

Alaska Medicaid

**Cialis® (Tadalafil)**

Available 5mg

Not Covered 2.5mg, 10mg, 20mg

**INDICATIONS:**

“Cialis® is a phosphodiesterase- 5 (PDE5) inhibitor indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH)”<sup>1</sup>.

**Criteria for Approval:**

1. The patient is male; **AND**
2. The patient is not currently taking an alpha-blocker or nitrate; **AND**
3. The patient has had one treatment failure of an alpha-blocker (30 days) **OR** 5-Alpha reductase inhibitor (six months); **AND**
3. The patient is being treated for benign prostatic hyperplasia.

**Length of Authorization:**

Coverage may be approved for six months. After six months a new prior authorization must be obtained.

**Dispensing Limit:**

The dispensing limit is a 30 day supply of medication, not to exceed 5mg per day.

**References:**

<sup>1</sup> Cialis® prescribing information is available at:  
<<http://pi.lilly.com/us/cialis-pi.pdf>> accessed 10/25/11