



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Zurzuvae (zuranolone)

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Effective Date: 5/30/2025

Last Review Date: 5/12/2025

Applies to: Illinois

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Zurzuvae under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Zurzuvae is indicated for the treatment of postpartum depression (PPD) in adults.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Zurzuvae

Policy/Guideline:

Criteria for Approval

Post-partum depression (PPD)

Authorization may be granted for treatment of post-partum depression in adults when the following criteria are met:

- A. Member is 12 months postpartum or less.
- B. Member will not receive more than one 14-day treatment course per pregnancy / childbirth.

Approval Duration and Quantity Restrictions:

Approval Duration: One Month

Quantity Level Limit: 28 capsules per 14 days

References:

1. Zurzuvae [package insert]. Cambridge, MA: Sage Therapeutics, Inc.; July 2024.