

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1424-3
Program	Prior Authorization/Notification
Medication	Zurzuvae® (zuranolone)
P&T Approval Date	12/2023, 12/2024, 12/2025
Effective Date	3/1/2026

1. Background:

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

2. Coverage Criteria^a:

<p>A. <u>Authorization</u></p> <p>1. Zurzuvae will be approved based on both of the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of postpartum depression (PPD)</p> <p style="text-align: center;">-AND-</p> <p style="margin-left: 40px;">b. Onset of current depressive episode was during the third trimester or within 4 weeks postpartum</p> <p>Authorization will be issued for 1 month.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.

4. References:

1. Zurzuvae [package insert]. Cambridge, MA; Biogen Inc.; July 2024.

Program	Prior Authorization/Notification – Zurzuvae (zuranolone)
Change Control	
12/2023	New program.
12/2024	Annual review without changes to clinical criteria. Updated reference.
12/2025	Annual review without changes to clinical criteria.