



Attention: ACTION REQUESTED
 Prior Authorization DENIAL may occur unless complete information is provided

Reference: [PA#]

General Prior Authorization Form: Cialis

FAX COMPLETED FORM TO QHP PHARMACY DEPT. Fax # 877-817-0842

Coverage Criteria:

- Covered Uses:** All medically accepted indications not otherwise excluded from Part D.
- Exclusion Criteria:** Excluded if used for the treatment of erectile dysfunction.
- Required Medical Information:** Benign prostatic hyperplasia (BPH): Diagnosis of BPH. Male Gender.
- Coverage Duration:** BPH: 12 months
- Other Criteria:** BPH: Failure/contraindication/intolerance to two formulary alpha blockers. Cialis 2.5mg strength: Patient has renal insufficiency.

Member Information		Prescriber Information	
Patient Name:		Prescriber Name:	
Member ID#		NPI or DEA#:	
DOB:		Office Phone:	Office Fax:
Address:		Address:	
Home Phone:		Contact Person:	
Medication Information		Medical Information	
Medication Requested (drug name, strength and route of administration):		Drug Allergies:	
Medication Details (frequency, quantity):		Diagnosis:	
Expected Length of Therapy:		Prescriber's Signature/Date:	

Rationale for Prior Authorization

1. Is the medication being used for the treatment of erectile dysfunction? (check one) ___Yes ___No
2. Does this patient have renal insufficiency? (check one) ___Yes ___No
3. Please list other medications attempted for this patient:

Medication:	Reason therapy failed:	Length of therapy:
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. Additional comments: _____

5. PLEASE INCLUDE RELEVANT MEDICAL RECORDS AND LAB REPORTS WITH YOUR REQUEST.

For Expedited Requests please call 1-877-233-7058
 Our Formulary List is located at <http://www.qualityhealthplansny.com>

Fax Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please notify us immediately by telephone at 1-877-233-7058.