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7 November 2025
Register number
FIMEA/2025/005893

Assessment form as an Annex to the draft measure

Narcotics Act (373/2008), section 3a

SUBSTANCE

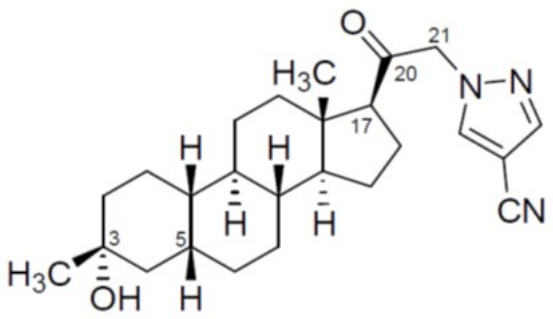
Zuranolone (1-[2-[(3*R*,5*R*,8*R*,9*R*,10*S*,13*S*,14*S*,17*S*)-3-hydroxy-3,13-dimethyl-2,4,5,6,7,8,9,10,11,12,14,15, 16,17-tetra-deca-hydro-1H-cyclopenta[a]phenantren-17-yl]-2-oxoethyl]pyrazole-4-carbonitrile)/

Zuranolone (1-[2-[(3*R*,5*R*,8*R*,9*R*,10*S*,13*S*,14*S*,17*S*)-3-hydroxy-3,13-dimethyl-2,4,5,6,7,8,9,10,11,12,14,15, 16,17-tetradeca-hydro-1H-cyclopenta[a]phenanthren-17-yl]-2-oxoethyl]pyrazole-4-carbonitrile)

1. Name, synonyms, street names, CAS number

IUPAC name: 1-[2-[(3*R*,5*R*,8*R*,9*R*,10*S*,13*S*,14*S*,17*S*)-3-hydroxy-3,13-dimethyl-2,4,5,6,7,8,9,10,11,12,14,15, 16,17-tetra-deca-hydro-1H-cyclopenta[a]phenanthren-17-yl]-2-oxoethyl]pyrazole-4-carbonitrile (English)
Other names: SAGE-217, 1-[(3α, 5β)-3-hydroxy-3-methyl-20-oxo-19-norpregnan-21-yl]-1H-pyrazole-4-carbonitrile (*English*)
CAS number: 1632051-40-1
InChIKey: HARRKNSQXBRBGZ-GVKWWOCJSA-N

2. Chemical structure



Molecular formula: $C_{25}H_{35}N_3O_2$

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3. Physical properties

Physical state: Zuranolone is a solid, crystalline, white, non-hygroscopic substance. As a medicinal product, it is available in 20 mg, 25 mg and 30 mg capsules.

Molecular weight: 409.57 g/mol

4. Mechanism of action

Zuranolone is a synthetic steroid that acts on the nervous system and has a potent positive allosteric modulating effect on the gamma-aminobutyric acid A ($GABA_A$) receptor. Zuranolone enhances GABAergic activity in synaptic and extrasynaptic $GABA_A$receptors. It has also been shown to increase the expression of $GABA_A$ receptors on the surface of the cells in *in vitro* studies. The antidepressant effects of zuranolone may be due to enhanced GABAergic inhibition.

The peak concentration of zuranolone is reached in 6 hours and its half-life is approximately 20 hours.

As a medicinal product, zuranolone is intended for the treatment of postpartum depression in adults after the birth of a child.

5. Manufacture

Production of the zuranolone has been described in scientific literature.

6. Effective doses, abusive doses

For medicinal use, the recommended dose of zuranolone is 50 mg orally once a day. If the patient cannot tolerate a 50 mg dose, the dose may be reduced to 40 mg orally once daily.

7. Polysubstance use

Use in combination with alcohol or other central nervous system depressants may increase the depressive effects on the central nervous system or on respiration or impair psychomotor function.

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8. Health risks

Health risks to the individual

The efficacy and safety of zuranolone have been studied in pre-clinical and clinical studies. The studies and their results have been evaluated in the marketing authorisation application process for the medicinal product. The potential for misuse is mentioned in the summary of product characteristics for the medicinal product.

The most commonly reported adverse reactions were somnolence (27.6%), dizziness (13.3%) and sedation (11.2%). A serious adverse reaction was confusion (1.3%).

The results of conventional studies on pharmacological safety, repeated exposure toxicity, genotoxicity and carcinogenicity do not indicate a specific hazard to humans.

