

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS **ALPROSTADILS**

BRAND NAME
(generic)

CAVERJECT
(alprostadil)

EDEX
(alprostadil)

MUSE
(alprostadil)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Caverject

Erectile Dysfunction

Caverject is indicated for the treatment of erectile dysfunction.

Diagnostic Test

Caverject is indicated as an adjunct to other diagnostic tests in the diagnosis of erectile dysfunction.

Edex

Edex is indicated for the treatment of erectile dysfunction due to neurogenic, vasculogenic, psychogenic, or mixed etiology.

MUSE

Muse is indicated for the treatment of erectile dysfunction. Studies that established benefit demonstrated improvements in success rates for sexual intercourse compared with similarly administered placebo.

COVERAGE CRITERIA

Erectile Dysfunction

Authorization may be granted when the requested drug is being prescribed for erectile dysfunction when the following criteria is met:

- The patient is 18 years of age or older

QUANTITY LIMITS APPLY

6 units per 25 days* or 18 units per 75 days*

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

DURATION OF APPROVAL (DOA)

- 1044-C: DOA: 36 months

REFERENCES

ED Alprostadils PA with Limit Policy UDR 05-2024a.docx

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