



Adcirca
(tadalafil)
Prior Authorization Form

Express Scripts
Phone 800-417-8164
Fax 877-837-5922

Last Name		First Name		Prescriber's Name		Specialty	
Home Phone		Work Phone		Office Phone		Office Fax	
Home Address		City	State	ZIP	Address		City State ZIP
SCAN ID number		Date of Birth		Est. Start Date		Office Contact	
For Specialty Medications Only: Shipping Address (if different from home address) <input type="checkbox"/> Physician <input type="checkbox"/> Home				Special Instructions (i.e. Non-English Speaking Patient, etc.):			

Medication:		Diagnosis:	
Sig:	Qty:	Refills:	ICD 9 Code:

Secondary/ Supplemental Insurance Company	Phone	Name of Insured	ID Number	Group Number
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- 1. Is the indication for the treatment of pulmonary arterial hypertension (PAH) with World Health Organization (WHO) Group 1 to improve exercise ability?**
- 2. Is Adcirca being prescribed by Pulmonologist or Cardiologist?**
- 3. Is the member concurrently taking nitrates (nitroglycerin, isosorbide mononitrate, isosorbide dinitrate, Nitroquick, Nitrostat or others)?**
- 4. Is the member concomitantly using potent CYP 3A inhibitors, such as ketoconazole and itraconazole?**
- 5. Will Adcirca be co-administered with PDE5 inhibitors, such as Cialis, Viagra, etc?**
- 6. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?**

Physician's Signature: _____ NPI/DEA #: _____ Date: _____

<u>For Internal Use Only</u>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reviewer's Initials _____	Decision Date _____
Comments _____	