

## ED Phosphodiesterase (PDE) Type 5 Inhibitor Agents

### Applies To:

sildenafil (VIAGRA)  
tadalafil (CIALIS)  
vardenafil (LEVITRA)  
vardenafil, oral disintegrating tablet (STAXYN)  
avanafil (STENDRA)

### Diagnosis Considered for Coverage:

- Treatment of erectile dysfunction in a male patient
- Benign prostatic hyperplasia (BPH)- *Cialis and Levitra requests only*
- Raynaud's phenomenon
- Penile rehabilitation

### Coverage Criteria:

#### 1. For coverage request for diagnosis of erectile dysfunction (ED):

- Erectile dysfunction is caused by a drug or medical condition that has been reported in the medical literature to cause erectile dysfunction, and
- *For vardenafil (Levitra), vardenafil ODT (Staxyn), or Stendra (avanafil) request:* Inadequate response or intolerable side effect to sildenafil (Viagra) and tadalafil (Cialis),
- Dose does not exceed 6 doses per month.

*Coverage Duration:* one year

#### 2. For coverage request for tadalafil (Cialis) or vardenafil (Levitra) and diagnosis of benign prostatic hyperplasia (BPH):

- Dose does not exceed Cialis 5 mg per day OR Levitra 20 mg per day, and
- One of the following:
  - *For patient without concurrent ED:* Inadequate response, intolerable side effect, or contraindication to BOTH finasteride (Proscar) AND tamsulosin (Flomax), or
  - *For patient with concurrent ED:* Inadequate response, intolerable side effect, or contraindication to tamsulosin (Flomax), and
  - *For vardenafil (Levitra), vardenafil ODT (Staxyn), or Stendra (avanafil)*

**request:** Inadequate response or intolerable side effect to tadalafil (Cialis).

**Coverage Duration:** one year

**3. For coverage request for tadalafil (Cialis), vardenafil (Levitra), vardenafil ODT (Staxyn), or sildenafil (Viagra) and diagnosis of penile rehabilitation:**

- Recent radical prostatectomy *within the past 6 months*, and
- Dose does not exceed one tablet per day, and
- **For vardenafil (Levitra), vardenafil ODT (Staxyn), or Stendra (avanafil)**  
**request:** Inadequate response or intolerable side effect to sildenafil (Viagra) and tadalafil (Cialis).

**Coverage Duration:** 6 months

**4. For coverage request for tadalafil (Cialis), vardenafil (Levitra), vardenafil ODT (Staxyn), or sildenafil (Viagra) and diagnosis of Raynaud's phenomenon:**

- Inadequate response, intolerable side effect, or contraindication with a calcium-channel blocker (e.g. nifedipine, felodipine, amlodipine), and
- Dose does not exceed Cialis 20 mg per day OR Levitra 20 mg per day OR sildenafil (Viagra) 200 mg per day, and
- **For vardenafil (Levitra), vardenafil ODT (Staxyn), or Stendra (avanafil)**  
**request:** Inadequate response or intolerable side effect to sildenafil (Viagra) and tadalafil (Cialis).

**Coverage Duration:** one year

**Coverage Duration:** See above.

Effective Date: 09/27/2023