Oscar Clinical Guideline: Zurzuvae (zuranolone) (PG182, Ver. 3)

Zurzuvae (zuranolone)

Summary

Postpartum depression (PPD) is a major depressive disorder that begins during pregnancy or within 4 weeks after delivery, affecting approximately 14% of postpartum women. It is one of the most common complications of childbirth and a leading cause of maternal mortality.The postpartum period is defined as the first 12 months after birth.

First-line treatments for PPD include psychotherapy such as cognitive behavioral therapy (CBT) and antidepressant medications like selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs). However, response with standard antidepressants can be delayed by weeks. Prior to Zurzuvae (zuranolone), the only FDA-approved medication specifically for PPD was brexanolone, which requires a 60-hour continuous IV infusion and restricted distribution program. This product has since been discontinued.

Zurzuvae (zuranolone) is a neuroactive steroid gamma-aminobutyric acid (GABA)A receptor positive allosteric modulator indicated for the treatment of postpartum depression (PPD) in adults. It is the first FDA-approved oral antidepressant specifically for PPD. Zurzuvae (zuranolone) offers rapid improvement in depressive symptoms within 3 days and continued efficacy over the 2-week treatment course. Zurzuvae (zuranolone) is administered daily with a fat-containing food (e.g., 400-1000 calories, 25-50% fat). It has been established that Zurzuvae (zuranolone) impairs driving, and individuals taking Zurzuvae (zuranolone) are advised to not drive or engage in potentially hazardous activities until at least 12 hours after the last dose was administered during the entire 14-day course.

In those taking antidepressants, members can be monitored via a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antidepressants, including Zurzuvae (zuranolone), during pregnancy. Healthcare providers are encouraged to register individuals by calling the National Pregnancy Registry for Antidepressants at 1-844-405- 6185 or visiting online at https://womensmentalhealth.org/research/pregnancyregistry/antidepressants/

Definitions

"Antidepressant" refers to a medication used to treat depression and other mental health conditions. Common classes include SSRIs, SNRIs, and atypical antidepressants.

"Edinburgh Postnatal Depression Scale (EPDS)" is a 10-item self-rated depressive symptom severity scale specific to the perinatal period. Each item is rated on a 4-point scale from 0 to 3. The total score ranges from 0 to 30 points, calculated by summing the 10 individual item scores. Higher total scores indicate more severe depression.

"Patient Health Questionnaire-9 (PHQ-9)" is a 9-item self-rated depressive symptom severity scale used to monitor depression treatment over time. Each item is scored from 0 to 3 based on symptom frequency over the past 2 weeks. The total score ranges from 0 to 27 calculated by summing the 9 item scores. Higher scores indicate more severe depression.

"Peripartum" onset refers to the onset of mood symptoms during pregnancy or within 4 weeks postpartum.

"Postpartum depression (PPD)" refers to major depressive disorder with peripartum onset, defined as depression with onset during pregnancy or within 4 weeks after delivery.

"Postpartum period" is defined as the first 12 months after birth.

"Psychotherapy" refers to treatment involving counseling and therapeutic techniques to address psychological, emotional, and behavioral issues. Common forms used for PPD include cognitive behavioral therapy (CBT) and interpersonal therapy.

"Selective serotonin reuptake inhibitor (SSRI)" refers to a class of antidepressants that work by blocking the reabsorption (reuptake) of serotonin in the brain, increasing levels of this neurotransmitter. Examples include fluoxetine, sertraline, and paroxetine.

"Serotonin-norepinephrine reuptake inhibitor (SNRI)" refers to a class of antidepressants that block the reuptake of both serotonin and norepinephrine. Examples include duloxetine and venlafaxine.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Postpartum Depression

The Plan considers Zurzuvae (zuranolone) medically necessary when ALL of the following criteria are met:

1. Prescribed by or in consultation with a psychiatrist or OB/GYN; *AND*
2. Age ≥18 years old; *AND*
3. Diagnosis of postpartum depression (PPD) with onset during pregnancy or within 4 weeks postpartum; *AND*
4. Documentation of current depressive symptoms consistent with a diagnosis of major depressive disorder with peripartum onset; *AND*
5. Baseline assessment using a validated depression rating scale indicates at least moderate severity depression (e.g. PHQ-9 score ≥10, EPDS score ≥10, HAMD-17≥26); *AND*
6. Dosage does not exceed 50 mg orally once daily for 14 days.

If the above prior authorization criteria are met, Zurzuvae (zuranolone) will be authorized for up to one 14-day course.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Postpartum Depression

The Plan considers Zurzuvae (zuranolone) medically necessary if the member has recent (within the last 30 days) clinical chart documentation demonstrating when ALL of the following criteria are met:

1. Prescribed by or in consultation with a psychiatrist or OB/GYN; *AND*
2. The member has completed the initial 14-day treatment course of Zurzuvae (zuranolone); *AND*
3. The initial 14-day treatment course did not adequately resolve member's PPD symptoms as evidenced by validated rating scale (e.g. EPDS, PHQ-9); *AND*
4. At least 8 weeks have elapsed since completion of the prior Zurzuvae (zuranolone) treatment course.

If the above reauthorization criteria are met, the requested product will be authorized for up to one additional 14-day course in a 12-month period.

Experimental or Investigational / Not Medically Necessary

Zurzuvae (zuranolone) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Treatment of non-FDA approved indications (e.g. anxiety, bipolar depression, major depressive disorder).

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