MEDICAL POLICY – 5.01.608
Pharmacologic Treatment of Postpartum Depression

Effective Date: June 1, 2019
Last Revised: May 14, 2019
Replaces: N/A

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Depression after the birth of a baby – postpartum depression – affects up to 20 percent of women. It’s common to have mood swings for a few weeks after giving birth. This is commonly called “the baby blues.” Postpartum depression, however, is longer lasting and is considered a major depressive episode. Postpartum depression can affect women of all ages and economic classes. Between 40 percent to 80 percent of postpartum depression cases are considered moderate to severe. The cause of postpartum depression is unknown. The symptoms of postpartum depression include sadness, loss of interest in activities, and a lower ability to feel pleasure. Other symptoms may be feelings of worthlessness or guilt, difficulty with thinking, or thoughts of suicide. This policy describes when medication for postpartum depression may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria
**Drug** | **Medical Necessity**
---|---
Zulresso™ (bexanolone) | Zulresso™ (bexanolone) may be considered medically necessary for the treatment of postpartum depression when the following criteria are met:

- Patient is ≥ 18 years of age

AND

- Patient has medical record documentation of DSM-5 diagnostic criteria for Major Depressive Disorder with peripartum onset

AND

- Patient’s current episode of depression is moderate to severe

AND

- Patient is 6 months or less postpartum

AND

- Zulresso™ (bexanolone) is administered as a one-time 60-hour infusion per pregnancy

*All other uses of Zulresso™ (bexanolone) for conditions not outlined in this policy are considered not medically necessary.*

**Length of Approval**

<table>
<thead>
<tr>
<th>Approval</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial authorization</td>
<td>Zulresso™ (bexanolone) may be approved as a one-time infusion per pregnancy.</td>
</tr>
<tr>
<td>Re-authorization criteria</td>
<td>Future re-authorization of Zulresso™ (bexanolone) beyond a one-time infusion per pregnancy is considered not medically necessary.</td>
</tr>
</tbody>
</table>

**Documentation Requirements**

*The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:*

- Office visit notes that contain the relevant history and physical evaluation information.

**Coding**
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3490</td>
<td>Unclassified drugs</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

### Related Information

#### Consideration of Age

Age limits specified in this policy are determined according to FDA-approved indications where applicable.

#### Benefit Application

This policy is managed through the Medical benefit.

### Evidence Review

#### Background

Zulresso™ (brexanolone) is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of postpartum depression (PPD) in adults. Postpartum depression is the most common complication of childbirth and can result in considerable suffering for mothers, children, and families. Postpartum depression is estimated to affect 10–20% of women who give birth worldwide, and occurs in low-income, middle-income, and high-income countries. Approximately 40–80% of cases of post-partum depression are considered moderate to severe. In the USA, the estimated prevalence of post-partum depression in new mothers varies by state from 8–20%, with an overall mean prevalence of 11.5%.

The pathogenesis of postpartum depression is unknown. It is also not known to what degree the underpinnings of postpartum depression differ from those of nonperinatal depression, and
whether postpartum depression represents a distinct (reproductive) subtype of depression. Factors involved in postpartum depression may include genetic susceptibility, epigenetic phenomena (e.g., DNA methylation), and hormonal changes, as well as psychological and social problems and stressful life events.

The hypothalamic-pituitary-adrenal (HPA) axis, perinatal hormonal fluctuations, and γ-aminobutyric acid (GABA) signaling have been implicated in the pathophysiology of postpartum depression, and previous studies have identified associations between these potential mechanisms. In mouse models of GABA dysfunction, mice were found to have postpartum depression-like maternal behaviors and defects in HPA axis regulation, indicating an association between GABA and HPA regulation. Additionally, plasma concentrations of allopregnanolone, a potent positive allosteric modulator of synaptic and extrasynaptic GABA type A (GABA-A) receptors, which are an endogenous progesterone metabolite, decrease considerably following childbirth, indicating an association between perinatal hormonal fluctuations and GABA regulation.

Summary of Evidence

**Zulresso™ (brexanolone)**

**Efficacy**

The efficacy of brexanolone was evaluated in 138 postpartum women in two moderate quality, phase 3, randomized, double blinded, placebo-controlled clinical trials: Hummingbird 202B and 202C. Eligible patients were randomized (1:1:1) to receive brexanolone 90 ug/kg, brexanolone 60 ug/kg, or placebo. The primary endpoint was the change from baseline in the 17-item Hamilton Depression Rating Score (HAM-D total score at 60 hours, assessed in all patients who started infusion of study drug or placebo. Secondary endpoints included mean HAM-D total score and least-squares mean change from baseline; Clinical Global Impression-Improvement (CGI-I) response; and change in baseline of Montgomery-Asberg Depression Rating Scale (MADRS).

Results from Hummingbird202B showed a least-squares mean reduction in HAM-D total score from baseline of 19.5 points in brexanolone 60 ug/kg, 17.7 points in brexanolone 90 ug/kg, compared with 14.0 points in placebo (difference of -5.5, [95% CI -8.8 to -2.2], p=0.0013 for brexanolone 60 ug/kg; -3.7 [95% CI -6.9 to -0.5], p=0.0252 for brexanolone 90 ug/kg). In Hummingbird 202C, the least-squares mean reduction in HAM-D total score at 60 hours from baseline was 14.6 points (SE 0.8) in the brexanolone 90 ug/kg 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 efficacy of brexanolone was also evaluated in 21 postpartum women in a moderate quality, phase 2, randomized, double blinded, active-controlled clinical trial. Eligible women were randomly assigned (1:1), via a computer-generated randomization program, to receive either a single, continuous intravenous dose of brexanolone or placebo for 60 hours. The primary efficacy endpoint was the change from baseline in the 17-item HAM-D total score at 60 hours. Secondary endpoints included mean HAM-D total score and least-squares mean change from baseline; CGI-I response; and change in baseline of MADRS.

