

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use CIALIS safely and effectively. See full prescribing information for CIALIS.

CIALIS (tadalafil) tablets, for oral use

Initial U.S. Approval: 2003

RECENT MAJOR CHANGES

Indications and Usage:

Benign Prostatic Hyperplasia (1.2)	10/2011
Erectile Dysfunction and Benign Prostatic Hyperplasia (1.3)	10/2011

Dosage and Administration:

Dosage and Administration (2)	10/2011
CIALIS for Once Daily Use for Benign Prostatic Hyperplasia (2.3)	10/2011
CIALIS for Once Daily Use for Erectile Dysfunction and Benign Prostatic Hyperplasia (2.4)	10/2011

Use in Specific Populations (2.6)	10/2011
Concomitant Medications (2.7)	10/2011

Warnings and Precautions:

Warnings and Precautions (5)	10/2011
Alpha-blockers and Antihypertensives (5.6)	10/2011
Renal Impairment (5.7)	10/2011
Consideration of Other Urological Conditions Prior to Initiating Treatment for BPH (5.14)	10/2011

INDICATIONS AND USAGE

CIALIS® is a phosphodiesterase 5 (PDE5) inhibitor indicated for the treatment of:

- erectile dysfunction (ED) (1.1)
- the signs and symptoms of benign prostatic hyperplasia (BPH) (1.2)
- ED and the signs and symptoms of BPH (ED/BPH) (1.3)

DOSAGE AND ADMINISTRATION

- CIALIS for use as needed:**
 - ED: Starting dose: 10 mg as needed prior to sexual activity. Increase to 20 mg or decrease to 5 mg based upon efficacy/tolerability. Improves erectile function compared to placebo up to 36 hours post dose. Not to be taken more than once per day (2.1).
- CIALIS for once daily use:**
 - ED: 2.5 mg taken once daily, without regard to timing of sexual activity. May increase to 5 mg based upon efficacy and tolerability (2.2).
 - BPH: 5 mg, taken at approximately the same time every day (2.3)
 - ED and BPH: 5 mg, taken at approximately the same time every day (2.3, 2.4)
- CIALIS may be taken without regard to food (2.5).

DOSAGE FORMS AND STRENGTHS

Tablets: 2.5 mg, 5 mg, 10 mg, 20 mg (3).

CONTRAINDICATIONS

- Administration of CIALIS to patients using any form of organic nitrate is contraindicated. CIALIS was shown to potentiate the hypotensive effect of nitrates (4.1).

- History of known serious hypersensitivity reaction to CIALIS or ADCIRCA® (4.2).

WARNINGS AND PRECAUTIONS

- Patients should not use CIALIS if sex is inadvisable due to cardiovascular status (5.1).
- Use of CIALIS with alpha blockers, antihypertensives or substantial amounts of alcohol (≥5 units) may lead to hypotension (5.6, 5.9).
- CIALIS is not recommended in combination with alpha blockers for the treatment of BPH because efficacy of the combination has not been adequately studied and because of the risk of blood pressure lowering. Caution is advised when CIALIS is used as a treatment for ED in men taking alpha blockers. (2.7, 5.6, 7.1, 12.2)
- If taking potent inhibitors of CYP3A4, dose should be adjusted: CIALIS for use as needed: ≤10 mg every 72 hours. For once daily use: dose not to exceed 2.5 mg (5.10).
- Patients should seek emergency treatment if an erection lasts >4 hours. Use CIALIS with caution in patients predisposed to priapism (5.3).
- Patients should stop CIALIS and seek medical care if a sudden loss of vision occurs in one or both eyes, which could be a sign of Non Arteritic Ischemic Optic Neuropathy (NAION). Discuss increased risk of NAION in patients with history of NAION (5.4).
- Patients should stop CIALIS and seek prompt medical attention in the event of sudden decrease or loss of hearing (5.5).
- Prior to initiating treatment with CIALIS for BPH, consideration should be given to other urological conditions that may cause similar symptoms (5.14).

