



# Bureau of TennCare

## Policy Manual

**Policy No: BEN 06-001 (rev 1)**

**Subject: Erectile Dysfunction (ED) Medication(s)**

**Approved by:**

**Date:** 4/15/2008

### **PURPOSE:**

The purpose of this policy is to clarify the coverage for Erectile Dysfunction (ED) medications (Viagra®, Levitra®, Cialis®) and the circumstances in which these drugs can be dispensed to a TennCare enrollee.

### **POLICY:**

The Bureau of TennCare does not authorize the prescribing of any drug specifically for the treatment of male impotence. As permitted by federal statute (Sec 1927 (42 USC 1396 r-8(d)) TennCare has excluded coverage of erectile dysfunction agents from its formulary. Viagra®, Cialis® and Levitra® are the only FDA approved oral medications for this treatment.

At the time this policy was initially written (1/26/06), the only FDA-approved indication for Viagra® was for male impotence but a common "off-label"/non-FDA approved use for Viagra® (sildenafil citrate) was for severe Pulmonary Arterial Hypertension (PAH). TennCare approved Viagra® for patients with PAH on a case-by-case basis with prior authorization.

Currently, Revatio®, a drug which contains the same active ingredient as Viagra but in a different strength than used for treatment of ED, is the drug of choice for treatment of severe PAH. TennCare's policy is that any TennCare enrollee previously prescribed and currently taking Viagra® for this diagnosis may continue to obtain that drug, however new prescriptions for Viagra® as a treatment for severe PAH or any other condition will be denied. Instead, the use of Revatio® as an alternative to Viagra® for patients with PAH will be discussed with the prescribing physician.

PROCEDURE:

- If a patient gets a prescription for Viagra® for PAH, it would deny at point of sale (unless the enrollee is one of those patients who have been on Viagra for PAH since prior to Revatio® becoming available). If a physician prescribes Viagra® for PAH, a Pharmacist at the PBM Call Center will inform the physician that Viagra® is not on the formulary and discuss whether Revatio® would be an appropriate alternative for the patient.
- For patients who historically have been approved for Viagra® for PAH, as long as they have consistently been taking it, they can continue to be approved for Viagra® for PAH. New patients will not have a previous fill for Viagra® and the prescription will deny.

In all other circumstances, TennCare does not cover Viagra®, Cialis® or Levitra® for any reason.

**OFFICES OF PRIMARY RESPONSIBILITY:**

Office of the Medical Director  
Chief Pharmacy Officer

**REFERENCES:**

State Medicaid Directors' Letter: [SMDL dated 05-23-05](#)  
[Sec 1927 \[42USC 1396 r-8 \(d\) \(1\)\]](#)  
[1200-13-13-.04 and 1200-13-13-.10](#)  
[1200-13-14-.04 and 1200-13-14-.10](#)

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