



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1424-1
Program	Prior Authorization/Notification
Medication	Zurzuvae™ (zuranolone)
P&T Approval Date	12/2023
Effective Date	2/1/2024

1. Background:

Zurzuvae is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of postpartum depression (PPD) in adults.

2. Coverage Criteria^a:

<p>A. Authorization</p> <p>1. Zurzuvae will be approved based on both of the following criteria:</p> <p>a. Diagnosis of postpartum depression (PPD)</p> <p style="text-align: center;">-AND-</p> <p>b. Onset of current depressive episode was during the third trimester or within 4 weeks postpartum</p> <p>Authorization will be issued for 1 month.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.

4. References:

1. Zurzuvae [package insert]. Cambridge, MA; Biogen Inc.; November 2023.

Program	Prior Authorization/Notification – Zurzuvae (zuranolone)
Change Control	
12/2023	New program.