

**ENTADFI
(finasteride and tadalafil)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Benign Prostatic Hyperplasia / Hypertrophy (BPH)

AND ALL of the following:

1. Actively symptomatic
 - a. Including **one or more** of the following:
 - i. Dribbling at the end of urinating
 - ii. Inability to urinate (urinary retention)
 - iii. Incomplete emptying of bladder
 - iv. Incontinence
 - v. Nocturia - needing to urinate two or more times per night
 - vi. Pain with urination or bloody urine
 - vii. Slowed or delayed start of the urinary stream
 - viii. Straining to urinate
 - ix. Strong and sudden urge to urinate
 - x. Weak urine stream
2. Inadequate treatment response, intolerance, or contraindication to **BOTH** of the following:
 - a. Alpha blocker
 - b. 5-alpha reductase inhibitor

AND NONE of the following:

1. Concurrent therapy with any nitrates (in any form)
2. Concurrent therapy with a guanylate cyclase (GC) stimulator

Prior - Approval Limits

Quantity 182 capsules (1 capsule per day for up to 26 weeks)

Duration 12 months



**BlueCross
BlueShield**

Federal Employee Program.

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Prior – Approval *Renewal* Requirements

None

Prior - Approval *Renewal* Limits

None