



**CIALIS
(tadalafil)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Benign Prostatic Hyperplasia / Hypertrophy (BPH)

AND ALL of the following:

1. Actively symptomatic, including **one or more** of the following:
 - a. Dribbling at the end of urinating
 - b. Inability to urinate (urinary retention)
 - c. Incomplete emptying of bladder
 - d. Incontinence
 - e. Nocturia - needing to urinate two or more times per night
 - f. Pain with urination or bloody urine
 - g. Slowed or delayed start of the urinary stream
 - h. Straining to urinate
 - i. Strong and sudden urge to urinate
 - j. Weak urine stream
2. Treatment failure or clinically significant adverse reaction to **ONE** of the following:
 - a. Alpha blocker
 - b. 5-alpha reductase inhibitor

AND NOT on the following:

1. Concurrent therapy with any nitrates (in any form)
2. Concurrent therapy with another phosphodiesterase 5 (PDE5) inhibitor
3. Concurrent therapy with any guanylate cyclase (GC) stimulators

Prior - Approval Limits

Quantity 2.5mg – 90 tablets per 90 days **OR**
5mg – 90 tablets per 90 days

Duration 12 months



**BlueCross.
BlueShield.**

Federal Employee Program.

CIALIS (tadalafil)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Benign Prostatic Hyperplasia / Hypertrophy (BPH)
 - a. Improvement in urinary symptoms

AND NOT on the following:

1. Concurrent therapy with any nitrates (in any form)
2. Concurrent therapy with another phosphodiesterase 5 (PDE5) inhibitor
3. Concurrent therapy with any guanylate cyclase (GC) stimulators

Prior – Approval *Renewal* Limits

Same as above