



MEDICAL POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Penile Implants in Treatment of Erectile Dysfunction	MM-0033	09/01/2020
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

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A. Subject
Erectile Dysfunction

B. Background

Erectile Dysfunction (ED) is the “consistent or recurrent inability to acquire or sustain an erection. ED is the most common sexual problem effecting males. Surveys suggest 5-10 percent of men between the age of 20 and 30 and are effected; the number increases to 35-40 percent of men in the 70s. The NIH estimates that up to 30 million suffer from erectile dysfunction.

Identification of the underlying etiology is an important first step. This includes ruling out the adverse effects of medication(s), identifying and treating risk factors. Three lines of therapeutic options are listed below.

C. Definitions

- **Erectile Dysfunction** – “ED” is the consistent or recurrent inability to acquire or sustain an erection.
- **Vascular Impotence**- Blood flow to the penis is causing the impotence.
- **Neurogenic Impotence**-Nervous system issues is affecting the ability to maintain or have an erection.

D. Policy

I. First line treatment of ED is considered Medication

- A. Oral phosphodiesterase type 5 inhibitors
- B. Intra-urethral alprostadil
- C. Intracavernous vasoactive drug injections

NOTE: Medications including oral, injectable, and transdermal for the treatment of erectile dysfunction are not a covered benefit though Ohio Medicaid.

II. Second line treatment of ED is external penile pumps or Vacuum Construction Devices and used after first line therapy has failed.

NOTE: External penile pumps and Vacuum Construction Devices are not a covered benefit through Ohio Medicaid

III. Prior authorization is required for Internal Penile Prosthetic Implants and are covered in extraordinary circumstances, they are considered medically necessary when the following are met:

- A. First and second line therapy has been documented ineffective or there is a compelling well documented reason to proceed with surgery without a failed trial of first and second line therapies.
- B. Absence of active alcohol or substance abuse as documented in the medical record
- C. Absence of drug induced impotence related to ALL of the following
 1. Anabolic steroid use
 2. Anticholinergics
 3. Antidepressants
 4. Antipsychotics or central nervous system depressants



- D. Neurogenic impotence due to one of the following
 - 1. Diabetes
 - 2. Fractured Pelvis
 - 3. Major surgery of the pelvis, retroperitoneum, radical prostatectomy, or colorectal surgery
 - 4. Multiple sclerosis
 - 5. Spina bifida
 - 6. Spinal cord injury/disease
 - 7. Syringomyelia

OR:

- E. Vascular Impotence due to one of the following
 - 1. Hypertension
 - 2. Intrapenile arterial disease
 - 3. Penile Fracture
 - 4. Peyronies Disease
 - 5. Smoking
 - 6. Status post cavernosal infection
 - 7. Impotence due to radiation therapy to the pelvis or retroperitoneum

- IV. Internal Penile Prosthetic Implant Removal is considered medically necessary and no pre authorization is required when the following is met
 - A. Infection
 - B. Mechanical failure
 - C. Urinary Obstruction
 - D. Intractable Pain

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

DATE		ACTION
Date Issued	07/26/2016	
Date Revised	05/13/2020	Updated References, Updated Background information, condensed medical criteria.
Date Effective	09/01/2020	
Date Archived	09/01/2021	

H. References

- 1. Lawriter-OAC-5160-9-03 Erectile Dysfunction Medications (2016, January). Retrieved 03/21/2020 from <http://codes.gov/oac>
- 2. Erectile dysfunction (ED) guideline - American Urological Association. (2018). Retrieved 04/28/2020 from [https://www.auanet.org/guidelines/erectile-dysfunction-\(ed\)-guideline](https://www.auanet.org/guidelines/erectile-dysfunction-(ed)-guideline)



3. Lazarou, S. Surgical Treatment of Erectile Dysfunction (2015) Retrieved 04/28/2020 UpToDate.
4. Cunningham, G. Treatment of Male Sexual Dysfunction (2015) Retrieved 04/28/2020. UpToDate.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 05/2020

Archived