



## CIALIS PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** The 10mg strength is not covered. The 2.5mg and 5mg strengths are covered, but member must meet prior authorization criteria.

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of benign prostatic hyperplasia (BPH) in members without a current or past history (within past 5 years) of erectile dysfunction (ED)

*AND*

- ❖ Member must have tried and failed to receive therapeutic benefit from an alpha blocker (doxazosin, tamsulosin, terazosin) given in combination with a 5-alpha reductase inhibitor (finasteride or dutasteride)

*OR*

- ❖ Member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to all preferred alpha blockers and 5-alpha reductase inhibitors.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.