

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.