080D  
Effective Date: October 1, 2020

[➔ Instructions for Use](#)

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Community Plan Policy
<ul style="list-style-type: none"> <li><a href="#">Zulresso™ (Brexanolone)</a></li> </ul>

## Coverage Rationale

[➔ See Benefit Considerations](#)

Brexanolone is proven for the treatment of postpartum depression.

Brexanolone is medically necessary for the treatment of postpartum depression in patients who meet all of the following criteria:

- Diagnosis of major depressive disorder (MDD) according to the current DSM (i.e., DSM-5), by a mental health professional; and
- Onset of current depressive episode was during the third trimester and 4 weeks postpartum; and
- Current depressive episode is considered moderate to severe based on a standardized, validated tool; and
- Patient has not previously received brexanolone for the current postpartum depressive episode from the most recent pregnancy (within 6 months); and
- The provider and/or the provider’s healthcare setting is certified in the Zulresso REMS program, with ability to support onsite continuous monitoring; and
- Brexanolone is dosed in accordance with the United States Food and Drug Administration approved labeling; and
- Approval is for a single 60 hour infusion.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J1632	Injection, brexanolone, 1 mg

Diagnosis Code	Description
F53.0	Postpartum depression

## Background

Brexanolone is a neuroactive steroid GABA A receptor positive modulator, that is chemically identical to endogenous allopregnanolone.

## Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. See the Policy and Procedure addressing the treatment of serious rare diseases.

## Clinical Evidence

Meltzer-Brody et al assessed brexanolone as a treatment for moderate to severe postpartum depression (PPD) in two double-blind, randomised, placebo-controlled, phase 3 trials.<sup>2</sup> Women in the trial were 18-45 years of age, 6 months post partum or less at screening, and diagnosed with PPD with a Hamilton Rating Scale for Depression (HAM-D) score of  $\geq 26$  and 20-25 for study 1 and study 2, respectively. Study participants were randomly assigned to receive either brexanolone 90  $\mu\text{g}/\text{kg}$  per hr (BRX90), brexanolone 60  $\mu\text{g}/\text{kg}$  per hr (BRX60), or matching placebo for a single 60 hour infusion in study 1. In study 2 BRX90 or placebo was infused as a single 60 hour infusion. The primary efficacy endpoint was the change from baseline in the 17-item HAM-D total score at 60 hours. This was assessed in all patients who started infusion of brexanolone or placebo, had a valid HAM-D baseline assessment, and had at least one post-baseline HAM-D assessment. The trials are NCT02942004 (study 1) and NCT02942017 (study 2). In study 1, at 60 hours, the least-squares (LS) mean reduction in HAM-D total score from baseline was 19.5 points (SE 1.2) in the BRX60 group and 17.7 points (1.2) in the BRX90 group compared with 14.0 points (1.1) in the placebo group (difference -5.5 [95% CI -8.8 to -2.2],  $p=0.0013$  for the BRX60 group; -3.7 [95% CI -6.9 to -0.5],  $p=0.0252$  for the BRX90 group). In study 2, at 60 hours, the LS mean reduction in HAM-D total score from baseline was 14.6 points (SE 0.8) in the BRX90 group compared with 12.1 points (SE 0.8) for the placebo group (difference -2.5 [95% CI -4.5 to -0.5],  $p=0.0160$ ). The authors conclude that brexanolone for PPD resulted in significant and clinically meaningful reductions in HAM-D total score at 60 hours compared with placebo, with rapid onset of action and durable treatment response during the study period. The authors conclude that results suggest that brexanolone injection is a novel therapeutic drug for PPD that has the potential to improve treatment options for women with this disorder.

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Zulresso is indicated for the treatment of postpartum depression (PPD) in adults.

Zulresso is only available through a restricted program under a REMS called the Zulresso REMS due to the risk of excessive sedation or sudden loss of consciousness that can result in serious harm.

Important requirements of the Zulresso REMS include the following:

- Healthcare facilities must enroll in the program and ensure that Zulresso is only administered to patients who are enrolled in the Zulresso REMS.
- Pharmacies must be certified with the program and must only dispense Zulresso to healthcare facilities who are certified in the Zulresso REMS.

- Patients must be enrolled in the Zulresso REMS prior to administration of Zulresso.
- Wholesalers and distributors must be registered with the program and must only distribute to certified healthcare facilities and pharmacies.

## Centers for Medicare and Medicaid Services (CMS)

Medicare does not have a National Coverage Determination (NCD) for Zulresso™ (brexanolone). Local Coverage Determinations (LCDs) do not exist at this time. (Accessed June 22, 2020)

## References

1. Zulresso [package insert]. Cambridge, MA: Sage Therapeutics; June 2019.
2. Meltzer-Brody S, Colquhoun H, Riesenbergr R, Epperson CN, Deligiannidis KM, Rubinow DR, Li H, Sankoh AJ, Clemson C, Schacterle A, Jonas J, Kaner S. Brexanolone injection in post-partum depression: two multicentre, double-blind, randomised, placebo-controlled, phase 3 trials. *Lancet*. 2018 Sep 22;392(10152):1058-1070.
3. Meltzer-Brody S, Colquhoun H, Riesenbergr R, Epperson CN, Deligiannidis KM, Rubinow DR, Li H, Sankoh AJ, Clemson C, Schacterle A, Jonas J, Kaner S. Brexanolone injection in post-partum depression: two multicentre, double-blind, randomised, placebo-controlled, phase 3 trials. *Lancet*. 2018 Sep 22;392(10152):1058-1070.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 2013. Washington, DC. Pages 451-459.

## Policy History/Revision Information

Date	Summary of Changes
10/01/2020	<p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Updated list of applicable HCPCS codes to reflect quarterly edits: <ul style="list-style-type: none"> <li>○ Replaced J3490 and J3590 with J1632</li> <li>○ Removed C9055</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version 2020D0080C</li> </ul>

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.