IOWA Health and Human Services

Request for Prior Authorization
Zuranolone (Zurzuvae)

FAX Completed Form To
1 (800) 574-2515
Provider Help Desk
1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone

Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.

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.*