AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Zurzuvae (zuranolone)	Page:	1 of 1
Effective Date:	5/30/2025	Last Review Date:	03/26/2025
Applies to:	☐Illinois ☒Florida Kids ☒Pennsylvania Kids ☒Virginia		

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 ALL of the following criteria are met:

A. Member has moderate to severe post-partum depression and had a major depressive episode with onset of symptoms that began no earlier than the third trimester of pregnancy and no later than the first 4 weeks following delivery, documented by standardized rating scales that reliably measure depressive symptoms (e.g., Beck Depression Inventory [BDI], Hamilton Depression Rating Scale [HDRS], Montgomery-Asberg Depression Rating Scale [MADRS], etc.).
B. Member is 12 months postpartum or less.
C. 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.