Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 1, 2025

Raldesy™ (trazodone) oral solution

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age; **AND**
- Patient must have a diagnosis of major depressive disorder (MDD); **AND**
- Patient is unable to swallow solid dosage forms and is not a candidate for a trial with preferred trazodone tablets due to one of the following **(documentation required)**:
    - Oral/motor difficulties
    - Dysphagia
    - Feeding tube for medication administration

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as a 10 mg/ml oral solution, 150 ml and 300 ml bottles. Unused portion must be discarded 30 days after the bottle is first opened.