Results from this phase 2 study showed a reduction in HAM-D total score from baseline was 21.0 points (SE 2.9) in the brexanolone group compared with 8.8 points (SE 2.8) in the placebo group (difference –12.2, 95% CI –20.77 to –3.67; p=0.0075; effect size 1.2) at 60 hours.

**Safety**

**Serious Adverse Events**

In the phase 3 trials, the most impactful serious adverse event reported was suicidal ideation and intentional overdose in one patient on brexanolone. Across groups, 4 patients receiving brexanolone experienced excessive sedation and loss of consciousness without respiratory and hemodynamic compromise. In three cases, the infusion was continued and completed without recurrence.

**Other Adverse Events**

In Hummingbird 202B, 19 patients in the brexanolone 60 ug/kg group and 22 patients in the brexanolone 90 ug/kg group had adverse events compared with 22 patients in the placebo group. In study 2, 25 patients in the brexanolone 90 ug/kg group had adverse events compared with 24 patients in the placebo group. The most common treatment emergent adverse events in the brexanolone groups were headache (n=7 brexanolone 60 ug/kg group and n=6 brexanolone 90 ug/kg group vs n=7 placebo group for study 1; n=9 brexanolone 90 ug/kg group vs n=6 placebo group for study 2), dizziness (n=6 brexanolone 60 ug/kg group and n=6 brexanolone 90 ug/kg group vs n=1 placebo group for study 1; n=5 brexanolone 90 ug/kg group vs n=4 placebo group for study 2), and somnolence (n=7 brexanolone 60 ug/kg group and n=2 brexanolone 90 ug/kg group vs n=3 placebo group for study 1; n=4 brexanolone 90 ug/kg group vs n=2 placebo group for study 2).
**Tolerability**

Of 147 patients included in the ALL-brexanolone study results, the most common adverse events were: headache (n=22), dizziness (n=19), and somnolence (n=15). These events were typically mild in severity and did not commonly lead to discontinuation of treatment.

**References**


**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/19</td>
<td>New policy, approved May 14, 2019. Add to Prescription Drug section. Zulresso™ (brexanolone) may be considered medically necessary when criteria are met, considered not medically necessary when criteria are not met.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member
benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:  
  - Qualified sign language interpreters  
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:  
  - Qualified interpreters  
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)


Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic): 
لا يمكن للشركة منع أو تمييز بين الأشخاص على أساس العرق أو اللون أو الجنس أو اللغة أو الأصل أو الدين أو الإعتدالية أو الإعاقة أو الأعمار أو الجنسية أو الهوية المدنية، أو أي عامل آخر محظور.

Chinese (Chinese): 
本通知有重要信息。本通知可能有关于您通过Premera Blue Cross提交的申请或服务的重要信息。本通知内可能有重要日期。您可能需要在截止日期之前采取行动，以保留您的健康保险或为费用提供补贴。您有权利以您的母语得到本通知和帮助。请拨电话800-722-1471（TTY: 800-842-5357）。

Italian (Italian): 
To obtain Polka Blue Cross. Some conditions may apply before your coverage can be changed or renewed.

To get information about your application or coverage or to maintain your coverage for specific time periods, you may choose to take certain actions before specific deadlines. You can get assistance by calling 800-722-1471 (TTY: 800-842-5357) at any time.

한국어 (Korean): 통지서에는 중요한 정보가 포함되어 있습니다. 특히 통지서는 폴란드어 또는 영어로 작성되어 있는 경우, 특정 기간 동안 이메일로 이메일을 보내는 것이 중요할 수 있습니다.

 samen: (Korean): 통지서에는 중요한 정보가 포함되어 있습니다. 특히 통지서는 폴란드어 또는 영어로 작성되어 있는 경우, 특정 기간 동안 이메일로 이메일을 보내는 것이 중요할 수 있습니다.

Polskie (Polish): To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie prawa do korzystania z pomocy, a także informacje o korzyściach dla osoby, która ma prawo do pomocy.

Português (Portuguese): Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso.


Русский (Russian): Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны важные даты. Вам необходимо, чтобы была возможность принять меры по определенным предельным сроках для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке.

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).


ไทย (Thai): ประกาศนี้มีข้อมูลสำคัญเกี่ยวกับการขอสิทธิ์และการรับการช่วยเหลือจาก Premera Blue Cross และมีข้อมูลที่มีผลต่อการตัดสินใจของคุณ คุณควรจะดูดูรายละเอียดในการกำหนดระยะเวลาที่มีผลต่อการตัดสินใจของคุณในการขอสิทธิ์และการรับการช่วยเหลือที่มีผลต่อสิทธิ์ การช่วยเหลือ หรือ การช่วยเหลือ.

Український (Ukrainian): Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує можливість того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).


日本語 (Japanese): この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または保険費に関する重要な情報が含まれている場合があります。この通知には記載されている情報が重要な日付をご確認ください。健康保険やまたはサポートを維持するには、特定の期間で行動を取る必要がある場合があります。ご用件により情報提供が可能です。ご了承ください。

日本語 (Japanese): この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または保険費に関する重要な情報が含まれている場合があります。この通知には記載されている情報が重要な日付をご確認ください。健康保険やまたはサポートを維持するには、特定の期間で行動を取る必要がある場合があります。ご用件により情報提供が可能です。ご了承ください。