

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**CIALIS 2.5 mg, 5 mg**  
(tadalafil)

**Status: CVS Caremark Criteria**

**Type: Initial Prior Authorization with Quantity Limit**

## POLICY

### 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.

### COVERAGE CRITERIA

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.]

Quantity Limits apply.

[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.