Mass General Brigham
Health Plan

Zurzuvae (zuranolone) Effective 03/01/2024			
Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Zurzuvae is indicated for postpartum depression in adults.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria is met:

1. The member has a diagnosis of postpartum depression.
2. Prescriber is a specialist (e.g., obstetrician-gynecologist/family medicine or psychiatrist) or consult is provided from a specialist.
3. Member is 18 years of age or older.
4. Member is not currently pregnant.
5. Member is ≤12 months postpartum (date of delivery is required)
6. Medical charts documenting ONE of the following:
    a. Member has had treatment failure, intolerance, or contraindication to an oral antidepressant.
    b. Clinical rationale that a trial of oral antidepressant is not appropriate due to severity of depression.

Continuation of Therapy
Authorization may be granted for continued treatment in members when the following criteria are met:

1. The member has a diagnosis of postpartum depression.
2. Member is not currently pregnant.
3. Member is ≤12 months postpartum (date of delivery is required)
4. Last day of treatment with requested agent is ≥ 45 days prior to current request.

Limitations

1. Initial approvals and reauthorizations will be granted for 14 days

2. The following quantity limits apply:

Zurzuvae 20mg and 25mg	28 tablets per 14 days
Zurzuvae 30mg	14 tablets per 14 days

References

1. Zurzuvae® [package insert]. Cambridge (MA): Biogen, Inc.; 2023 Aug.

Review History

2/14/2023: Created and Reviewed at Feb P&T, Effective 3/1/2024