



CIGNA

Pharmacy Services

Phone: (800)244-6224

Fax: (800)390-9745

CIGNA HealthCare Prior Authorization Form - Erectile Dysfunction Medications -

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

PROVIDER INFORMATION			PATIENT INFORMATION		
* Provider Name:			**Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed**		
Specialty:	* DEA or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* CIGNA ID:		
Office Fax:			* Date Of Birth:		
* Is your fax machine kept in a secure location? Yes <input type="checkbox"/> No <input type="checkbox"/>			* Patient Street Address:		
* May we fax our response to your office? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Office Street Address:			City	State	Zip
City	State	Zip	Patient Phone:		

Medication requested:

- VIAGRA 25mg VIAGRA 50mg VIAGRA 100mg
- CIALIS 5mg CIALIS 10mg CIALIS 20mg
- LEVITRA 2.5mg LEVITRA 5mg LEVITRA 10mg LEVITRA 20mg
- MUSE 125mcg MUSE 250mcg MUSE 500mcg MUSE 1000mcg
- EDEX (strength) 10mcg 20mcg 40mcg (dosage) kit vial ampule
- CAVERJECT (strength) 5mcg 10mcg 20mcg 40mcg (dosage) kit vial ampule

Diagnosis related to use:

- Erectile Dysfunction PAH (Pulmonary Arterial Hypertension) Other (please specify):

If Diagnosis is Erectile Dysfunction (ED), please indicate origin of erectile dysfunction:

- Hormonal:
 - Has appropriate therapy been given to address abnormal testosterone, prolactin, or thyroid levels? Yes No
 - If No, does the patient have a contraindication to the therapy needed to correct the abnormal levels? Yes No
- Neurogenic or Vasculargenic:
 - Please specify ICD-9 code:
 - If the ICD-9 code is for Erectile Dysfunction of organic origin (607.84), please specify the cause:
- Pelvic Trauma:
 - Please specify the nature of the trauma:
- Pharmacological:
 - If the ED is being caused by a medication the patient is taking; has there been a failure, contraindication, or intolerance to an alternate medication that does not cause ED? Yes No
 - If Yes, please list medications:
- Other (please specify):

If Diagnosis is PAH: (please note, only Viagra is approvable for this diagnosis)

- Does the patient have a failure, contraindication or intolerance to REVATIO? Yes No

Please fax completed form to (800)390-9745. Phone requests may be submitted by calling (800)244-6224.

Our standard response time for prescription drug coverage requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services to expedite the request. View our formulary on line at <http://www.cigna.com>.

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