

Cialis® – Prior Authorization Request

Send completed form to: CVS/caremark Fax: 888-836-0730

CVS/caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS/caremark toll-free at 888-836-0730.** If you have questions regarding the prior authorization, please contact CVS/caremark at **800-294-5979**.

Drug Information		
Drug Name:	Date:	
Quantity:	Frequency:	Strength:
Route of Administration:		
Expected Length of Therapy:		

Patient Information	
Patient Name:	Patient's Date of Birth:
Patient's ID:	
Patient's Group #:	
Patient's Telephone:	

Prescribing Physician	
Physician's Name:	
Physician Office Telephone:	Physician Office Fax:
Physician Address:	
City, State, Zip	

Primary Diagnosis
ICD Code:
Comments:

Please check the appropriate answer for each question.

1. Does the patient require nitrate therapy on a regular OR on an intermittent basis? Yes No
2. Is Cialis® 5mg being prescribed for daily use for symptomatic benign prostatic hyperplasia (BPH) with or without erectile dysfunction (ED) in a male that is 18 years of age or older? Yes No

Note: examples of signs and symptoms of BPH are, incomplete emptying, weak stream, straining, urinary frequency, intermittency, urgency, or acute urinary retention.

I attest the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the claims processor, the health sponsor, or, if applicable, a state or federal regulatory agency.

X _____
Prescriber or Authorized Signature **Date: (mm/dd/yy)**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Cialis 5mg Post Limit 709 J – 1/2015