



## Drug Coverage Policy

Effective Date.....6/15/2026  
Coverage Policy Number.....ST008  
Policy Title.....Phosphodiesterase Type  
5 Inhibitors Step Therapy Policy for  
Employer Plans

# Phosphodiesterase Type 5 Inhibitors Step Therapy Policy for Employer Plans

- Cialis® (tadalafil tablets – Eli Lilly)
- Stendra™ (avanafil tablets – Metuchen)
- Viagra® (sildenafil citrate tablets – Pfizer)

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### **INSTRUCTIONS FOR USE**

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.*

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## OVERVIEW

Sildenafil tablet, (Viagra, generic), tadalafil (Cialis, generic), and avanafil (Stendra, generic) are all indicated for the treatment of **erectile dysfunction** (ED).<sup>1-3</sup> Cialis is also indicated for the treatment of signs and symptoms of benign prostatic hyperplasia (BPH), and for the treatment of ED and the signs and symptoms of BPH (ED/BPH).<sup>1</sup>

Sildenafil tablet (Viagra, generic), tadalafil (Cialis, generic), and avanafil (Stendra, generic) are phosphodiesterase type 5 inhibitors, which selectively inhibit cyclic guanosine monophosphate-specific phosphodiesterase type 5.<sup>1-3</sup> In addition to their use for the treatment of ED, some of the phosphodiesterase type 5 inhibitors have published data to support their use in other medical conditions such as BPH, pulmonary arterial hypertension, Raynaud's phenomenon, and high-altitude pulmonary edema.<sup>4-7</sup>

## Coverage Policy

### POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration. Meeting Step therapy Program Criteria does not satisfy any other prior authorization or medical necessity criteria requirements.

**Erectile Dysfunction therapy may be excluded under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.**

	Product Name and Formulation	Strengths
<b>Step 1:</b>	avanafil tablets	50 mg, 100 mg, and 200 mg
<b>Step 2:</b>	Stendra® tablets	50 mg, 100 mg, and 200 mg (brand)

	Product Name and Formulation	Strengths
<b>Step 1:</b>	sildenafil tablets	25 mg, 50 mg, and 100 mg
<b>Step 2:</b>	Viagra® tablets	25 mg, 50 mg, and 100 mg (brand)

	Product Name and Formulation	Strengths
<b>Step 1:</b>	tadalafil tablets	2.5 mg, 5 mg, 10 mg and 20 mg
<b>Step 2:</b>	Cialis® tablets	2.5 mg, 5 mg, 10 mg and 20 mg (brand)

**Viagra, Cialis, and Stendra are covered as medically necessary when the following criteria is met.**

### CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

**Any other exception is considered not medically necessary.**

## References

1. Cialis® tablets [prescribing information]. Indianapolis, IN: Eli Lilly; April 2023.
2. Viagra® tablets [prescribing information]. New York, NY: Pfizer; December 2017.
3. Stendra™ tablets [prescribing information]. Freehold, NJ: Metuchen Pharmaceuticals; October 2022.
4. Gacci M, Corona G, Salvi M, et al. A systematic review and meta-analysis on the use of phosphodiesterase 5 inhibitors alone or in combination with  $\alpha$ -blockers for lower urinary tract symptoms due to benign prostatic hyperplasia. *Eur. Urol.* 2012;61:994-1003.
5. Garg N, Sharma MK, Sinha N. Role of oral sildenafil in severe pulmonary arterial hypertension: Clinical efficacy and dose response relationship. *Int J Cardiol.* 2007;120:306-313.
6. Caglayan E, Axmann S, Hellmich M, et al. Research Letter. Vardenafil for the treatment of Raynaud Phenomenon: a randomized, double-blind, placebo-controlled crossover study. *Arch Intern Med.* 2012;172:1182-1184.
7. Luks AM, Beidleman BA, Freer L, et al. Wilderness Medical Society Clinical Practice Guidelines for the Prevention, Diagnosis, and Treatment of Acute Altitude Illness: 2024 Update. *Wilderness Environ Med.* 2024 Mar;35(1):S2-S19.

## Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	4/15/2026	6/15/2026

The policy effective date is in force until updated or retired.

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