

TRICARE Pharmacy Program Medical Necessity Form for Cialis (Tadalafil) and Viagra (Sildenafil)



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This form applies to the TRICARE Pharmacy Program (TPharm) and may be found on the TRICARE Pharmacy website at http://pec.ha.osd.mil/forms_criteria.php. It must be completed and signed by the prescriber.

- **Levitra** is on the DoD Uniform Formulary at the formulary cost share. **Cialis and Viagra** are non-formulary, but available to most beneficiaries at the non-formulary cost share.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Cialis or Viagra at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Cialis or Viagra instead of Levitra is medically necessary. If the use of Cialis or Viagra is determined to be medically necessary, non-active duty beneficiaries may obtain Cialis or Viagra at the formulary cost share.
- Active duty service members may not fill prescriptions for Cialis or Viagra unless it is determined to be medically necessary instead of Levitra. There is no cost share for active duty service members at any DoD pharmacy point of service.
- This form does **NOT** fulfill prior authorization requirements. Please see: http://pec.ha.osd.mil/forms_criteria.php, for more information. Quantity limits apply to all patients.

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com 	MTF	<ul style="list-style-type: none"> • Non-formulary medications are available at MTFs only if both of the following are met: <ul style="list-style-type: none"> ▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. ▪ The non-formulary medication is determined to be medically necessary. • Please contact your local MTF for more information. There are no cost shares at MTFs.
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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 complete the clinical assessment:

The patient cannot be treated with Levitra for one of the following reasons:

1. The patient had a hypersensitivity reaction to Levitra.
2. The patient has congenital or acquired QT prolongation.
3. The patient is receiving a class IA (e.g., quinidine, procainamide) or class III (e.g., amiodarone, sotalol) antiarrhythmic agent.
4. The patient is being treated for pulmonary arterial hypertension with either sildenafil or tadalafil.
5. The patient has experienced significant adverse effects from Levitra. A description of the adverse effect is REQUIRED:
6. For males with a diagnosis of erectile dysfunction, the patient has tried Levitra for at least 90 days, titrated to the maximum recommended dose, and experienced significant decrease in erectile function compared to previous therapy with Cialis or Viagra.
7. For males with a diagnosis of erectile dysfunction, the patient has tried Levitra for at least 90 days, titrated to the maximum recommended dose, and experienced no improvement in erectile function.
8. The patient is being treated for Raynaud's phenomenon or for the preservation/restoration of erectile function following prostatectomy and use of Levitra has resulted in therapeutic failure.
9. **Cialis** is the requested medication **AND** Cialis is being used for the treatment of signs and symptoms of benign prostatic hypertrophy (BPH).

Step 3 I certify the above is correct to the best of my knowledge. Please sign and date:

_____	_____
Prescriber Signature	Date