



Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Cialis™ (tadalafil)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Prior authorization (PA)-approved for benign prostatic hyperplasia (BPH) ONLY and the following is required:
 - Member must have diagnosis of benign prostatic hyperplasia.
 - Member must have tried 3 other drugs approved for BPH (i.e., tamsulosin, finasteride, etc.).
 - Member must have no history of erectile dysfunction.
 - Member must have no diagnosis of hypotension or nitrates in use.