Zuranolone (Zurzuvae)

Goal(s):

• To ensure appropriate use of zuranolone in patients with post-partum depression.

Length of Authorization:

• One time use only.

Requires PA:

• Zuranolone requires a prior authorization approval due to safety concerns.

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria			
1.	What diagnosis is being treated?	Record ICD10 code.	
2.	Is this an FDA approved indication and age (e.g., ≥18 years)?	Yes : Go to #3	No: Pass to RPh. Deny; medical appropriateness
3.	Does the patient have moderate to severe post-partum depression? Note: Zuranolone is not indicated for major depressive disorder but can be covered for depression meeting the clinical diagnosis of post-partum depression (e,g., moderate to severe depression with peripartum onset).	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4.	Has the patient been previously treated with zuranolone for severe post-partum depression related to their most recent pregnancy?	Yes: Pass to RPh. Deny; medical appropriateness. Multiple courses of zuranolone have not been studied.	No: Approve for a single 14-day treatment.

P&T/DUR Review: 12/23 (KS) Implementation: 1/1/24