



## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed under the respective diagnosis:*

- Must have one of the following:
  - Signs and symptoms of benign prostatic hyperplasia (BPH)- applicable for 2.5 and 5mg strengths only
    - Must have an adequate trial and failure of, an intolerance to, or a contraindication to BOTH of the following:
      - An alpha1-antagonist (such as alfuzosin, doxazosin, prazosin, tamsulosin, or terazosin)
      - A 5-alpha-reductase inhibitor (such as finasteride or Avodart)
  - Erectile dysfunction (ED) due to one of the following comorbid conditions:
    - Diabetes
    - Spinal Cord Injury
    - Multiple Sclerosis
    - Urogenital Surgery
    - BPH
    - Other comorbid diseases that can cause erectile dysfunction (chart documentation must be provided)
- Must not be on concomitant therapy with a nitrate product or alpha adrenergic blockers (except Flomax 0.4mg)
- For members using a daily dosage of Cialis 2.5mg or 5mg, quantity limit exceptions for additional tablets of 10mg or 20mg will not be approved.



**Limitations:**

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
2.5mg and 5mg	30 tablets per 30 days
10mg and 20mg	4 tablets per 30 days *Not approved if also taking daily dose of 2.5mg or 5 mg

If the established criteria are not met, the request is referred to a Medical Director for review.

**REFERENCES**

1. Cialis [prescribing information]. Indianapolis, IN: Lilly USA, LLC; September 2015.

**RECORD RETENTION**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

**REVIEW HISTORY**

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Combined RX.PA.413.1 and RX.PA.413.2 adopting the criteria in RX.PA.413.2. Renumbered as RX.PA.413</i>	<i>02/17</i>

