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PRIOR AUTHORIZATION POLICY

POLICY: Erectile Dysfunction – Vardenafil Prior Authorization Policy

- Levitra[®] (vardenafil tablets GlaxoSmithKline, generic)
- Staxyn[™] (vardenafil orally disintegrating tablet GlaxoSmithKline, generic)

REVIEW DATE: 10/12/2022

OVERVIEW

Vardenafil (Levitra, generic) and vardenafil orally disintegrating tablets (Staxyn, generic) are indicated for the treatment of **erectile dysfunction**.^{1,2}

Vardenafil has been studied for other indications:

- **Benign Prostatic Hyperplasia.** Vardenafil has been studied in benign prostatic hyperplasia.^{5,6} The European Association of Urology guidelines (2021) note that phosphodiesterase type 5 inhibitors can be used in men with moderate-to-severe lower urinary tract symptoms with or without erectile dysfunction.⁷ The guidelines add that based on the results from a meta-analysis⁸, younger men with lower body mass index and more severe lower urinary tract symptoms benefits the most from phosphodiesterase type 5 inhibitors.
- **Prophylaxis after Radical Prostatectomy.** Vardenafil was studied in men following bilateral nerve-sparing radical prostatectomy.⁹
- **Raynaud Phenomenon.** Vardenafil has been studied in patients with Raynaud phenomenon.^{3,4} Vardenafil improved digital blood flow and decreased the number of Raynaud's attacks. Guidelines from the European League against Rheumatism (EULAR) on the treatment of systemic sclerosis (2017) recommend to consider dihydropyridine calcium channel blockers (CCBs), usually oral nifedipine, for first-line therapy of Raynaud phenomenon in patients with systemic sclerosis.¹⁰ Phosphodiesterase type 5 inhibitors should also be considered in such clinical scenarios.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of vardenafil tablets and vardenafil orally disintegrating tablets . All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with vardenafil as well as the monitoring required for adverse events and long-term efficacy, some approvals require vardenafil to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: When available, the ICD-10 codes for male erectile dysfunction (ICD-10: N52.*) will be used for automation to allow approval of the requested medication. This automation is gender-selective and is not applicable for women; approval for use in women is always determined by prior authorization criteria.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of vardenafil is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. Erectile Dysfunction. Approve for 1 year.

Other Uses with Supportive Evidence

2. Benign Prostatic Hyperplasia. Approve for 1 year if the patient meets one of the following criteria (A <u>or</u> B):

Note: For men with erectile dysfunction and benign prostatic hyperplasia, use criterion 1 above.

- A) Patient has tried an α_1 -blocker; OR
 - <u>Note</u>: Examples of α_1 -blockers include doxazosin, terazosin, tamsulosin, alfuzosin.
- B) Patient has tried a 5α-reductase inhibitor.
 <u>Note</u>: Examples of 5α-reductase inhibitor includes finasteride, dutasteride.
- **3. Prophylaxis After Radical Prostatectomy (Early Penile Rehabilitation).** Approve for 1 year in patients who meet the following criteria (A and B):
 - **A**) Patient had radical prostatectomy within the previous 12 months; AND
 - B) The medication is prescribed by or in consultation with an urologist.
- **4. Raynaud's Phenomenon**. Approve for 1 year if the patient meets one of the following criteria (A <u>or</u> B):
 - A) Patient has tried one calcium channel blocker; OR
 - Note: Examples of calcium channel blockers include amlodipine, felodipine, nifedipine.
 - **B**) According to the prescriber, use of a calcium channel blocker is contraindicated. <u>Note</u>: Examples of reasons a patient cannot take calcium channel blocker therapy include right heart failure or decreased cardiac output.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of vardenafil is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

- 1. Vardenafil hydrochloride tablet tablets [prescribing information]. Bridgewater, NJ: Alembic Pharmaceuticals; October 2021.
- 2. Vardenafil orally disintegrating tablets [prescribing information]. Bridgewater, NJ: Alembic Pharmaceuticals; October 2021.
- 3. Caglayan E, Huntgeburth M, Karasch T, et al. Phosphodiesterase type 5 inhibition is a novel therapeutic option in Raynaud disease. *Arch Intern Med.* 2006;166:231-233.
- 4. Caglayan E, Axmann S, Hellmich M, et al. Research Letter. Vardenafil for the treatment of Raynaud Phenomenon: a randomized, double-blind, placebo-controlled crossover study. *Arch Intern Med.* 2012;172:1182-1184.
- 5. Stief CG, Porst H, Neuser D, et al. A randomised, placebo-controlled study to assess the efficacy of twice-daily vardenafil in the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia. *Eur Urol.* 2008;53:1236-1244.
- 6. Gacci M, Vittori G, Tosi N, et al. A randomized, placebo-controlled study to assess safety and efficacy of vardenafil 10 mg and tamsulosin 0.4 mg vs. tamsulosin 0.4 mg alone in the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia. *J Sex Med.* 2012;9:1624-1633.
- Gravas S, Cornu JN, Gacci C, et al. Management of non-neurogenic male lower urinary tract symptoms (LUTS). © European Association of Urology 2022. Available at: <u>http://uroweb.org/guideline/treatment-of-non-neurogenic-male-luts/</u> Accessed on October 5, 2022.
- 8. Gacci M, Corona G, Salvi M, et al. A systematic review and meta-analysis on the use of phosphodiesterase 5 inhibitors alone or in combination with α-blockers for lower urinary tract symptoms due to benign prostatic hyperplasia. *Eur. Urol.* 2012;61:994-1003.
- 9. Montorsi F, Brock G, Lee J, et al. Effect of nightly versus on-demand vardenafil on recovery of erectile function in men following bilateral nerve-sparing radical prostatectomy. *Eur Urol.* 2008;54:924-931.
- 10. Kowal-Bielecka O, Fransen J, Avouac J, et al, with the EUSTAR coauthors. Update of EULAR recommendations for the treatment of systemic sclerosis. Ann Rheum Dis. 2017;76(8):1327-1339.





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