

**VillageHealth**

by SCAN Health Plan®

**Raldesy****Express Scripts****Prior Authorization****Phone 1-844-424-8886****Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week,  
TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:
Medication:	Diagnosis:

**SECTION A**Please answer the following questions

1. ☐ Yes ☐ No Is the member currently taking the requested medication?
2. ☐ Yes ☐ No Is Raldesy being used for the treatment of major depressive disorder?
3. ☐ Yes ☐ No Will Raldesy be used concomitantly with monoamine oxidase inhibitors (MAOIs) (for example, but not limited to linezolid, intravenous methylene blue, etc.) or used within 14 days of stopping MAOIs?
4. ☐ Yes ☐ No Will Raldesy be used in patients with a history of cardiac arrhythmias?
5. ☐ Yes ☐ No Will Raldesy be used in patients with known QT prolongation?
6. ☐ Yes ☐ No Will Raldesy be used with drugs known to prolong QT interval, including Class 1A antiarrhythmics (for example, but not limited to quinidine, procainamide), Class 3 antiarrhythmics (for example, but not limited to amiodarone, sotalol), certain antipsychotic medications (for example, but not limited to ziprasidone, chlorpromazine, thioridazine), or certain antibiotics (for example, but not limited to gatifloxacin)?

7. ☐ Yes    ☐ No    Has the member tried at least one generic formulary drug (for example, trazodone, sertraline, fluoxetine, etc.) for the treatment of the current condition?

***Please document the symptoms and/or any other information important to this review:***

**SECTION B**

Physician Signature

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>