Pharmacy Policy Bulletin: J-1341 Zurzuvae (zuranolone) – Commercial and Healthcare Reform	
Number: J-1341	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1341-002	**Original Date:** 10/04/2023
Effective Date: 10/28/2024	**Review Date:** 10/02/2024

Drugs Product(s):	• Zurzuvae (zuranolone)
FDA-Approved Indication(s):	• Treatment of postpartum depression in adults

Background:	• Zurzuvae (zuranolone) is a self-administered neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator given orally for the treatment of postpartum depression (PPD) in adults. • PPD is moderate to severe depression in a woman after she has given birth. PPD is the most common medical complication during and after pregnancy and can result in adverse maternal and infant outcomes. PPD is estimated to affect approximately one in eight women who have given birth in the U.S. or approximately 500,000 women annually. PPD is a serious and potentially life-threatening condition in which women experience sadness, guilt, worthlessness, and in severe cases, thoughts of harming themselves or their child. PPD may occur soon after delivery or up to a year later. However, generally, it occurs within the first three months after delivery. The pathogenesis of PPD is currently unknown, however, it has been suggested that genetics, hormonal and psychological, and social life stressors play a role in the development. The diagnostic criteria for postpartum major depression are the same criteria that are used to diagnose nonpuerperal major depression. The first-line treatment for PPD is psychotherapy and antidepressant medications. • The mechanism of action of zuranolone in the treatment of PPD is not fully understood but is thought to be related to its positive allosteric modulation of $GABA_A$ receptors. • The American College of Obstetricians and Gynecologists Practice Advisory recommends consideration of zuranolone in the postpartum period (i.e., within 12 month postpartum) for depression that has onset in the third trimester or within 4 weeks postpartum.

	• Zuranolone can be used alone or as adjunct to other oral antidepressant therapy like selective serotonin receptor inhibitors (SSRIs) and serotonin-norepinephrine receptor inhibitors (SNRIs).
	• Prescribing Considerations:
	  ○ Zurzuvae is administered as 50 mg orally once daily in the evening for 14 days. It should be administered with a fat-containing food. The dosage may be reduced to 40 mg once daily if CNS depressant effects occur. In the presence of severe hepatic impairment or moderate or severe renal impairment, the dose is 30 mg orally once daily in the evening.
	  ○ Zurzuvae has a black box warning for impaired ability to drive or engage in other potentially hazardous activities.
	  ○ Zurzuvae can be used alone or as an adjunct to oral antidepressant therapy.
	  ○ The safety and effectiveness of Zurzuvae use beyond 14 days in a single treatment cycle have not been established.

Approval Criteria

I. Approval Criteria
When a benefit, coverage of Zurzuvae may be approved when all of the following criteria are met **(A. through D.)**:
- **A.** The member is 18 years of age or older.
- **B.** The member has a diagnosis of postpartum depression (ICD-10: F53.0), classified as moderate to severe.
- **C.** The prescriber attests that symptom onset began during the third trimester of pregnancy or up to 4 weeks post-delivery.
- **D.** The member is ≤ 12 months postpartum.

II. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 30 day authorization may be granted.

Automatic Approval Criteria

None

References:

1. Zurzuvae [package insert]. Cambridge, MA: Biogen Inc.; July 2024.
2. U.S. Food & Drug Administration. FDA Approves First Oral Treatment for Postpartum Depression. Available at: https://www.fda.gov/news-events/press-announcements/fda-approves-first-oral-treatment-postpartum-depression. Accessed August 13, 2024.

3. Moore Simas TA, Hoffman MC, Miller ES, et.al. Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum. *Obstetrics & Gynecology,* Vol. 141, No. 6, June 2023.
4. Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 5. *Obstet Gynecol*. 2023;141(6):1262-1288. Accessed August 13, 2024
5. The American College of Obstetrician and Gynecologists. Zuranolone for the Treatment of Postpartum Depression. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/08/zuranolone-for-the-treatment-of-postpartum-depression? Accessed August 13, 2024