VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Erectile Dysfunction – Stendra Prior Authorization Policy
- Stendra™ (avanafil tablets – Mist Pharmaceuticals)

REVIEW DATE: 10/13/2021

OVERVIEW
Stendra is a phosphodiesterase type 5 (PDE5) inhibitor indicated for the treatment of **erectile dysfunction**.[1]

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Stendra. All approvals are provided for the duration noted below.

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.

Note: Phosphodiesterase type 5 inhibitors should not be administered, either regularly or intermittently, with concomitant nitrate therapy. Patients will be informed of the consequences should they initiate nitrate therapy while taking a phosphodiesterase type 5 inhibitor.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Stendra is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Erectile Dysfunction**. Approve for 1 year.

CONDITIONS NOT RECOMMENDED FOR APPROVAL
Stendra 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. Stendra™ tablets [prescribing information]. Cranford, NJ: Mist Pharmaceuticals; September 2019.