

Prostaglandin E2 Agents

Applies To:

alprostadil vial/syringe kit (CAVERJECT)
alprostadil kit (EDEX)
alprostadil urethral suppository (MUSE)

Diagnosis Considered for Coverage:

- Treatment of erectile dysfunction

Coverage Criteria:**For diagnosis listed above:**

- Being used for erectile dysfunction in male, **and**
- One of the following:
 - Erectile dysfunction is caused by a drug that has been reported in the medical literature to cause erectile dysfunction, OR
 - Erectile dysfunction is caused by one of the underlying conditions (see Additional Information),

and

- Quantity does not exceed 6 doses per month.

Coverage Duration: Length of benefit

Effective Date: 09/27/2023