

**ERECTILE DYSFUNCTION AGENTS
PREAUTHORIZATION REQUEST
PHYSICIAN FAX FORM**



**BlueCross BlueShield
of Illinois**

ONLY the prescriber may complete and fax this form.

Incomplete forms will be returned for additional information. The following documentation is required for preauthorization consideration. For formulary information and to download additional forms, please visit www.bcbsil.com

Today's Date: _____

PATIENT INFORMATION

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:	City, State, Zip	Patient Telephone:	

INSURANCE INFORMATION

BCBS ID Number:	Group Number:
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PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Medication Requested:
Patient's Diagnosis:
<p>1. When was the patient diagnosed with this condition? _____</p> <p>2. If the diagnosis is erectile dysfunction (ED), please indicate which of the following conditions is associated with the patient's ED:</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Prostate Cancer</p> <p><input type="checkbox"/> Vascular Insufficiency</p> <p><input type="checkbox"/> Other _____</p> <p>3. Does the patient also have any of the following conditions?</p> <p><input type="checkbox"/> Bleeding Disorder</p> <p><input type="checkbox"/> Active Peptic Ulcer Disease</p> <p><input type="checkbox"/> Penile Anatomical Deformities</p> <p><input type="checkbox"/> Penile Implant</p> <p><input type="checkbox"/> Peyronie's disease</p> <p><input type="checkbox"/> Retinitis Pigmentosa</p> <p>4. Does the patient use nitrate therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Please list all other medications the patient is currently taking _____</p> <p>_____</p>

Please fax or mail this form to:

Blue Cross and Blue Shield of Illinois
c/o Prime Therapeutics LLC, Clinical Review Department
1020 Discovery Road, No. 100
Eagan, Minnesota 55121

TOLL FREE

Fax: 877.480.8130

Phone: 800.285.9426

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