

# BPH Alpha Blocker Prior Authorization Request Form Rapaflo (silodosin)



**JOHNS HOPKINS**  
M E D I C I N E

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HEALTHCARE

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## USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and  
Applicable Progress Notes to:  
(410) 424-4037**

**Questions?** Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

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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 #: _____

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**Step 2** Please complete the clinical assessment:

1. Has the patient received a trial of tamsulosin (Flomax) or alfuzosin (Uroxatral) and had an inadequate response?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Proceed to Question 2
2. Has the patient received a trial of tamsulosin (Flomax) or alfuzosin (Uroxatral) but was unable to tolerate it due to adverse effects?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Proceed to Question 3
3. Is treatment with both tamsulosin (Flomax) and alfuzosin (Uroxatral) contraindicated for this patient (e.g., due to hypersensitivity)?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Proceed to Question 4
4. Does the patient require a drug that can be crushed or sprinkled on food?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Coverage not approved

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**Step 3** I certify the above is true to the best of my knowledge.

Please sign and date:

\_\_\_\_\_ Date

Prescriber Signature

Latest revision: 5 October 2011

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: