



Commercial/Healthcare Exchange PA Criteria
Effective: November 10, 2022

Prior Authorization: Entadfi

Products Affected: Entadfi (finasteride/tadalafil) oral capsules

Medication Description: ENTADFI is indicated to initiate treatment of the signs and symptoms of benign prostatic hyperplasia (BPH) in men with an enlarged prostate for up to 26 weeks.

Covered Uses:

1. Benign prostatic hyperplasia (BPH)

Exclusion Criteria:

1. Concomitant use with any form of organic nitrate, either regularly or intermittently
2. Pregnancy
3. Concomitant use with guanylate cyclase stimulator

Required Medical Information:

1. Diagnosis

Prescriber Restriction: None

Age Restriction: 18 years and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Benign Prostatic Hyperplasia
 - A. Approve if, according to the prescriber, the patient has a clinical reason they cannot take finasteride 5 mg and tadalafil 5 mg as separate agents.

References:

1. Product Information: ENTADFI™ oral capsules, finasteride tadalafil oral capsules. Veru Inc (per FDA), Miami, FL, 2021.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/10/2022

November 2022



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