ADVERSE REACTIONS

Most common adverse reactions (≥2%) include headache, dyspepsia, back pain, myalgia, nasal congestion, flushing, and pain in limb (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Eli Lilly and Company at 1-800-LillyRx (1-800-545-5979) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

DRUG INTERACTIONS

- CIALIS can potentiate the hypotensive effects of nitrates, alpha blockers, antihypertensives or alcohol (7.1).
- CYP3A4 inhibitors (e.g. ketoconazole, ritonavir) increase CIALIS exposure. For concomitant use with potent CYP3A4 inhibitors, dose adjustment may be needed (2.7, 5.10, 7.2).
- CYP3A4 inducers (e.g. rifampin) decrease CIALIS exposure (7.2).

USE IN SPECIFIC POPULATIONS

Hepatic Impairment (2.6, 5.8, 8.6):

- Mild or Moderate: Dosage adjustment may be needed.
- Severe: Use is not recommended.

Renal Impairment (2.6, 5.7, 8.7):

- Patients with creatinine clearance 30 to 50 mL/min: Dosage adjustment may be needed.
- Patients with creatinine clearance less than 30 mL/min or on hemodialysis: For use as needed: Dose should not exceed 5 mg every 72 hours. Once daily use is not recommended.

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 10/2011

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

- Erectile Dysfunction
- Benign Prostatic Hyperplasia
- Erectile Dysfunction and Benign Prostatic Hyperplasia

2 DOSAGE AND ADMINISTRATION

- CIALIS for Use as Needed for Erectile Dysfunction
- CIALIS for Once Daily Use for Erectile Dysfunction
- CIALIS for Once Daily Use for Benign Prostatic Hyperplasia
- CIALIS for Once Daily Use for Erectile Dysfunction and Benign Prostatic Hyperplasia
- Use with Food

- Use in Specific Populations
- Concomitant Medications

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

- Nitrates
- Hypersensitivity Reactions

5 WARNINGS AND PRECAUTIONS

- Cardiovascular
- Potential for Drug Interactions When Taking CIALIS for Once Daily Use
- Prolonged Erection

- 5.4 Eye
- 5.5 Sudden Hearing Loss
- 5.6 Alpha-blockers and Antihypertensives
- 5.7 Renal Impairment
- 5.8 Hepatic Impairment
- 5.9 Alcohol
- 5.10 Concomitant Use of Potent Inhibitors of Cytochrome P450 3A4 (CYP3A4)
- 5.11 Combination With Other PDE5 Inhibitors or Erectile Dysfunction Therapies
- 5.12 Effects on Bleeding
- 5.13 Counseling Patients About Sexually Transmitted Diseases
- 5.14 Consideration of Other Urological Conditions Prior to Initiating Treatment for BPH
- 6 ADVERSE REACTIONS**
 - 6.1 Clinical Trials Experience
 - 6.2 Postmarketing Experience
- 7 DRUG INTERACTIONS**
 - 7.1 Potential for Pharmacodynamic Interactions with CIALIS
 - 7.2 Potential for Other Drugs to Affect CIALIS
 - 7.3 Potential for CIALIS to Affect Other Drugs
- 8 USE IN SPECIFIC POPULATIONS**
 - 8.1 Pregnancy
 - 8.3 Nursing Mothers
 - 8.4 Pediatric Use
 - 8.5 Geriatric Use
 - 8.6 Hepatic Impairment
 - 8.7 Renal Impairment
- 10 OVERDOSAGE**
- 11 DESCRIPTION**
- 12 CLINICAL PHARMACOLOGY**

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics
- 13 NONCLINICAL TOXICOLOGY**
 - 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
 - 13.2 Animal Toxicology and/or Pharmacology
- 14 CLINICAL STUDIES**
 - 14.1 CIALIS for Use as Needed for ED
 - 14.2 CIALIS for Once Daily Use for ED
 - 14.3 CIALIS 5 mg for Once Daily Use for Benign Prostatic Hyperplasia (BPH)
 - 14.4 CIALIS 5 mg for Once Daily Use for ED and BPH
- 16 HOW SUPPLIED/STORAGE AND HANDLING**
 - 16.1 How Supplied
 - 16.2 Storage
- 17 PATIENT COUNSELING INFORMATION**
 - 17.1 Nitrates
 - 17.2 Cardiovascular Considerations
 - 17.3 Concomitant Use with Drugs Which Lower Blood Pressure
 - 17.4 Potential for Drug Interactions When Taking CIALIS for Once Daily Use
 - 17.5 Priapism
 - 17.6 Vision
 - 17.7 Sudden Hearing Loss
 - 17.8 Alcohol
 - 17.9 Sexually Transmitted Disease
 - 17.10 Recommended Administration

