

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.

Drug Requested: **Cialis® (tadalafil) - 5mg daily**

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

CLINICAL CRITERIA: Check below **ALL** that apply. Boxes **must** be checked to qualify or authorization process will be delayed.

- Check box to verify that the patient is **not** using nitrates concomitantly.
- Is Cialis® being prescribed for lower urinary tract symptoms (LUTS) secondary to benign prostatic hypertrophy (BPH)? Yes No
 - **IF YES**, has patient tried **BOTH** an alpha-1 blocker for a **minimum** of **30 days**? Yes No

<input type="checkbox"/> alfuzosin (Uroxatral®)	<input type="checkbox"/> tamsulosin (Flomax®)
<input type="checkbox"/> doxazosin (Cardura®)	<input type="checkbox"/> terazosin (Hytrin®)
<input type="checkbox"/> prazosin (Minipres®)	

AND

- A 5-alpha-reductase inhibitor for a **minimum** of **90 days**? Yes No
 - finasteride (Proscar®)
 - dutasteride (Avodart®)

OR

- an alpha-1 blocker plus 5-alpha reductase inhibitor for a **minimum** of **90 days**?
 - Jalyn® (dutasteride/tamsulosin)

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 1/19/2012;
REVISED/UPDATED: 2/24/2012; 10/21/2014; 10/30/2014; 5/21/2015; 12/27/2015; 12/30/2016; 8/10/2017