UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Cialis for BPH

Program	Prior Authorization
Medication	Cialis (tadalafil) for BPH
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York CHIP, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina
Issue Date	12/2011
Pharmacy and Therapeutics Approval Date	2/2021
Effective Date	4/2021

1. Background:

The intent of the criteria is to ensure appropriate utilization of Cialis 5mg once daily within its labeled indication for benign prostatic hyperplasia (BPH), consistent with current BPH literature, and for patients with a diagnosis of BPH when preferred alternative therapies are not appropriate.

2. Coverage Criteria:

A. <u>Benign Prostatic Hyperplasia</u>

1. **Cialis 5mg once daily** will be approved based on all of the following:

   a. The patient has a diagnosis of benign prostatic hyperplasia (BPH)

   –AND–

   c. History of failure, intolerance, or contraindication to **<u>both</u>** of the following:

   (1) Alpha Blockers (e.g., tamsulosin, afluzosin ER, doxazosin, or terazosin)
   (2) 5-alpha reductase inhibitors (e.g., finasteride)

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Cialis [package insert]. Indianapolis, IN: Eli Lilly and Co; June 2020.
2. American Urological Association. Management of Benign Prostatic Hyperplasia (BPH). 2010, Reviewed and Validity Confirmed 2014.

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Change Control	
Date	Change
12/2011	New Guideline
12/2012	Annual Review, no changes
12/2015	Combined requirements c(1), c(2), and c(3) into a single requirement of "History of failure, intolerance, or contraindication to both of the following". Simplified 3 lines of the criteria into a single line while maintaining the same level of requirements.
10/2016	Annual review, updated policy template
7/2017	Annual review, updated references.
2/2018	Annual review. No changes.
2/2019	Removed contraindications to nitrates check. Updated references.
2/2020	Annual review. Updated references.
2/2021	Annual review. Updated background and references.