

**SOUTH DAKOTA MEDICAID  
PRIOR AUTHORIZATION CRITERIA**

*Physician Administered Drugs, Vaccines, and Immunizations*

**Brexanolone (Zulresso) – PA Criteria**

HCPC: J1632

Brexanolone (Zulresso) is an gamma-aminobutyric acid (GABA) receptor modulator indicated for the treatment of postpartum depression in individuals 15 years of age and older. Treatment is given via intravenous (IV) infusion over 60 hours and is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
  - Therapy is prescribed by or in consultation with a psychiatrist
  - Individual is ≤6 months postpartum
  - Individual has a diagnosis of severe depression as indicated by DSM-5 criteria and/or an appropriate depression rating scale (ex. HAM-D, MADRS, PHQ-9, etc.)
  - Individual has previously failed therapy after a 60 day trial with at least **one** medication from the following classes:
    - Selective Serotonin Reuptake Inhibitor (SSRI)
    - Selective Norepinephrine Reuptake Inhibitor (SNRI)
    - Tricyclic Antidepressant (TCA)
    - Bupropion
  - Individual is ≥15 years of age
  - Individual has not received prior treatment with Zulresso or Zurzuvae for the current pregnancy
  - Approval duration: one infusion cycle
- **Continuation of Therapy:** not authorized (one treatment cycle per pregnancy)