



Tadalafil BPH

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week,
TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:
Medication:	Diagnosis:

SECTION A

Please answer the following questions

1. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of Benign Prostatic Hyperplasia (BPH) with moderate-to-severe urinary symptoms?
2. ☐ Yes ☐ No Is the prescription written or recommended by an Urologist?
3. ☐ Yes ☐ No Will Cialis (tadalafil) be used concomitantly with any of the following classes of medications: a. Nitrates; b. PDE 5 inhibitors (e.g., Adcirca, Viagra, Revatio, etc.); c. Alpha blockers (e.g., tamsulosin, terazosin, doxazosin, etc.); OR d. guanylate cyclase stimulators (e.g., riociguat)?
4. ☐ Yes ☐ No Does the patient have or has the patient experienced any of the following: myocardial infarction within the last 90 days; unstable angina; New York Heart Association Class 2 or greater heart failure in the last 6 months; uncontrolled arrhythmias; hypotension (<90/50 mmHg) or uncontrolled hypertension; OR stroke within the past 6 months?
5. ☐ Yes ☐ No Has the member tried at least on formulary alpha blocker (e.g., tamsulosin, alfuzosin, doxazosin, terazosin, or prazosin, etc.) prior to the initiation of tadalafil?

6. ☐ Yes ☐ No Has the member tried at least one formulary 5-alpha-reductase inhibitor (e.g., finasteride, dutasteride, etc.) prior to the initiation of tadalafil?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>