Is this request for brand or generic?  □ Brand  □ Generic

1. What form of Alprostadil is being prescribed?
   □ Injection
   □ Powder
   □ Other form (please specify): ____________________________

2. What is the patient’s diagnosis?
   □ Congenital heart disease
     a. Is the patient dependent on the patent ductus for survival?  □ Yes  □ No
   □ Other diagnosis (please specify): ____________________________

3. Does the patient need to maintain the patency of the ductus arteriosus?  □ Yes  □ No

4. Is the patient going to have corrective or palliative surgery?  □ Yes  □ No

5. Will the Alprostadil be compounded with any of the following?  Please select all that apply:
   □ Phentolamine powder  □ Papaverine powder  □ Sildenafil powder
Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically Online (ePA)</td>
<td>Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</td>
</tr>
<tr>
<td>Phone</td>
<td>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</td>
</tr>
<tr>
<td>Fax</td>
<td>Fax the attached form to (877)-378-4727 Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. Please only fax the completed form once as duplicate submissions may delay processing times.</td>
</tr>
</tbody>
</table>

The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. Prescriber Certification: I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer. Alprostadil – FEP CSU_MD Fax Form Revised 3/20/2018