



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Tadalafil (Cialis) For BPH Page: 1 of 2

Effective Date: 7/6/2023 Last Review Date: 4/24/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Cialis (tadalafil) for benign prostatic hyperplasia (BPH) under the patient's prescription drug benefit.

Description:

FDA-APPROVED INDICATIONS

Erectile Dysfunction

Cialis is indicated for the treatment of erectile dysfunction (ED).

Benign Prostatic Hyperplasia

Cialis is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).

Erectile Dysfunction and Benign Prostatic Hyperplasia

Cialis is indicated for the treatment of ED and the signs and symptoms of BPH (ED/BPH).

Limitation of Use

If Cialis is used with finasteride to initiate BPH treatment, such use is recommended for up to 26 weeks because the incremental benefit of Cialis decreases from 4 weeks until 26 weeks, and the incremental benefit of Cialis beyond 26 weeks is unknown.

Applicable Drug List:

Cialis
Tadalafil

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for daily use for symptomatic benign prostatic hyperplasia (BPH)
[Note: Examples of signs and symptoms of BPH are incomplete emptying, weak stream, straining, urinary frequency, intermittency, or urgency.]
- Inadequate response, intolerable side effects or contraindication to both of the following:
 - Two alpha blockers (for example, alfuzosin, tamsulosin, doxazosin, terazosin)
 - Finasteride for at least 6 months



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Tadalafil (Cialis) For BPH	Page:	2 of 2
Effective Date:	7/6/2023	Last Review Date:	4/24/2023
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input type="checkbox"/> Florida Kids <input type="checkbox"/> Michigan <input type="checkbox"/> Texas

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

1. Cialis [package insert]. Indianapolis, IN: Eli Lilly and Company; June 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed March 31, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed March 31, 2022.
4. Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA Guideline Part I Initial Work-up and Medical Management. J.Urol. October 2021; Vol 206, 806-817.