Independence Blue Cross

Prior Authorization Form

Erectile Dysfunction Agents

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Drug Requested: *(check one)*
☐ **Viagra®** (sildenafil) ☐ **Levitra®** (vardenafil) ☐ **Cialis®** (tadalafil) ☐ **Staxyn®** (vardenafil)
☐ **MUSE®** (alprostadil) ☐ **Edex®** (alprostadil) ☐ **Caverject®** (alprostadil)
☐ Other (specify)_____

****Note: Quantity limit of 8 units per month. Different quantity limits may apply to some groups.****

Date: _____ Patient ID#: _____ DOB:_____

Patient Name: _____ Provider NPI: _____

Prescribing Physician: _____ Office Contact: _____

Office Fax #: _____ Office Phone: _____

ONLY COMPLETED REQUESTS WILL BE REVIEWED

1. DIAGNOSIS FOR DRUG REQUESTED:

☐ Erectile Dysfunction ☐ Other (specify)_____

2. PATIENT HISTORY:

a. Is the patient on Nitrates (in the past 6 months) ?	☐ Yes	☐ No
b. Is the patient on Nitrates? Specify dates _____	☐ Yes	☐ No
c. Does the patient have diabetes?	☐ Yes	☐ No
d. History of prostate cancer treatment?	☐ Yes	☐ No
e. History of pelvic surgery and/or radiation therapy? *(specify):* _____	☐ Yes	☐ No
f. History of spinal cord injury? *(specify):* _____	☐ Yes	☐ No
g. History of neurologic disease? *(specify):* _____	☐ Yes	☐ No
h. Has the patient tried and failed or has a contraindication/intolerance/allergy to a testosterone containing product?	☐ Yes	☐ No

3. LABORATORY EVALUATION: *(Required for patients less than 55 years old)*

Serem testosterone level ☐ Free ☐ Total _____ Lab Normal Range _____ ☐ Not Done

Prolactin level Test result _____ Lab Normal Range _____ ☐ Not Done

Please add any other supporting medical information that may be useful in the decision-making process:

_____

_____

FAX: (888) 671-5285 or EMAIL: FSS_Standard_Medicare@catalystrx.com
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent licensees of the Blue Cross and Blue Shield Association.