



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FINASTERIDE-TADALAFIL

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|-----------------------|---------|-------|-----|------------------------|-----------------|
| FINASTERIDE/TADALAFIL | ENTADFI | 47719 | | GPI-10 (5685990230) | |

GUIDELINES FOR USE

1. Has the patient received a 26-week course of Entadfi?

If yes, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

If no, continue to #2.

2. Is the request for a male patient with a diagnosis of benign prostatic hyperplasia (BPH) who meets **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to TWO alpha blockers (e.g., terazosin, doxazosin, tamsulosin)
- The patient had a trial of or contraindication to ONE 5-alpha-reductase inhibitor (e.g., finasteride, dutasteride)
- The patient had a trial of or contraindication to tadalafil 2.5 mg or tadalafil 5 mg

If yes, **approve for 26 weeks by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **FINASTERIDE-TADALAFIL (Entadfi)** requires the following rule(s) be met for approval:

- A. You are male and have benign prostatic hyperplasia (BPH: a type of prostate condition)
- B. You are 18 years of age or older
- C. You had a trial of or contraindication (harmful for) to TWO alpha blockers (such as terazosin, doxazosin, tamsulosin)
- D. You had a trial of or contraindication (harmful for) to ONE 5-alpha-reductase inhibitor (such as finasteride, dutasteride)
- E. You had a trial of or contraindication (harmful for) to tadalafil 2.5 mg or tadalafil 5 mg

Requests will not be approved if you have received a 26-week course of Entadfi.

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Entadfi.

REFERENCES

- Entadfi [Prescribing Information]. Miami, FL: Veru, Inc.; December 2021.

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|---------|------------|-----|
| Library | Commercial | NSA |
| Yes | Yes | No |

Part D Effective: N/A

Commercial Effective: 08/29/22

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P&T Approval: 04/22