06/11/2020

Prior Authorization Criteria for Zulresso Begins July 1

Background:

Zulresso is indicated for adult females (18 years and older)for the treatment of postpartum depression and must be prescribed by, or inconsultation with, a psychiatrist or obstetrics/gynecologist. It is onlyavailable through a restricted program under a Risk Evaluation and MitigationStrategy (REMS) due to the risk of excessive sedation or sudden loss ofconsciousness. For these reasons, Zulresso will be a clinician-administereddrug covered through the medical benefit.

- Health-care facilities must enroll in theZulresso REMS program.
- Patients must enroll in the Zulresso REMSprogram prior to Zulresso treatment. Certified facilities must ensure thatZulresso is only administered to clients who are enrolled in the Zulresso REMSprogram.
- Specialty pharmacies must be certified in theZulresso REMS program and must only dispense to health-care facilitiescertified to administer Zulresso.

Key Details:

Beginning July 1, prior authorization is required forZulresso for Medicaid and CHIP. For approval of therapy, an individual mustmeet the following criteria:

- Diagnosis of postpartum depression (diagnosiscode F530) with a HAM-D total score of at least 20, or as scored by analternative comparable rating scale that measures depressive symptoms.
- Onset of the major depressive episode is withinthe third trimester and no later than the first four weeks postpartum.
- Six months or less postpartum at screening.
- No active psychosis or history of bipolardisorder or schizophrenia.
- Have not received treatment with Zulresso forthe current postpartum depressive episode.
- Have continuous pulse oximetry monitoring duringthe infusion period due to risk of serious harm and be accompanied wheninteracting with their child(ren) as the drug can cause loss of consciousness.
- A health-care provider must be available on sitefor continuous monitoring of the client for the duration of the infusion.

Contact:

vdp-cad@hhsc.state.tx.us

Type: Informational

To: CHIP; STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: VDP