*Sections or subsections omitted from the full prescribing information are not listed

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Erectile Dysfunction

CIALIS[®] is indicated for the treatment of erectile dysfunction (ED).

1.2 Benign Prostatic Hyperplasia

CIALIS is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).

1.3 Erectile Dysfunction and Benign Prostatic Hyperplasia

CIALIS is indicated for the treatment of ED and the signs and symptoms of BPH (ED/BPH).

2 DOSAGE AND ADMINISTRATION

Do not split CIALIS tablets; entire dose should be taken.

2.1 CIALIS for Use as Needed for Erectile Dysfunction

- The recommended starting dose of CIALIS for use as needed in most patients is 10 mg, taken prior to anticipated sexual activity.
- The dose may be increased to 20 mg or decreased to 5 mg, based on individual efficacy and tolerability. The maximum recommended dosing frequency is once per day in most patients.
- CIALIS for use as needed was shown to improve erectile function compared to placebo up to 36 hours following dosing. Therefore, when advising patients on optimal use of CIALIS, this should be taken into consideration.

2.2 CIALIS for Once Daily Use for Erectile Dysfunction

- The recommended starting dose of CIALIS for once daily use is 2.5 mg, taken at approximately the same time every day, without regard to timing of sexual activity.
- The CIALIS dose for once daily use may be increased to 5 mg, based on individual efficacy and tolerability.

2.3 CIALIS for Once Daily Use for Benign Prostatic Hyperplasia

The recommended dose of CIALIS for once daily use is 5 mg, taken at approximately the same time every day.

2.4 CIALIS for Once Daily Use for Erectile Dysfunction and Benign Prostatic Hyperplasia

The recommended dose of CIALIS for once daily use is 5 mg, taken at approximately the same time every day, without regard to timing of sexual activity.

2.5 Use with Food

CIALIS may be taken without regard to food.

2.6 Use in Specific Populations

Renal Impairment

CIALIS for Use as Needed

- Creatinine clearance 30 to 50 mL/min: A starting dose of 5 mg not more than once per day is recommended, and the maximum dose is 10 mg not more than once in every 48 hours.
- Creatinine clearance less than 30 mL/min or on hemodialysis: The maximum dose is 5 mg not more than once in every 72 hours [see *Warnings and Precautions (5.7) and Use in Specific Populations (8.7)*].

CIALIS for Once Daily Use

Erectile Dysfunction

- Creatinine clearance less than 30 mL/min or on hemodialysis: CIALIS for once daily use is not recommended [see *Warnings and Precautions (5.7) and Use in Specific Populations (8.7)*].

Benign Prostatic Hyperplasia and Erectile Dysfunction/Benign Prostatic Hyperplasia

- Creatinine clearance 30 to 50 mL/min: A starting dose of 2.5 mg is recommended. An increase to 5 mg may be considered based on individual response.
- Creatinine clearance less than 30 mL/min or on hemodialysis: CIALIS for once daily use is not recommended [see *Warnings and Precautions (5.7) and Use in Specific Populations (8.7)*].

Hepatic Impairment

CIALIS for Use as Needed

- Mild or moderate (Child Pugh Class A or B): The dose should not exceed 10 mg once per day. The use of CIALIS once per day has not been extensively evaluated in patients with hepatic impairment and therefore, caution is advised.
- Severe (Child Pugh Class C): The use of CIALIS is not recommended [see *Warnings and Precautions (5.8) and Use in Specific Populations (8.6)*].

