

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:

- Cialis (tadalafil) 2.5 mg or 5 mg is being prescribed for daily use for symptomatic benign prostatic hyperplasia (BPH)
[Note: Examples of signs and symptoms are incomplete emptying, weak stream, straining, urinary frequency, intermittency, urgency, or acute urinary retention.]

Quantity Limits apply.

30 tablets/month

REFERENCES

1. Cialis [package insert]. Indianapolis, IN: Eli Lilly and Company; February 2018.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed April 2018.
3. Micromedex Healthcare Series [database online]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically. <http://www.thomsonhc.com> [available with subscription]. Accessed April 2018.
4. American Urological Association Guideline Management of Benign Prostatic Hyperplasia (BPH). 2010. <https://www.auanet.org/Documents/education/clinical-guidance/Benign-Prostatic-Hyperplasia.pdf>. Accessed April 2018.