curative

Zurzuvae Prior Authorization

Drug(s) Applied:	**Zurzuvae** (zuranolone)

Criteria:
Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria
- **A. Postpartum Depression** as indicated by chart notes within past 90 days
  1. Patient is 18 years or older **and**
  2. Chart notes and/or prescriber do not provide documentation that patient is breast feeding or prescriber documents benefits greater than risks **and**
  3. Patient is less than 12 months postpartum **and**
  4. Patient meets BOTH of the following:
     a) Documented symptoms of a major depressive episode (e.g., depressed mood, loss of interest/pleasure, weight loss/gain, insomnia, etc) for at least 2 weeks with onset of symptoms in the third trimester of pregnancy or within 4 weeks of delivery **and**
     b) Patient has been diagnosed with depression determined by a standardized screening tool for depression [such as, but not limited to, Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale (HAM-D)] **and**
  5. Patient meets ONE of the following:
     a) Patient has had treatment failure for current depressive episode with at least one preferred product (e.g. SSRIs, SNRIs, TCAs, bupropion, or mirtazapine) at a maximally tolerated therapeutic dose for a minimum duration of 4 weeks **or**
     b) Patient has documented contraindication(s) or an intolerable side effect to ALL preferred products that are appropriate to use for the patient's condition **and**
  6. Prescriber is a psychiatrist or an obstetrician-gynecologist (OB-GYN)

Approval Duration: 14 days

The safety and effectiveness of Zurzuvae use beyond 14 days as a single treatment course have not been evaluated.

The use of Zurzuvae for any other indication has not been evaluated.

Policy Owned by: Curative PBM team