CIALIS for Once Daily Use

- Mild or moderate (Child Pugh Class A or B): CIALIS for once daily use has not been extensively evaluated in patients with hepatic impairment. Therefore, caution is advised if CIALIS for once daily use is prescribed to these patients.
- Severe (Child Pugh Class C): The use of CIALIS is not recommended [see *Warnings and Precautions (5.8) and Use in Specific Populations (8.6)*].

2.7 Concomitant Medications

Nitrates

Concomitant use of nitrates in any form is contraindicated [see *Contraindications (4.1)*].

Alpha Blockers

ED — When CIALIS is coadministered with an alpha blocker in patients being treated for ED, patients should be stable on alpha-blocker therapy prior to initiating treatment, and CIALIS should be initiated at the lowest recommended dose [see *Warnings and Precautions (5.6), Drug Interactions (7.1), and Clinical Pharmacology (12.2)*].

BPH — CIALIS is not recommended for use in combination with alpha blockers for the treatment of BPH [see *Warnings and Precautions (5.6), Drug Interactions (7.1), and Clinical Pharmacology (12.2)*].

CYP3A4 Inhibitors

CIALIS for Use as Needed — For patients taking concomitant potent inhibitors of CYP3A4, such as ketoconazole or ritonavir, the maximum recommended dose of CIALIS is 10 mg, not to exceed once every 72 hours [see *Warnings and Precautions (5.10) and Drug Interactions (7.2)*].

CIALIS for Once Daily Use — For patients taking concomitant potent inhibitors of CYP3A4, such as ketoconazole or ritonavir, the maximum recommended dose is 2.5 mg [see *Warnings and Precautions (5.10) and Drug Interactions (7.2)*].

3 DOSAGE FORMS AND STRENGTHS

Four strengths of almond-shaped tablets are available in different sizes and different shades of yellow:

2.5 mg tablets debossed with “C 2 1/2”

5 mg tablets debossed with “C 5”

10 mg tablets debossed with “C 10”

20 mg tablets debossed with “C 20”

4 CONTRAINDICATIONS

4.1 Nitrates

Administration of CIALIS to patients who are using any form of organic nitrate, either regularly and/or intermittently, is contraindicated. In clinical pharmacology studies, CIALIS was shown to potentiate the hypotensive effect of nitrates [see *Clinical Pharmacology (12.2)*].

4.2 Hypersensitivity Reactions

CIALIS is contraindicated in patients with a known serious hypersensitivity to tadalafil (CIALIS or ADCIRCA®).

Hypersensitivity reactions have been reported, including Stevens-Johnson syndrome and exfoliative dermatitis [see *Adverse Reactions (6.2)*].

5 WARNINGS AND PRECAUTIONS

Evaluation of erectile dysfunction and BPH should include an appropriate medical assessment to identify potential underlying causes, as well as treatment options.

Before prescribing CIALIS, it is important to note the following:

5.1 Cardiovascular

Physicians should consider the cardiovascular status of their patients, since there is a degree of cardiac risk associated with sexual activity. Therefore, treatments for erectile dysfunction, including CIALIS, should not be used in men for whom sexual activity is inadvisable as a result of their underlying cardiovascular status. Patients who experience symptoms upon initiation of sexual activity should be advised to refrain from further sexual activity and seek immediate medical attention.

Physicians should discuss with patients the appropriate action in the event that they experience anginal chest pain requiring nitroglycerin following intake of CIALIS. In such a patient, who has taken CIALIS, where nitrate administration is deemed medically necessary for a life-threatening situation, at least 48 hours should have elapsed after the last dose of CIALIS before nitrate administration is considered. In such circumstances, nitrates should still only be administered under close medical supervision with appropriate hemodynamic monitoring. Therefore, patients who experience anginal chest pain after taking CIALIS should seek immediate medical attention. [See *Contraindications (4.1) and Patient Counseling Information (17.1)*].

Patients with left ventricular outflow obstruction, (e.g., aortic stenosis and idiopathic hypertrophic subaortic stenosis) can be sensitive to the action of vasodilators, including PDE5 inhibitors.

