

## New Hampshire Medicaid Fee-for-Service Program

### Benign Prostatic Hyperplasia (BPH) Medication Criteria

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Approval Date: August 13, 2021

#### Medications

Brand Name	Generic Name	Dosage Strengths
Cialis®	tadalafil	5 mg (the only approved dose for BPH)

#### Criteria for Approval

1. Diagnosis of Benign Prostatic Hyperplasia (BPH); **AND**
2. Failure of an alpha blocker; **AND**
3. Failure of an androgen hormone inhibitor.

#### Criteria for Denial

1. Criteria for approval not met; **OR**
2. Concurrent nitrate, alpha blocker, Revatio® or Adcirca® therapy, guanylate cyclase (GC) stimulators; **OR**
3. Request is for a female patient.
4. Use for erectile dysfunction.

**Length of Authorization:** 1 year

#### References

1. Cialis [package insert]. Indianapolis, IN; Eli Lilly; April 2016.
2. Wu. Y, Davidian, M., DeSimone II, E.M., Guidelines for the treatment of Benign Prostatic Hyperplasia. US Pharm. 2016;41(8):36-40.

# Revision History

Reviewed by	Reason for Review	Date
DUR Board	New	06/18/2012
Commissioner	Approval	07/10/2012
DUR Board	Revision	03/20/2017
Commissioner	Approval	06/08/2017
DUR Board	Revision	06/08/2021
Commissioner Designee	Approval	08/13/2021