

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Avanafil (Stendra®)

Non-formulary **avanafil (Stendra®)** will be covered on the prescription drug benefit when the following criteria are met:

- **Member has documented therapeutic failure, after an adequate trial, or other adverse effects with generic sildenafil tablets that are not resolved by adjusting the dose.**
 - *Trial* of sildenafil is defined as use of sildenafil 100 mg, unless an interacting drug prohibits titration to 100 mg.
 - *Intolerance* excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

–AND–

- **Member has documented therapeutic failure, after an adequate trial, or other adverse effects with generic tadalafil that are not resolved by adjusting the dose.**
 - *Trial* of tadalafil is defined as use of generic tadalafil 20 mg unless renal dysfunction, hepatic insufficiency, or drug interactions prohibit titration to 20 mg*
 - *Intolerance* excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

–OR–

- Dose change only. Patient previously met criteria and is already taking the drug.

Note: Patients with no coverage for medications used to treat sexual dysfunction or those who choose to pay full price will be excluded from the review process

*Tadalafil Maximum Dose/Frequency

	PRN	Daily
Moderate renal dysfunction (CrCl, 31 - 50 mL/min)	10 mg no more than frequently than every 48 hours	5 mg
Severe renal dysfunction (CrCl, less than 30 mL/min)	5 mg no more frequently than every 72 hours	Not recommended
Mild to Moderate hepatic dysfunction (Child-Pugh class A or B)	10 mg no more than frequently than every 24 hours	Use caution
Severe hepatic dysfunction (Child-Pugh class C)	Not recommended	Not recommended