

**Physician's Prior Authorization Request
Viagra for Erectile Dysfunction**

PATIENT'S NAME: _____ **ID#:** _____ **DOB:** _____

Patient Address: _____

Viagra is only covered for certain medical conditions for Baptist Health members. Please complete the following to assist us in making a determination of this patient's eligibility for coverage under his managed pharmacy benefits.

1. Viagra is being prescribed for the following:

_____ Treatment of erectile dysfunction.

a) Is this a psychological or a physiological condition? _____

b) Associated with other medical condition, please specify.

_____ Other, Please specify. _____

2. How long do you anticipate this member being prescribed this medication? _____

*****A quantity limit of 8 pills per 30 days will apply*****

Physician's Signature

Date

Please **Print** Name

Fax Number

Please **Print** Physician's Specialty

Phone Number

Thank you for your assistance and should you have any questions or wish to discuss, please feel free to contact ABCBS at (501) 378-3392. For your convenience, you may fax your response(s) back to ABCBS at (501) 378-6980.

Sincerely,
Pharmacy Programs

Forms are also available online at <http://usableadmin.abcbs.net/providers/PharmacyForms.aspx>