

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1424-2
Program	Prior Authorization/Notification
Medication	Zurzuvae® (zuranolone)
P&T Approval Date	12/2023, 12/2024
Effective Date	3/1/2025

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:**A. Authorization**

1. Zurzuvae will be approved based on **both** of the following criteria:

a. Diagnosis of postpartum depression (PPD)

-AND-

b. Onset of current depressive episode was during the third trimester or within 4 weeks postpartum

Authorization will be issued for 1 month.

^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.

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.; July 2024.

Program	Prior Authorization/Notification – Zurzuvae (zuranolone)
Change Control	
12/2023	New program.
12/2024	Annual review without changes to clinical criteria. Updated reference.