There is insufficient information on the use of zuranolone in pregnant women, and the use of zuranolone as a medicinal product during pregnancy is contraindicated. Reproductive toxicity has been observed in animal studies.

In the United Kingdom and the United States, preclinical and clinical studies on the abuse potential of zuranolone have been conducted, resulting in its classification or recommendation for classification as a narcotic drug. Based on its effects and studies conducted, it is considered to be similar to benzodiazepines.

Zuranolone's mechanism of action as a modulator of $GABA_A$ receptor points to a potential risk of abuse. In a study investigating the potential for abuse in humans, in which participants used central nervous system depressants for recreational purposes (N = 60), zuranolone (30, 60 and 90 mg) had a dose-dependent risk of abuse compared to alprazolam (1.5 mg and 3 mg), as measured by the following subjective measures: "drug liking", overall drug liking", "taking the drug again", "euphoria", and "good drug effects". According to data from clinical trials, the risk of physical dependence with zuranolone is low. However, studies conducted on healthy individuals indicate that abrupt discontinuation of zuranolone (in the therapeutic range) after at least 5 days of use may be followed by withdrawal symptoms similar to those associated with discontinuation of benzodiazepines, such as insomnia,

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palpitations, loss of appetite, nightmares, nausea, excessive sweating and paranoia, suggesting the development of physical dependence. At higher than therapeutic doses and with prolonged use, physical withdrawal symptoms are expected to worsen.

Public health risks and social risks

The public health and social risks associated with zuranolone can generally be considered similar to those associated with benzodiazepines in general medicinal use.

Zuranolon has a significant effect on driving ability and the ability to operate machinery. Zuranolon has been reported to cause drowsiness, dizziness, sedation and confusion.

9. Connection with other forms of crime

No data available.

10. Documented observations on use of the substance

Medical and industrial use

As a new substance, zuranolone has been approved for medicinal use in Finland and elsewhere in Europe in autumn 2025 (Zurzuvae). Zuranolone has been in medical use in the United States since 2023.

Reported occurrences in Finland

No observations.

Reporting in the EU and to the EMCDDA Early Warning System (EWS)

No observations.

11. Availability

Zuranolone is available as a reference substance. The medicinal product marketed under the trade name Zurzuvae is authorised for sale in capsule form in strengths of 20 mg, 25 mg and 30 mg.

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12. Use profile

Zuranolone has a mechanism of action and potential for abuse similar to benzodiazepines. Abuse can be an attractive option for users of benzodiazepine products that are under control.

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13. Current status

Zuranolone is a medicinal product within the meaning of Section 3 of the Medicines Act, which is currently not controlled under the Narcotic Drugs Act in Finland. Zuranolone is both used and controlled as a narcotic drug in countries such as the United States, Germany and the United Kingdom.

14. Other information

Based on human studies, the potential for abuse and potential intended effects of zuranolone are similar to those of other medicinal products whose mechanism of action is based on allosterical modulation of the $GABA_A$receptor. Benzodiazepines also affect the $GABA_A$ receptor.

Benzodiazepines, which are subject to international drug control, are listed in Schedules III and IV of the 1971 Convention on Psychotropic Substances. The Finnish Medicines Agency considers that medicinal products containing tsuranolon should be subject to the same processing requirements as those containing substances listed in Schedule IV. These requirements include, but are not limited to, accounting, storage, import and export, and disposal.

In addition to the above, the Finnish Medicines Agency considers that, like the preparations of Lists III and IV of the 1971 Convention on Psychotropic Substances, medicinal products containing zuranolone require a sub-control category for medicinal products affecting the central nervous system (pkv-a). In this case, the level of control for the prescription and delivery of medicinal products would be in line with other medicinal products containing active substances with corresponding potential for abuse. The products would thus be classified as ‘DDMMYYV’ medicinal products, for which a medical prescription is required to be kept, which cannot be prescribed by telephone and for which the prescription is valid for one year.

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15. References

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16. Alternatives to classification as a narcotic and a classification proposal following the assessment

Based on the information gathered about the substance, the Finnish Medicines Agency concludes that the substance should, due to its properties and the severe adverse effects caused by them, be added to the Government Decree (543/2008) on substances, plants and products to be classified as narcotics (Annex IV).

Signatures

This document is an annex to the electronically signed document.

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