Pharmacy Drug Policy Checklist

Zurzuvae (zuranolone) **POLICY NAME POLICY** #

Criteria		
Exclusion Criteria – Any of the following prevents coverage		
	2.1 Patient is currently pregnant	
	2.2 Attempted suicide or at significant risk of suicide associated with current episode of PPD	
	2.3 Medical history of seizures, bipolar disorder, schizophrenia or schizophrenic disorder	
	2.4 Zurzuvae is considered experimental for the treatment of major depressive disorder	
Pos	tpartum Depression (PPD)	
	1.1 Diagnosis of postpartum depression	
	1.2 Onset of symptoms (major depressive episodes) in the third trimester or within 4 weeks of delivery AND patient is ≤12 months postpartum	
	1.3 Age 18 years or older	
	 1.4 Prescriber attests that the patient has been counseled and has agreed to adhere to the following: Patient will follow instructions to not drive or operate machinery until at least 12 hours after taking each dose of Zurzuvae for the duration of the 14-day treatment course 	
	1.5 Documented trial and failure of 3 months, contraindication, or intolerance to at least one SSRI or SNRI (e.g., escitalopram, sertraline) during current PPD episode or previous depressive episodes	
day	days over 12 months	

4.2 Limited to one approval within 12 months CPT Codes HCPCS Codes References