

# PHARMACY POLICY STATEMENT

## Ohio Medicaid

DRUG NAME	Zulresso (brexanolone )
BILLING CODE	J1632
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
STATUS	Prior Authorization Required for Ohio Medicaid 01/01/2020

### (PPD)

For initial authorization:

1. 0HPEHU LV \H DUV ROG RU ROGHU DQG " PRQWKV SRVWSDUWX
2. Medication must be prescribed by or in consultation with psychiatrist or an RE J\Q SURYLGHU \$1
3. Member has diagnosis of moderate to severe PPD as defined by DSM-5 criteria or an appropriate depression rating scale (ie HAM-D, PHQ- HW F \$1'
4. Member has documented onset of symptoms in the third WULPHVWHU RU ZLWKLQ ZHNN
5. 0HPEHU KDV SUHYLRXVO\ WULHG DQG IDLOHG DQ DQWLGHSHVVD
- 6.