The following groups of patients with cardiovascular disease were not included in clinical safety and efficacy trials for CIALIS, and therefore until further information is available, CIALIS is not recommended for the following groups of patients:

- myocardial infarction within the last 90 days
- unstable angina or angina occurring during sexual intercourse
- New York Heart Association Class 2 or greater heart failure in the last 6 months
- uncontrolled arrhythmias, hypotension (<90/50 mm Hg), or uncontrolled hypertension
- stroke within the last 6 months.

As with other PDE5 inhibitors, tadalafil has mild systemic vasodilatory properties that may result in transient decreases in blood pressure. In a clinical pharmacology study, tadalafil 20 mg resulted in a mean maximal decrease in supine blood pressure, relative to placebo, of 1.6/0.8 mm Hg in healthy subjects [see *Clinical Pharmacology (12.2)*]. While this effect should not be of consequence in most patients, prior to prescribing CIALIS, physicians should carefully consider whether their patients with underlying cardiovascular disease could be affected adversely by such vasodilatory effects. Patients with severely impaired autonomic control of blood pressure may be particularly sensitive to the actions of vasodilators, including PDE5 inhibitors.

5.2 Potential for Drug Interactions When Taking CIALIS for Once Daily Use

Physicians should be aware that CIALIS for once daily use provides continuous plasma tadalafil levels and should consider this when evaluating the potential for interactions with medications (e.g., nitrates, alpha-blockers, anti-hypertensives and potent inhibitors of CYP3A4) and with substantial consumption of alcohol [see *Drug Interactions (7.1, 7.2, 7.3)*].

5.3 Prolonged Erection

There have been rare reports of prolonged erections greater than 4 hours and priapism (painful erections greater than 6 hours in duration) for this class of compounds. Priapism, if not treated promptly, can result in irreversible damage to the erectile tissue. Patients who have an erection lasting greater than 4 hours, whether painful or not, should seek emergency medical attention.

CIALIS should be used with caution in patients who have conditions that might predispose them to priapism (such as sickle cell anemia, multiple myeloma, or leukemia), or in patients with anatomical deformation of the penis (such as angulation, cavernosal fibrosis, or Peyronie's disease).

5.4 Eye

Physicians should advise patients to stop use of all PDE5 inhibitors, including CIALIS, and seek medical attention in the event of a sudden loss of vision in one or both eyes. Such an event may be a sign of non-arteritic anterior ischemic optic neuropathy (NAION), a cause of decreased vision, including permanent loss of vision that has been reported rarely postmarketing in temporal association with the use of all PDE5 inhibitors. It is not possible to determine whether these events are related directly to the use of PDE5 inhibitors or other factors. Physicians should also discuss with patients the increased risk of NAION in individuals who have already experienced NAION in one eye, including whether such individuals could be adversely affected by use of vasodilators such as PDE5 inhibitors [see *Adverse Reactions (6.2)*].

Patients with known hereditary degenerative retinal disorders, including retinitis pigmentosa, were not included in the clinical trials, and use in these patients is not recommended.

5.5 Sudden Hearing Loss

Physicians should advise patients to stop taking PDE5 inhibitors, including CIALIS, and seek prompt medical attention in the event of sudden decrease or loss of hearing. These events, which may be accompanied by tinnitus and dizziness, have been reported in temporal association to the intake of PDE5 inhibitors, including CIALIS. It is not possible to determine whether these events are related directly to the use of PDE5 inhibitors or to other factors [see *Adverse Reactions (6.1, 6.2)*].

5.6 Alpha-blockers and Antihypertensives

Physicians should discuss with patients the potential for CIALIS to augment the blood-pressure-lowering effect of alpha blockers and antihypertensive medications [see *Drug Interactions (7.1) and Clinical Pharmacology (12.2)*].

