

Policy Name:	Erectile Dysfunction Medications	Policy #:	1909P
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Purpose of the Policy

The purpose of this policy is to define criteria for the coverage of agents used in the treatment of male erectile dysfunction.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Caverject (alprostadil), Edex (alprostadil), Muse (alprostadil), Viagra (sildenafil), Cialis (tadalafil), Stendra (avanafil) and vardenafil if the member's plan has a lifestyle rider and if the following criteria have been met.

Criteria

1. Criteria for Coverage

- 1.1 Member is a male, age 18 or greater
- 1.2 Member is not receiving any of the following organic nitrate products: isosorbide mononitrate (Ismo), isosorbide dinitrate (Sorbitrate, Isordil, Dilantrate-SR), nitroglycerin (NTG, Nitrostat, Nitro-Dur, Transderm-Nitro, Minitran, Nitro-par, Nitrol, Nitro-Bid)
- 1.3 Member is NOT currently on another phosphodiesterase-5inhibitor indicated for erectile dysfunction

2. Special Situation - Cialis Once Daily

- 2.1 Medical exception to increase the Managed Dose Limit (MDL) on Cialis 2.5mg and Cialis 5mg to 30 tablets per 30 days will be allowed with one of the following guidelines:
 - Diagnosis of Benign Prostatic Hyperplasia (BPH) with documented trial and failure of one of the following agents:
 - Flomax (tamsulosin), Uroxatral (alfuzosin), Rapaflo (silodosin), Proscar (finasteride), Avodart (dutasteride), or Jalyn (dutasteride/tamsulosin)
 - Documentation of nerve-sparing prostatectomy
 - Coverage will be granted for a total of 12 months following the procedure

3. Special Situation – Viagra (sildenafil) for Raynaud Phenomenon

- 3.1 Medical exception to increase the Managed Dose Limit (MDL) on Viagra (sildenafil) 25mg or 50mg to #60 tablets per 30 days will be allowed with the following guidelines:
 - Diagnosis of Raynaud's Phenomenon
 - Documented inadequate response to a Calcium Channel Blocker
 - Documented failure to respond, intolerance, or contraindication to topical nitrates
- 3.2 Approval Period
 - Initial Approval: 12 months
 - Reapprovals: 12 months with documented beneficial response

4. Managed Dose Limit

- 4.1 Coverage is limited to a quantity of #4 tablets per 30 days, except if member qualifies for Cialis Once Daily or Viagra (sildenafil) for Raynaud Phenomenon

5. Approval Period for Erectile Dysfunction Diagnosis

- 5.1 Approve for 12 months at a time

CPT Codes

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HCPCS Codes

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References

1. Lerner LB, McVary KT, Barry MJ, et al. Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA GUIDELINE PART I-Initial Work-up and Medical Management. J Urol. 2021 Oct;206(4):806-817

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.