

US Family Health Plan  
 Prior Authorization Request Form for  
**Tadalafil (Cialis)**

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:  
**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

**Step 1** Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

- Step 2** Please consider the following:
- Patients taking nitrates, either regularly or intermittently, should not receive PDE-5 inhibitors such as Cialis. Patients should be informed of the consequences should they initiate nitrate therapy while taking a PDE-5 inhibitor.
  - Please see product labeling precautions for concurrent use with alpha blockers.
  - Please note tadalafil for ED (erectile dysfunction) for daily use is not covered.

**Step 3** 1. Please indicate the patient's gender and/or age.

Female	Please go to <b>Section 1</b> for <b>Female patients below</b>
Male younger than 40 years of age	Please go to <b>Section 2 on next page</b>
Male 40 years of age and older	<p><b>Prior Authorization not required.</b></p> <p>If this male patient requires daily dosing for benign prostatic hyperplasia (BPH), Raynaud's phenomenon or reservation/restoration of erectile dysfunction following prostatectomy, please contact Brighton Marine Pharmacy at 877-880-7007 to complete a quantity limit review.</p>

**Section 1 – Female patients**

1. What is the indication or diagnosis?	<input type="checkbox"/> Sexual dysfunction – <b>STOP - Coverage not approved</b> <input type="checkbox"/> Raynaud's phenomenon – proceed to question <b>2 in this section</b> <input type="checkbox"/> All other indications or diagnoses including pulmonary arterial hypertension – <b>STOP - Coverage not approved</b>
2. What is the dosing regimen?	
<b>Sign and date on bottom of next page</b>	

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**Section 2 – Male patients**

<b>1. How old is the patient?</b>	<input type="checkbox"/> Greater than or equal to 18 years of age – Proceed to Question 2 <input type="checkbox"/> Younger than 18 years of age – <b>STOP Coverage not approved</b>	
<b>2. What is the indication or diagnosis?</b>	<input type="checkbox"/> ED (erectile dysfunction) of organic origin – <b>Sign and date below</b> <input type="checkbox"/> ED of mixed organic & psychogenic origin – <b>Sign and date below</b> <input type="checkbox"/> ED that is drug-induced and the causative drug cannot be altered or discontinued – <b>Sign and date below</b> <input type="checkbox"/> ED and benign prostatic hyperplasia (BPH) – proceed to question 3 <input type="checkbox"/> Benign prostatic hyperplasia (BPH) – proceed to question 3 <input type="checkbox"/> Preservation / restoration of erectile function after prostatectomy – proceed to question 4 (Note that authorization expires after 1 year for this indication) <input type="checkbox"/> Raynaud's phenomenon – proceed to question 5 <input type="checkbox"/> All other indications or diagnoses including pulmonary arterial hypertension – <b>STOP Coverage not approved</b>	
<b>3. Is generic tadalafil being prescribed at a dose of 2.5 mg or 5 mg daily?</b>	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No <b>STOP Coverage not approved</b>
<b>4. Did the prostatectomy surgery occur less than 365 days ago?</b>	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No <b>STOP Coverage not approved</b>
<b>5. What is the dosing regimen?</b>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>		
<b>Sign and date below</b>		

**Step 4** I certify the above is true to the best of my knowledge. Please sign and date:

\_\_\_\_\_ Prescriber Signature

\_\_\_\_\_ Date