

Priority Health Medicare Prior Authorization Criteria (Part D)

Cialis®

Products affected

- Cialis® ORAL TABS 2.5MG, 5MG

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Patient must have tried and failed either 6 months of finasteride or 3 months of Avodart and must have tried and failed 28 days of alfuzosin, doxazosin, tamsulosin, or terazosin.