



# MEDICAL POLICY STATEMENT

## Ohio Medicaid

| Policy Name & Number  | Date Effective |
|---|----------------|
| Penile Implants in the Treatment of Erectile Dysfunction-OH MCD-MM-0033 | 09/01/2024     |
| Policy Type   |                |
| MEDICAL   |                |

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## A. Subject

### **Penile Implants in the Treatment of Erectile Dysfunction**

## B. Background

Erectile dysfunction (ED) is the consistent or recurrent inability to acquire or sustain an erection, and the most common sexual problem affecting males. Surveys suggest 5-10% of men between the ages of 20 to 30 are affected, and that number increases to 35-40% of men aged 70 or older. The National Institutes of Health (NIH) estimates that up to 30 million men experience erectile dysfunction.

Various treatment modalities exist for ED. One treatment option is a surgical penile implant (also called a penile prosthesis). A penile implant is indicated when there is a clear medical cause for ED and when the problem is unlikely to resolve or improve naturally or with other medical treatments. A basic penile prosthesis consists of a pair of bendable, silicone rods that are surgically implanted within the erection chambers of the penis. 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.

## C. Definitions

- **Erectile Dysfunction** – The consistent or recurrent inability to acquire or sustain an erection.
- **Neurogenic Impotence** – Nervous system issues affecting the ability to maintain or have an erection.
- **Vascular Impotence** – Restricted or decreased blood flow to the penis causing impotence.

## D. Policy

- I. Medication is the first line of treatment for ED, including
  - A. oral phosphodiesterase type 5 inhibitors
  - B. intra-urethral alprostadil
  - C. intracavernous vasoactive drug injections

Ohio Medicaid does not cover medications including oral, injectable, and transdermal varieties for the treatment of erectile dysfunction.

- II. External penile pumps or vacuum constriction devices (VCD) are the second line of treatment after first line therapy has failed.
- III. Ohio Medicaid does not cover external penile pumps and vacuum constriction devices.

- IV. Internal penile prosthetic implants are covered in extraordinary circumstances. They are considered medically necessary when all of the following conditions 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 use disorder 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
- V. Internal penile prosthetic implant removal is considered medically necessary when **ANY** of the following are met:
- A. infection
  - B. mechanical failure
  - C. urinary obstruction
  - D. intractable pain

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A

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

### G. Review/Revision History

| DATE                  |            | ACTION  |
|-----------------------|------------|---|
| <b>Date Issued</b>    | 07/26/2016 |   |
| <b>Date Revised</b>   | 05/13/2020 | Updated References, Updated Background information, condensed medical criteria. |
|                       | 05/11/2022 | Added penile implant information to Background; updated references.             |
|                       | 05/10/2023 | No changes. Updated references. Approved at Committee.                          |
|                       | 05/08/2024 | No changes. Updated references. Approved at Committee.                          |
| <b>Date Effective</b> | 09/01/2024 |   |
| <b>Date Archived</b>  |            |   |

### H. References

1. Burnett AL, Nehra A, Breau RH, et al. Erectile dysfunction: AUA guideline. *J Urology*. 2018;200:633-641. doi:10.1016/j.juro.2018.05.004
2. Khera M. Treatment of male sexual dysfunction. UpToDate. Updated October 24, 2023. Accessed April 1, 2024. [www.uptodate.com](http://www.uptodate.com)
3. Lazarou S. Surgical treatment of erectile dysfunction. UpToDate. Updated November 14, 2023. Accessed April 1, 2024. [www.uptodate.com](http://www.uptodate.com)
4. Pharmacy Services: Covered Drugs and Associated Limitations, OHIO ADMIN. CODE 5160-9-03(B)(3) (2024).
5. Urologic Surgery or Procedure GRG: SG-US. MCG Health. 28th ed. Updated February 1, 2024. Accessed April 1, 2024. [www.careweb.careguidelines.com](http://www.careweb.careguidelines.com)

*Independent medical review – 05/2020*

Approved by ODM on 05/23/2024.

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