



ANTIDEPRESSANTS, OTHER PRIOR AUTHORIZATION FORM (form effective 1/5/2026)

Prior authorization guidelines for **Antidepressants, Other** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services>.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State License #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Strength:	Dosage form:	
Dose/directions:		Quantity:	Refills:
Diagnosis (submit documentation):		DX code (required):	
Is the beneficiary currently being treated with the requested medication?	<input type="checkbox"/> Yes – date of last dose: _____ Submit documentation. <input type="checkbox"/> No		

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

INITIAL requests

1. For ZURZUVAE (zuranolone):

- Is being treated for postpartum depression (PPD) AND:
 - Has depression with onset in the 3rd trimester through 4 weeks postpartum.
 - Has moderate to severe PPD based on a validated depression rating scale (e.g., PHQ-9/EPDS, HAMD-17).
 - Is less than or equal to 12 months postpartum.
 - Is not actively psychotic, manic, or hypomanic.
 - Is not currently pregnant.

2. For ALL OTHER NON-PREFERRED Antidepressants, Other (except Zurzuvaе), the beneficiary tried and failed or has a contraindication or an intolerance to at least two of the following taken at maximum tolerated doses for at least six weeks:

- The preferred Antidepressants, Other (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred Antidepressants, Other.)
- SSRIs
- Augmentation therapy (e.g., lithium, antipsychotic, stimulant) in combination with an antidepressant

3. For SPRAVTO (esketamine):

- Is prescribed Spravato by or in consultation with a psychiatrist.



Does not have severe hepatic impairment (Child-Pugh class C).

RENEWAL requests

1. For SPRAVTO (esketamine):

- Is prescribed Spravato by or in consultation with a psychiatrist.
- Does not have severe hepatic impairment (Child-Pugh class C).
- Has documentation of improvement in disease severity since starting treatment.

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:

Date:

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