



An Independent Licensee
of the Blue Cross and
Blue Shield Association

Precertification Request Form for **Cialis®**

Precertification for Cialis® requires completion of this form in its entirety. All requested data must be provided. Once completed the form must be signed by the medical provider and faxed back to BCBSAZ Pharmacy Management at **(602) 864-3126**. Incomplete forms may result in denial of requested medication due to lack of needed information.

Provider Information				Patient Information			
Physician's Name				Patient's Name			
Physician Specialty		NPI #		BCBSAZ Member ID			
Mailing Address				Date of Birth / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	Zip Code		Patient's Address			
Phone # () - ext		Fax # () -		City	State	Zip Code	

Medication Information	
Medication Name & Strength:	_____
Directions for Use & Duration:	_____
Diagnosis Code:	_____
Diagnosis:	_____

**All of the following questions and/or information must be answered and provided to assess request:
(Office notes are not needed if all information has been provided)**

The request is for use in which of the following conditions:	
	Erectile Dysfunction (ED)
	Signs and symptom of Benign Prostatic Hyperplasia (BPH)
Yes	No
	American Urological Association-Symptom Index score for BPH is greater than 8

I have ruled out the following conditions and/or circumstances:

	Yes	No	
			Concurrent use of Nitrates , in any form, regularly or intermittently
			Concurrent use of either Viagra, Levitra, Revatio, Staxyn, or Adcirca
			Estimated creatinine clearance of < 30 mL/min (once daily administration is not recommended)
			Severe hepatic impairment (Child Pugh Class C)
			Hereditary degenerative retinal disorders, including retinitis pigmentosa
			Myocardial infarction within the last 90 days
			Unstable angina or angina during sexual intercourse
			New York Heart Association Class 2 or greater heart failure within the last 6 months
			Uncontrolled arrhythmias
			Chronic hypotension (blood pressure < 90/50)
			Uncontrolled hypertension (blood pressure > 170/100)
			Stroke within the last 6 months
			Clinically significant aortic and mitral valve disease, pericardial constriction, restrictive or congestive cardiomyopathy, significant left ventricular dysfunction, life-threatening arrhythmias, or symptomatic coronary artery disease

Signature affirms that information given on this form is true and accurate and reflects office notes

Physician's Signature	Date
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