

POLICY NAME	Erectile Dysfunction Medications	POLICY #	1909P
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Criteria

Criteria for Coverage

- ☐ **1.1** Member is a male, age 18 or greater
- ☐ **1.2** Member is not receiving any of the following organic nitrate products: isosorbide mononitrate (Ismo), isosorbide dinitrate (Sorbitrate, Isordil, Dilantrate-SR), nitroglycerin (NTG, Nitrostat, Nitro-Dur, Transderm-Nitro, Minitran, Nitro-par, Nitrol, Nitro-Bid)
- ☐ **1.3** Member is NOT currently on another phosphodiesterase-5inhibitor indicated for erectile dysfunction

Special Situation - Cialis Once Daily

- ☐ **2.1** Medical exception to increase the Managed Dose Limit (MDL) on Cialis 2.5mg and Cialis 5mg to 30 tablets per 30 days will be allowed with one of the following guidelines:
 - Diagnosis of Benign Prostatic Hyperplasia (BPH) with documented trial and failure of one of the following agents: – Flomax (tamsulosin), Uroxatral (alfuzosin), Rapaflo (silodosin), Proscar (finasteride), Avodart (dutasteride), or Jalyn (dutasteride/tamsulosin)
 - Documentation of nerve-sparing prostatectomy – Coverage will be granted for a total of 12 months following the procedure

Special Situation – Viagra (sildenafil) for Raynaud Phenomenon

- ☐ **3.1** Medical exception to increase the Managed Dose Limit (MDL) on Viagra (sildenafil) 25mg or 50mg to #60 tablets per 30 days will be allowed with the following guidelines:
 - Diagnosis of Raynaud's Phenomenon
 - Documented inadequate response to a Calcium Channel Blocker
 - Documented failure to respond, intolerance, or contraindication to topical nitrates
- ☐ **3.2** Approval Period
 - Initial Approval: 12 months
 - Reapprovals: 12 months with documented beneficial response