**Tadalafil and Cialis 5 mg Changes for 2025**

[Background](#_Toc185505526)

[What is Changing](#_Toc185505527)

[What to Expect](#_Toc185505528)

[Action Needed](#_Toc185505529)

**Description:** Beginning **January 1, 2025,** Tadalafil (Cialis) 5mg strength is excluded from Part D coverage for Medicare D, when prescribed for erectile disfunction (ED) or for any off-label use.Tadalafil 5mg strength **is included** in Part D coverage when prescribed for Benign Prostatic Hyperplasia (BPH), and enhanced coverage for erectile dysfunction (ED) for any off-label use will continue.

|  |
| --- |
| **Background** |

* Historically, this drug has been maintained with non-Medicare Part D status to ensure only claims for the diagnosis of benign prostatic hyperplasia (BPH) pay under Medicare Part D.
  + A POS message has been in place advising pharmacies to contact the plan if the diagnosis is BPH.
  + Coverage for BPH has required a member level override to allow payment under Part D.
  + Upon confirmation of diagnosis, an override with an MC reason code has allowed the claim to process as a Part D drug.
* Some plans have opted to provide supplemental coverage of this drug for erectile dysfunction (Enhanced Alternative or EGWP plans only).

[Top of the Document](#_top)

|  |
| --- |
| **What is Changing** |

* Effective **1/1/2025**, the Part D indicator for NDCs of **Tadalafil and Cialis 5 mg tablets (GPI 40304080000305)** will be updated from **N** to **Y** due to its addition to CVS Caremark Part D Services template formularies.
  + A type 1 prior authorization and a quantity limit of 30 tablets per 30 days (daily dose of 1) will also be applied.
* The Part D indicator for all other strengths of tadalafil including 2.5 mg, 10 mg, and 20 mg will remain as **Part D = N**.
* **Tadalafil and Cialis 5 mg tablets (GPI 40304080000305)** will be added to the Diagnosis Required List effective **1/1/2025** but may be Transition Fill eligible when adjudication logic indicates a diagnosis of BPH has been previously confirmed.
* POS message advising pharmacies to contact the plan if BPH will be termed effective **12/31/2024** for Tadalafil and Cialis 5 mg tablets.
  + The rejects for these claims will be:
    - **75-Prior Authorization Required**

Or for brands which are **not** covered:

* + - **70=Product/Service Not Covered- Plan/Benefit Exclusion**

[Top of the Document](#_top)

|  |
| --- |
| **What to Expect** |

* Unless a member has an existing override, or transition fill adjudication logic identifies a diagnosis of BPH has been previously confirmed for a renewing member, a coverage determination will be required to confirm use for a Part D medically accepted indication.
* For plans that have opted to provide supplemental coverage of this drug for ED, the same coverage determination will be used and specific overrides will be entered to allow adjudication logic to process the claim with a non-Medicare Part D status according to plan set-up.

[Top of the Document](#_top)

|  |
| --- |
| **Action Needed** |

* Follow existing work instructions for prior authorizations.
  + **Aetna Med D:** Refer to [Aetna Compass Med D - Handling Prior Authorization Inquiries](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=096dcedb-fa61-418c-86cd-aa470ca83b02).

* + **SilverScript:** Refer to[Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a23bc09d-37f7-4105-ba57-d4e9d7f512ff).

[Top of the Document](#_top)

Not To Be Reproduced Or Disclosed to Others Without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY = INFORMATIONAL ONLY**