



Cialis (tadalafil) 5mg Tablets
Effective 08/01/20

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Tadalafil is a Phosphodiesterase Type 5 Inhibitor (PDE-5) with possible PDE-4 mediated reduction in smooth muscle and endothelial cell proliferation, decreased nerve activity, and increased smooth muscle relaxation and tissue perfusion of the prostate and bladder. AllWays Health Partners covers Cialis when indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Cialis, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation has been submitted:

1. The member has a diagnosis of Benign Prostatic Hyperplasia (BPH)
2. The member is ≥ 18 years of age
3. The member has had an adverse reaction, inadequate response or contraindication to tamsulosin, alfuzosin, silodosin, and dutasteride or finasteride
4. The member has had an adverse reaction, inadequate response, or contraindication to combination therapy with an alpha-1 blocker and 5-alpha-reductase inhibitor

Limitations

1. Approvals will be granted for 12 months.
2. MassHealth Plan does not pay for any drug when used for the treatment of male or female sexual dysfunction. This policy is only for Cialis 5mg tablets. All other tablet strengths are considered a plan benefit exclusion.
3. The following quantity limits apply:



Cialis 5mg	30 tablets per month
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References

- 1. Cialis (tadalafil) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; February 2018

Review History

06/26/2017 – Reviewed
10/01/2017 – Effective
06/25/2018 – Reviewed
04/17/2019 – Reviewed in P&T Meeting
05/20/2020 – Reviewed and updated May P&T Mtg; updated references; added started and stabilized statement; updated overview. Effective 8/1/20.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.