Louisiana Medicaid
Zuranolone (Zurzuvae™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for zuranolone (Zurzuvae™).

Additional Point-of-Sale edits may apply.

*This agent may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of severe postpartum 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**
- The **time period of the onset of postpartum depression symptoms is stated on the request**, and onset of symptoms occurred during the third trimester of pregnancy up to four weeks after delivery (the third trimester is from the beginning of pregnancy week 27 to the end of the pregnancy); **AND**
- The recipient is ≤ 6 months postpartum on the date of the request (**state date of delivery on the request)**; **AND**
- The prescriber **states on the request** that the recipient has not previously received brexanolone or zuranolone for the current postpartum depressive episode; **AND**
- The requested medication is being prescribed by a psychiatrist **OR** an obstetrician-gynecologist; **AND**
- If request is for a non-preferred agent - **ONE** of the following is required: (See Depression – Antidepressants, Other on the PDL/NPDL for list of preferred agents)
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
    - The prescriber states that the recipient is currently using the requested medication; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**

- The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of approval: 14 days [Only one authorization per pregnancy]

References

ACOG Committee Opinion No. 757 : Screening for Perinatal Depression. Obstetrics & Gynecology 2018;132(5):e208–e212. https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co757.pdf?dmc=1&ts=20181024T2023437995

Stewart CM and Vigod S. Postpartum depression. N Engl J Med. 2016;375:2177-2186. https://www.nejm.org/doi/full/10.1056/NEJMcp1607649?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed

Zurzuvae (zuranolone) [package insert]. Cambridge, MA: Biogen Inc; November 2023. https://documents.sage-biogen.com/us/zurzuvae/pi.pdf

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