

# Specialty Guideline Management Zurzuvae

## **Products Referenced by this Document**

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Zurzuvae	zuranolone

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-approved Indications<sup>1</sup>

Zurzuvae is indicated for the treatment of postpartum depression (PPD) in adults.

All other indications are considered experimental/investigational and not medically necessary.

# **Coverage Criteria**

### Post-Partum Depression (PPD)<sup>1</sup>

Authorization of 1 month may be granted for treatment of post-partum depression in adults when all of the following criteria are met:

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- Member has moderate to severe post-partum depression and had a major depressive episode with onset of symptoms that began no earlier than the third trimester of pregnancy and no later than the first 4 weeks following delivery, documented by standardized rating scales that reliably measure depressive symptoms (e.g., Beck Depression Inventory [BDI], Hamilton Depression Rating Scale [HDRS], Montgomery-Asberg Depression Rating Scale [MADRS], etc.).
- Member is 12 months postpartum or less.
- Member will not receive more than one 14-day treatment course per pregnancy/childbirth.

## References

1. Zurzuvae [package insert]. Cambridge, MA: Sage Therapeutics, Inc.; July 2024.

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