

BENIGN PROSTATIC HYPERPLASIA (BPH) MEDICATION CRITERIA

Medication(s):

Brand Name	Generic Name	Dosage Strengths
Cialis®	tadalafil	5mg (only approved dose for BPH)

Criteria for Approval:

- A. Diagnosis of BPH; **AND**
- B. Failure of an alpha blocker in the last 180 days; **AND**
- C. Failure of an androgen hormone inhibitor in the last 180 days

Criteria for Denial:

- A. Criteria for approval not met; **OR**
- B. Concurrent nitrate, alpha blocker, Revatio® or Adcirca® therapy, guanylate cyclase (GC) stimulators; **OR**
- C. Request is for a female patient
- D. Use for erectile dysfunction

Length of Approval: 1 year

Reference:

1. Cialis [package insert]. Indianapolis, IN; Eli Lilly; April 2016.
2. Wu. Y, Davidian, M., DeSimone II, E.M., Guidelines for the treatment of Benign Prostatic Hyperplasia. US Pharm. 2016;41(8):36-40.

Reviewed by:	Reason for Review:	Date:
DUR Board	New	6/18/2012
Commissioner	Approval	7/10/12
DUR Board	Revision	3/20/2017
Commissioner	Approval	6/8/17