

# MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL

**POLICY TITLE:** ERECTILE DYSFUNCTION

**POLICY STATEMENT:** Provide criteria to determine a medical necessity for the use of erectile dysfunction treatment and/or medications.

**PROCEDURE:**

- I. Coverage may be considered medically necessary when the following criteria are met:
  - A. Male, age 18 or greater who has a documented primary diagnosis of erectile dysfunction AND a documented secondary diagnosis of one of the following:
    - Diabetes
    - Hypertension and on meds
    - Hyperlipidemia and on meds
    - Cardiovascular disease
    - Spinal Cord Injury
    - Multiple Sclerosis
    - Stroke
    - Radical surgery of genital tract, urinary tract, or rectum
    - Hormonal imbalances: hypogonadism; hyper and hypothyroidism; hyper and hypocortisolism; hyperprolactinemia
    - Pelvic trauma
    - Alzheimer's
    - Parkinson's
    - Brain injury, including but not limited to epilepsy
    - Pulmonary Arterial Hypertension (PAH)<sup>III</sup>
    - Prostate CA with prostate surgery, brachytherapy, or prostatectomy for any reason<sup>II</sup>
    - Current or history of radiation therapy to pelvis or retroperitoneum
    - BPH and on meds (Flomax, Proscar, etc)<sup>III</sup>
    - Antidepressants
    - Antipsychotics
    - Abnormalities of the penis (penile fibrosis, penile fracture, and Peyronie's Disease)

**All ED medications require prior authorization. Utilization of the generic formulations is required.** Authorization is reviewed at least annually to confirm that current medical necessity criteria are met, and the medication is effective. Approval of a single tablet strength will be authorized when member meets the criteria; if it's noted that the member is utilizing more than one tablet strength, such as low dose tadalafil (2.5-5mg daily) and then presents with request for higher dose tadalafil or sildenafil, a denial for the use of two agents will be generated.

- II. Post Prostatectomy  
Utilization of PDE-5 inhibitors following prostatectomy, for patients who have undergone a bilateral or unilateral nerve-sparing approach, is one potential mode to restore erectile function.

**MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES  
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL**

**Page 2**

Response to PDE-5 inhibitor medications increases with time following radical prostatectomy. Utilization of PDE-5 inhibitor medications can be authorized for up to 2 years. Authorization for use beyond two years will need to be reviewed on a case-by-case basis.

- III. Use of PDE5-inhibitors in patients with a diagnosis of benign prostatic hyperplasia/hypertrophy (BPH) or pulmonary arterial hypertension (PAH) requires DAILY dosing of these medications and thus would not be restricted to the quantity limits that are in place for the erectile dysfunction indication. Utilization of generic formulations of these medications is required.
  - A. Medications that are FDA approved for use in BPH
    - i. Tadalafil (Cialis) = 5 mg daily
  - B. Medications that are FDA approved for use in PAH
    - i. Sildenafil (Revatio) = 20 mg TID; max dose is noted as 20 mg TID per the manufacturer, but doses up to 80 mg TID have been used
    - ii. Tadalafil (Adcirca) = 40 mg daily

There is no data to support the utilization of daily dosing in combination with a higher, as needed dose. Approval will only be authorized for either the daily dose *or* the as needed dose.

- IV. Requests for non-oral formulations of medications used to treat erectile dysfunction, such as Muse (alprostadil intraurethral pellets) will not be approved by the health plans, unless documentation is supplied indicating that the member has cardiovascular complications related to the usual medications utilized for erectile dysfunction treatment.
- V. Erectile Dysfunction Medications are considered investigational when used for all other conditions, including, but not limited to:
  - A. Achalasia
  - B. Enhancing exercise performance
  - C. Female arousal disorders
  - D. Heart failure
  - E. Males with a functioning penile prosthesis or post removal of a prosthesis
  - F. Patients on nitrates
  - G. Raynaud's phenomenon
  - H. Psychogenic

References: Journal of Urology  
National Kidney & Urologic Information Clearing House Guidelines for Erectile Dysfunction.  
Up-to-Date topic: Radical prostatectomy for localized prostate cancer  
Other Major Health Plan Payers

**MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES  
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL**

**Page 3**

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