Caution is advised when PDE5 inhibitors are coadministered with alpha blockers. PDE5 inhibitors, including CIALIS, and alpha-adrenergic blocking agents are both vasodilators with blood-pressure-lowering effects. When vasodilators are used in combination, an additive effect on blood pressure may be anticipated. In some patients, concomitant use of these two drug classes can lower blood pressure significantly [see *Drug Interactions (7.1) and Clinical Pharmacology (12.2)*], which may lead to symptomatic hypotension (e.g., fainting). Consideration should be given to the following:

ED

- Patients should be stable on alpha-blocker therapy prior to initiating a PDE5 inhibitor. Patients who demonstrate hemodynamic instability on alpha-blocker therapy alone are at increased risk of symptomatic hypotension with concomitant use of PDE5 inhibitors.
- In those patients who are stable on alpha-blocker therapy, PDE5 inhibitors should be initiated at the lowest recommended dose.
- In those patients already taking an optimized dose of PDE5 inhibitor, alpha-blocker therapy should be initiated at the lowest dose. Stepwise increase in alpha-blocker dose may be associated with further lowering of blood pressure when taking a PDE5 inhibitor.
- Safety of combined use of PDE5 inhibitors and alpha-blockers may be affected by other variables, including intravascular volume depletion and other antihypertensive drugs.

[See *Dosage and Administration (2.7) and Drug Interactions (7.1)*].

BPH

- The efficacy of the co-administration of an alpha-blocker and CIALIS for the treatment of BPH has not been adequately studied, and due to the potential vasodilatory effects of combined use resulting in blood pressure lowering, the combination of CIALIS and alpha-blockers is not recommended for the treatment of BPH. [See *Dosage and Administration (2.7), Drug Interactions (7.1), and Clinical Pharmacology (12.2)*].
- Patients on alpha-blocker therapy for BPH should discontinue their alpha-blocker at least one day prior to starting CIALIS for once daily use for the treatment of BPH.

5.7 Renal Impairment

CIALIS for Use as Needed

CIALIS should be limited to 5 mg not more than once in every 72 hours in patients with creatinine clearance less than 30 mL/min or end-stage renal disease on hemodialysis. The starting dose of CIALIS in patients with creatinine clearance 30 – 50 mL/min should be 5 mg not more than once per day, and the maximum dose should be limited to 10 mg not more than once in every 48 hours. [See *Use in Specific Populations (8.7)*].

CIALIS for Once Daily Use

ED

Due to increased tadalafil exposure (AUC), limited clinical experience, and the lack of ability to influence clearance by dialysis, CIALIS for once daily use is not recommended in patients with creatinine clearance less than 30 mL/min [see *Use in Specific Populations (8.7)*].

BPH and ED/BPH

Due to increased tadalafil exposure (AUC), limited clinical experience, and the lack of ability to influence clearance by dialysis, CIALIS for once daily use is not recommended in patients with creatinine clearance less than 30 mL/min. In patients with creatinine clearance 30 – 50 mL/min, start dosing at 2.5 mg once daily, and increase the dose to 5 mg once daily based upon individual response [see *Dosage and Administration (2.6), Use in Specific Populations (8.7), and Clinical Pharmacology (12.3)*].

5.8 Hepatic Impairment

CIALIS for Use as Needed

In patients with mild or moderate hepatic impairment, the dose of CIALIS should not exceed 10 mg. Because of insufficient information in patients with severe hepatic impairment, use of CIALIS in this group is not recommended [see *Use in Specific Populations (8.6)*].

CIALIS for Once Daily Use

CIALIS for once daily use has not been extensively evaluated in patients with mild or moderate hepatic impairment. Therefore, caution is advised if CIALIS for once daily use is prescribed to these patients. Because of insufficient information in patients with severe hepatic impairment, use of CIALIS in this group is not recommended [see *Use in Specific Populations (8.6)*].

5.9 Alcohol

Patients should be made aware that both alcohol and CIALIS, a PDE5 inhibitor, act as mild vasodilators. When mild vasodilators are taken in combination, blood-pressure-lowering effects of each individual compound may be increased. Therefore, physicians should inform patients that substantial consumption of alcohol (e.g., 5 units or greater) in combination with CIALIS can increase the potential for orthostatic signs and symptoms, including increase in heart rate, decrease in standing blood pressure, dizziness, and headache [see *Clinical Pharmacology (12.2)*].

Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.