

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**

**Adcirca® & Cialis® (tadalafil)**

**Prior Authorization of Benefits (PAB) Form**

**Complete form in its entirety and fax to:**

**Prior Authorization of Benefits Center at (800) 601- 4829**

**1. PATIENT INFORMATION**

**2. PHYSICIAN INFORMATION**

Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
Patient Phone #: _____	Physician Specialty: _____
Patient Email Address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician Email Address: _____

**3. MEDICATION**

**4. STRENGTH**

**5. DIRECTIONS**

**6. QUANTITY PER 30 DAYS**

<input type="checkbox"/> Cialis (tadalafil) ** <input type="checkbox"/> Adcirca (tadalafil)	<input type="checkbox"/> 2.5mg <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg	_____	Specify: _____
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**\*\*NOTE:** QL – Specific to members EOC

**7. DIAGNOSIS:** \_\_\_\_\_

**8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY**

**NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.**

**Erectile Dysfunction:**

- Yes     No    Patient is male
- Yes     No    Patient has a documented diagnosis of erectile dysfunction
- Yes     No    Patient is on concurrent nitrate therapy

**Recommendations:**

1. Physician should advise patients to stop use of all PDE-5 inhibitors and seek medical attention in the event of a sudden loss of vision in one or both eyes. Such an event may be a sign of non-arteritic anterior ischemic optic neuropathy (NAION), a cause of decreased vision, which can result in permanent loss of vision.
2. Physicians should discuss with patients the increased risk of NAION in individuals who have already experienced NAION in one eye, including whether such individuals could be adversely affected by use of vasodilators such as PDE-5 inhibitors.

**Pulmonary Arterial Hypertension:**

- Yes     No    Patient has catheterization-proven diagnosis of Pulmonary Arterial Hypertension (PAH)\*  
\* Although there is no uniformly accepted definition for PAH, the following National Institutes of Health Registry on Pulmonary Hypertension hemodynamic definition is widely used: a mean pulmonary artery pressure greater than or equal to 25 mm Hg with a pulmonary capillary wedge pressure less than or equal to 15 mm Hg, both measured at rest by right heart catheterization.
- Yes     No    Patient demonstrated an unfavorable acute hemodynamic response to vasodilators administered at cardiac catheterization
- Yes     No    Patient has favorable response\*, and has attempted treatment with oral vasodilators (calcium-channel antagonists) prior to the use of tadalafil  
\* A favorable response is defined as a fall in mean pulmonary artery pressure of at least 10 mm Hg, down to 40 mm Hg or less, with no accompanying decrease in cardiac output.
- Yes     No    Is the patient on concurrent therapy with oral erectile dysfunction drugs
- Yes     No    Is the patient on concurrent therapy with nitrates (nitric oxide is excluded)
- Yes     No    Does the patient have Retinitis Pigmentosa

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**9. PHYSICIAN SIGNATURE**

Prescriber or Authorized Signature	Date
<i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.</i>	
<b>IMPORTANT WARNING:</b> This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is <b>STRICTLY PROHIBITED</b> . If you have received this message by error, please notify us immediately at <b>(800) 338-6180</b> and destroy the related message or return the document to us at 6625 West 78th St. BL0345, Bloomington, MN 55439. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.	