



**TO: Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant
Certified Nurse Midwives(CNMs) and Hospital Providers**
RE: New Coverage Guidelines for Zulresso™ (brexanolone)

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of New Coverage Guidelines for Zulresso™ (brexanolone).

Zulresso is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of adults with postpartum depression (an episode of major depression starting in the third trimester of pregnancy or within 4 weeks after delivery).

Zulresso Coverage Guidelines

Effective November 1, 2019, new coverage guidelines will be used, in conjunction with the Department of Social Services' (DSS) definition of Medical Necessity (see section 17b-259b of the Connecticut General Statutes), to render determinations on prior authorization (PA) requests for Zulresso.

NOTE: The Criteria are used as guidelines only. Should the criteria ever conflict with the DSS definition of medical necessity, the definition of medical necessity shall prevail.

The new policy is available on the HUSKY Health Web site at: www.ct.gov/husky. To access the policy, click on *For Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

Prior Authorization Submission Process

There are no changes to the PA submission process. All CMAP providers are required to submit requests for Zulresso using the newly created *Zulresso Prior Authorization Request*

Form. The form must be filled out and signed by the ordering physician.

The form is available on the HUSKY Health Web site at: www.ct.gov/husky. To access the form, click on *For Providers*, followed by *Prior Authorization Forms and Manuals* under the *Prior Authorization* menu item.

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the requested therapy as outlined in the coverage guidelines. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by Community Health Network of Connecticut (CHNCT). It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. PA requests that pend for 20 business days without receipt of all requested documentation are subject to denial.

For questions regarding the PA process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.