



Caplyta

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 the diagnosis or indication for the treatment of schizophrenia? *(if NO, proceed to question 4)*
3. ☐ Yes ☐ No Has the member tried at least 2 other atypical antipsychotics (e.g., asenapine, aripiprazole, paliperidone, olanzapine, quetiapine, risperidone, ziprasidone, etc.) prior to the initiation of Caplyta?
4. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of depressive episodes associated with bipolar I or II disorder (bipolar depression)?
5. ☐ Yes ☐ No Will Caplyta be used as monotherapy?
6. ☐ Yes ☐ No Will Caplyta be used as adjunctive therapy with lithium or valproate?
7. ☐ Yes ☐ No Does the member have neuroleptic malignant syndrome?

8.   ☐ Yes   ☐ No   Will Caplyta be used in combination with CYP3A4 inducers (e.g., rifampin, etc.)?
9.   ☐ Yes   ☐ No   Will a baseline complete blood count (CBC), heart rate, and blood pressure reading be obtained prior to the initiation of Caplyta?

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

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**SECTION B**

Physician Signature

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PHYSICIAN SIGNATURE

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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.scanhealthplan.com>