



Request for Prior Authorization
Zuranolone (Zurzuvae)

FAX Completed Form To
1 (877) 733-3195
Provider Help Desk
1 (844) 236-1464

Iowa Health Link Hawki (PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization (PA) is required for zuranolone (Zurzuvae). Payment will be considered under the following conditions:

- 1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of postpartum depression (PPD); and
3. Patient is 12 months or less postpartum on the date of the request (provide date of delivery); and
4. The onset of the current depressive episode was during the third trimester or within 4 weeks postpartum; and
5. Patient has not received brexanolone for the current PPD episode; and
6. Only one course of treatment (i.e., 14 days) per pregnancy will be considered. Extension of therapy beyond 14 days will not be authorized.

Non-Preferred

Zurzuvae

Strength Usage Instructions Quantity Day's Supply

Diagnosis:

Is patient 12 months or less postpartum on date of request?

Yes; date of delivery: No

Was the onset of the current depressive episode during the third trimester or within 4 weeks postpartum?

Yes; Date of onset: No

Has patient received brexanolone for the current PPD episode? Yes No

Has patient received previous treatment with zuranolone during the current PPD episode? Yes No

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.