



Drug Coverage Policy

Effective Date5/1/2024

Coverage Policy Number.....IP0100

Erectile Dysfunction – Stendra

- Stendra™ (avanafil tablets - Mist Pharmaceuticals)

Medical Necessity Criteria

Coverage for brand Stendra varies across plans and may require the use of Step Therapy in accordance with benefit plan specifications. Refer to the customer’s benefit plan document for coverage details.

For plans that do NOT include coverage for sexual dysfunction, medical necessity review may be required in addition to the Step Therapy requirements for non-sexual dysfunction uses. Refer to the customer’s benefit plan document for coverage details.

Avanafil (Stendra) is considered medically necessary for the treatment of erectile dysfunction. However, erectile dysfunction therapy is specifically excluded under many benefit plans [both Employer Groups and Individual and Family Plans]. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage (for example, quantity limitations).

Avanafil (Stendra) for Use as Needed for Erectile Dysfunction

Where covered, a maximum quantity limitation up to 8 tablets per 30 days is allowed.

When coverage requires the use of Step Therapy, coverage criteria are listed for products **in below table(s)**:

Employer Plans:

Product	Criteria
Stendra (avanafil tablets)	<p>Stendra is considered medically necessary when there is documentation of failure, contraindication, or intolerance to TWO of the following:</p> <ol style="list-style-type: none"> 1. sildenafil 2. tadalafil 3. vardenafil

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Continuation of Stendra is considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven.

Background

OVERVIEW

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

References

1. Stendra™ tablets [prescribing information]. Cranford, NJ: Mist Pharmaceuticals; October 2022.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	<ul style="list-style-type: none">Updated coverage policy title.	5/1/2024

The policy effective date is in force until updated or retired.

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