

## tadalafil (CIALIS)

### Diagnoses Considered for Coverage:

- Treatment of erectile dysfunction (ED)
- Benign prostatic hyperplasia (BPH)

### Coverage Criteria:

#### For erectile dysfunction (ED):

- Inadequate response, or intolerable side effect to sildenafil, **and**
- Patient is currently NOT using another drug for the treatment of ED, **and**
- Patient is currently NOT on a long-acting nitrate (e.g. Isordil, Imdur, Monoket, Transderm Nitro, Minitran, etc.), **and**
- The dysfunction is caused by a drug or underlying condition that has been reported in medical literature, and
- Dose does not exceed 20 mg per day.

#### For benign prostatic hyperplasia (BPH):

- Inadequate response or intolerable side effect with finasteride (Proscar) and tamsulosin (Flomax), **and**
- Not being used in combination with another selective phosphodiesterase (PDE) type 5 inhibitor (eg. Adcirca, Levitra, Revatio, Staxyn, Stendra, Viagra, etc.), **and**
- Patient is currently NOT on a long-acting nitrate (e.g. Isordil, Imdur, Monoket, Transderm Nitro, Minitran, etc.), **and**
- Dose does not exceed 5 mg per day.

#### For brand-name Cialis:

- Meets above criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

### Coverage Duration:

- Benign Prostatic Hyperplasia: Length of benefit
- Erectile Dysfunction: Length of benefit (*limited to 6 tablets per month*)

Effective: 11/01/2018