

Brexanolone

Zulresso • historical IV treatment

A former treatment for postpartum depression. This reference explains past care, not how to start treatment now.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

HISTORICAL REFERENCE

US APPROVAL WITHDRAWN • APRIL 2025

US commercial availability ended in January 2025. An online archived label does not mean treatment is available.

What it is used for

Formerly approved for postpartum depression at age 15 and older; US approval was withdrawn April 14, 2025.

Ask about available treatments. Brexanolone is not the same medicine as oral zuranolone.

How it works

Brexanolone matches a naturally occurring brain steroid and strengthens GABA's calming signals.

Its antidepressant action is not fully understood. It can also cause dangerous sleepiness or unconsciousness.

What to expect over time

THE FORMER COURSE

One IV infusion ran continuously for 60 hours, about 2½ days, in a specially monitored facility.

EARLY RESPONSE

Some patients improved during the infusion. Improvement was not guaranteed and did not mean ongoing care was unnecessary.

FOLLOW-UP

Studies followed benefit for about 30 days. A lasting cure or standard schedule of repeat infusions was not established.

Taking your medication

Trained staff prepared the medicine and controlled the infusion rate. It was not a home-infusion or self-dosing treatment.

Monitoring continued throughout the infusion. Another adult had to accompany every interaction with children and handle their care.

Alcohol was avoided. Driving or hazardous activity waited until sleepiness fully resolved. These are historical precautions.

When to get help

During past treatment: inability to stay awake, faintness or breathing trouble needed immediate staff attention. Unconsciousness could occur without warning.

Now or at any time: report worsening depression or suicidal thoughts promptly. Call 911 for immediate danger, collapse or breathing difficulty.

After childbirth: severe confusion, hallucinations or beliefs that put you or your baby at risk need emergency assessment.

Early side effects

Sleepiness, dizziness, dry mouth and flushing were reported. Staff helped with safe movement and assessed symptoms rather than assuming drowsiness was harmless.

Other effects to discuss

Excessive sedation required stopping the infusion and reassessment. Low oxygen required stopping without restarting. These decisions belonged to the treatment team.

What to keep track of

Past treatment required continuous oxygen monitoring, an on-site clinician and sleepiness checks every two waking hours. Ongoing care tracks mood, sleep, daily function, safety and ability to care for your baby.

Before you start

For a review of past treatment, discuss kidney disease, other medicines, alcohol use, pregnancy, breastfeeding and any prior reaction. The former label advised against use in end-stage kidney disease. Safety below age 15 was not established. For treatment today, ask about currently available options rather than an unverified substitute.

Medicines & interactions

Alcohol, opioids and sedatives

These could intensify sedation and impaired breathing or awareness. The treatment team needed the complete medicine and substance list.

Other antidepressants

More sedation-related events occurred with concurrent antidepressants. This did not mean every maintenance medicine had to be stopped; do not stop current treatment on your own.

New products or online offers

An archived Zulresso page is not evidence of current US approval or supply. Ask your clinician and pharmacist to verify any proposed treatment.

Everyday tips

Keep follow-up appointments after any acute treatment. Returning symptoms deserve reassessment, not waiting for them to pass.

Discuss psychotherapy, available medicines and practical support for sleep, meals and infant care.

Bring your past treatment dates, response and adverse effects to your next clinician. Include all current medicines and supplements.

Ask for a clear plan for worsening symptoms, including who to contact between visits and when to seek emergency help.

Your questions, answered

Is Zulresso still a US treatment option?

Commercial availability ended in January 2025; FDA approval was withdrawn in April 2025 after marketing ceased. This sheet is retained for historical understanding, not a recommendation to obtain it.

Is zuranolone interchangeable?

No. Oral zuranolone is a different medicine with its own regimen, risks and instructions. Do not translate an infusion dose into a tablet dose.

What about breastfeeding during past treatment?

Milk transfer was low, but direct infant-outcome information was limited. Feeding decisions required an individual discussion. Maternal sedation still meant another adult had to care for the child.

Did one infusion replace ongoing care?

No. Early improvement did not establish indefinite benefit. Follow-up, relapse planning and continued treatment when appropriate remained important.

Storage & safety

There is no home dosing or storage plan here. Do not use this historical reference to obtain, prepare or administer an infusion.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.govinfo.gov/content/pkg/FR-2025-03-14/pdf/2025-04101.pdf>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b40f3b2a-1859-4ed6-8551-444300806d13>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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