

Cialis (tadalafil) for BPH
Effective 08/01/2022

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	This policy is only for Cialis 5mg tablets for the treatment of benign prostatic hyperplasia (BPH), quantities above 4 tablets a month for all other tablet strengths are considered a plan benefit exclusion.		

Overview

Cialis is a phosphodiesterase 5 (PDE5) inhibitor indicated for the treatment of erectile dysfunction (ED) and the signs and symptoms of benign prostatic hyperplasia (BPH).

Coverage Guidelines

Authorization to exceed the quantity listed above may be granted when all of the following criteria are met:

- Diagnosis of Benign Prostatic Hyperplasia (BPH)
- Member is ≥ 18 years of age
- Medical records documenting an inadequate response, adverse reaction, or contraindication to tamsulosin, alfuzosin, and silodosin
- ONE of the following:
 - Documentation of an inadequate response (defined as ≥ 90 days of continuous therapy) or adverse reaction to finasteride
 - Contraindication or documentation that the member is not a candidate for finasteride.

Continuation of Therapy

Reauthorization requires initial criteria to be met and physician documentation of continuation of therapy and positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:

Drug	Initial quantity per 30 days	Post-limit quantity per 30 days
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Cialis 2.5 mg Tablet	4 tablets	N/A
Cialis 5 mg Tablet	4 tablets	30 tablets
Cialis 10 mg Tablet	4 tablets	N/A
Cialis 20 mg Tablet	4 tablets	N/A

References

1. Cialis (tadalafil) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; February 2018
2. Proscar (finasteride) [prescribing information]. Jersey City, NJ: Organon LLC; June 2021
3. Flomax (tamsulosin) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis US LLC; January 2019
4. Uroxatral (alfuzosin) [prescribing information]. St. Michael, Barbados: Concordia Pharmaceuticals Inc; May 2020
5. Rapaflo (silodosin) [prescribing information]. Parsippany, NJ: Actavis; December 2020.

Review History

06/26/17 – Reviewed

06/25/18 – Reviewed

04/17/19 – Reviewed

09/22/2021 – Reviewed Sept P&T; references updated; no clinical changes

05/18/2022 – Reviewed and Updated for May P&T; added continuation of therapy section. Clarified initial and reauthorization duration. Effective 08/01/2022.

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