



MASSACHUSETTS

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Zulresso (brexanolone) for the treatment of Post-partum Depression Prior Authorization Form, #148

Medical Policy #147 Zulresso (Brexanolone) for the Treatment of Post-partum Depression

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for Zulresso (Brexanolone) for the Treatment of Post-Partum Depression must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#) explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Zulresso (Brexanolone) for the Treatment of Postpartum Depression ([148](#)) using [Authorization Manager](#).

For out of network providers: Requests should still be faxed to 888-641-5199.

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Patient Telephone Number:	Place of Service:
Date of Birth:	Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

ALL of the following conditions for Zulresso (Brexanolone) for the treatment of Post-Partum Depression must be met:

Prescriber is a specialist in the area of patient's diagnosis	<input type="checkbox"/>
Treatment is being delivered in the inpatient setting	<input type="checkbox"/>
Patient meets diagnostic and statistical manual of mental disorders-5 (DSM-5) criteria for major depressive disorder, moderate to severe	<input type="checkbox"/>
Patient was diagnosed during the peripartum period (onset of depressive episode between 3 rd trimester and 4 weeks postpartum)	<input type="checkbox"/>
There are no FDA labelled contraindications	<input type="checkbox"/>

HCPCS CODES

Please check off all the relevant HCPCS codes:

J3490	Unclassified drugs	<input type="checkbox"/>
J1632	Injection, brexanolone, 1 mg	<input type="checkbox"/>
C9399	Unclassified drugs or biologicals	<input type="checkbox"/>

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
F53.0	Postpartum depression	<input type="checkbox"/>

Providers should enter other relevant code(s) below:

Code	Description	
XW033F3	Introduction of Other New Technology Therapeutic Substance into Peripheral Vein, Percutaneous Approach, New Technology Group 3	<input type="checkbox"/>