Medimpact

## STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

### TADALAFIL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TADALAFIL	CIALIS		20736 99409	GPI-14 (40304080000305)	
			33403	(40304080000303)	

## **GUIDELINES FOR USE**

1. Does the patient have a diagnosis of Benign Prostatic Hyperplasia (BPH)?

If yes, continue to #2. If no, continue to #3.

- 2. Has the patient tried or had a contraindication to at least **TWO** preferred formulary agents, including **ONE** agent from **EACH** of the following classes?
  - 5-alpha-reductase inhibitors: (e.g., finasteride or dutasteride)
  - Alpha blockers: (e.g., doxazosin, terazosin, tamsulosin, or alfuzosin)

If yes, approve for 12 months by GPID or GPI-14 for the requested strength as follows: • Cialis 2.5mg OR 5mg: #30 per 30 days.

If no, do not approve. **DENIAL TEXT:** See the denial text at the end of the guideline.

3. Does the patient have a diagnosis of erectile dysfunction?

If yes, continue to #4. If no, do not approve. **DENIAL TEXT:** See the denial text at the end of the guideline.

4. Is erectile dysfunction a covered benefit?

If yes, continue to #5. If no, guideline does not apply.

5. Has the patient tried generic sildenafil (Viagra)?

### If yes, approve for 12 months by GPID or GPI-14 for the requested strength as follows: • Cialis 2.5mg OR 5mg: #30 per 30 days.

If no, do not approve. **DENIAL TEXT:** See the denial text at the end of the guideline.

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STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

TADALAFIL

# **GUIDELINES FOR USE (CONTINUED)**

# **DENIAL TEXT:** \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named TADALAFIL (Cialis) requires the following rule(s) be met for approval:

- A. You have benign prostatic hyperplasia (BPH: your prostate is too big causing difficulty urinating) OR erectile dysfunction (difficulty getting/keeping an erection)
- B. If you have benign prostatic hyperplasia (BPH), approval also requires:
  - 1. You previously tried at least two preferred formulary alternatives, including one medication from each of the following classes:
    - a. 5-alpha-reductase inhibitors: (such as finasteride or dutasteride)
    - b. Alpha blockers: (such as doxazosin, terazosin, tamsulosin, or alfuzosin)
- C. If you have erectile dysfunction, approval also requires:
  - 1. You have previously tried generic sildenafil (Viagra)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

## RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Cialis.

#### REFERENCES

• Cialis [Prescribing Information]. Indianapolis, IN: Eli Lilly and Company. February 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Commercial Effective: 09/07/20 Created: 11/14 Client Approval: 08/20

P&T Approval: 01/18

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