

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.