



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria
Entadfi™ (tadalafil 5mg and finasteride 5mg)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List (PDL) requirements
- Member is an adult with a diagnosis of benign prostatic hyperplasia (BPH).
- Member has trialed three other drugs approved for BPH, including finasteride alone (for a minimum of 3 months) with some but inadequate response.
- Member has trialed a combination of the individual medications tadalafil 5mg and finasteride 5mg daily and has a clinically compelling reason they cannot continue with the individual medications.

Limitations

- Maximum daily dose is one capsule daily.
- Maximum coverage duration is 26 weeks of therapy (182 capsules max).

Use is not recommended for >26 weeks, because the incremental benefit of tadalafil decreases from four weeks until 26 weeks, and the incremental benefit beyond 26 weeks is unknown.