Mass General Brigham
Health Plan

Zurzuvae (zuranolone)
Effective 11/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days 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 all of the following criteria are met:

1. Member has a diagnosis of postpartum depression.
2. Requested medication is prescribed by or in consultation with a specialist (e.g., obstetrician-gynecologist/family medicine or psychiatrist)
3. Member is 18 years of age or older.
4. Member is not currently pregnant.
5. Member is less than or equal to 12 months postpartum (date of delivery is required)
6. Documentation of 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.

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when all the following criteria are met:

1. Member has a diagnosis of postpartum depression.
2. Member is not currently pregnant.
3. Member is less than or equal to 12 months postpartum (date of delivery is required)
4. Last day of treatment with requested agent is greater than or equal to 45 days prior to current request.

Limitations

1. Initial approvals and reauthorizations will be granted for 14 days
2. The following quantity limits apply:

Drug Name and Strength	Quantity Limits
Zurzuvae 20mg and 25mg tablets	28 tablets per 14 days
Zurzuvae 30mg tablet	14 tablets per 14 days

References

1. Zurzuvae (zuranolone) [prescribing information]. Cambridge, MA: Biogen, Inc.; July 2024.

Review History

2/14/2024 - Created and Reviewed at Feb P&T, Effective 3/1/2024
08/14/2025 – Reviewed and updated at August P&T. Updated language for members who are new to the Plan. Updated verbiage for specialist prescriber and changed “medical records” to “documentation.” Effective 11/01/2025.