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Pharmacy Policy

Benign Prostatic Hyperplasia (BPH) Medications

Policy Number: 9.805
Revision Number: R1
Version Effective Date: 1/1/2021

Product Applicability ☐ **All Plan[+] Products**

Well Sense Health Plan
☒ New Hampshire Medicaid

Boston Medical Center HealthNet Plan
☐ MassHealth - MCO
☐ MassHealth - ACO
☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Cardura XL (doxazosin)
- Tadalafil

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	None
Required Medical Information	***Cardura XL®*** 1. A diagnosis of benign prostatic hyperplasia; AND **2.** An inadequate response to a trial of immediate-release doxazosin and one other generic alpha-adrenergic antagonist ***Cialis® 5mg#***

[+] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	1. A diagnosis of benign prostatic hyperplasia; AND 2. An inadequate response to at least a 6-month trial of two regimens each consisting of a 5-alpha reductase inhibitor in combination with an alpha-adrenergic antagonist; OR 3. A contraindication or an intolerance to 5-alpha reductase inhibitors and an inadequate response, or intolerance to three generic alpha-adrenergic antagonists *#The Plan will not approve coverage of Cialis® for the indication of erectile dysfunction*
Age Restriction	18 years of age or older
Prescriber Restriction	None
Coverage Duration	12 months
Other criteria	Reauthorization: 1. A decrease in symptom severity and frequency associated with benign prostatic hyperplasia; OR 2. A decrease in prostate-specific antigen levels; OR 3. A decrease in prostate volume from baseline for chemoprevention of prostate cancer (if requesting a 5-alpha reductase inhibitor)

Clinical Background Information and References

1. American Society of Clinical Oncology. Use of 5-α-Reductase Inhibitors for Prostate Cancer Chemoprevention: American Society of Clinical Oncology/American Urological Association 2008 Clinical Practice Guideline. J Clin Oncol.27(9):1502-1516. Available at: http://jco.ascopubs.org/content/27/9/1502.full.pdf Accessed Dec 9, 2015
2. American Urological Association, Inc. Chapter 1: Guideline on the Management of Benign Prostatic Hyperplasia (BPH). 2010 (Revised). Available at: https://www.auanet.org/common/pdf/education/clinical-guidance/Benign-Prostatic-Hyperplasia.pdf. Accessed Dec 9, 2015
3. Auffenberg GB, Helfand BT, McVary KT. Established Medical Therapy for Benign Prostatic Hyperplasia. Urol Clin N Am 36.2009.443-459.
4. Cialis® [prescribing information]. Indianapolis (IN): Eli Lilly and Co.; 2011 Oct.
5. Crawford ED. Chemoprevention Strategies in Prostate Cancer. UptoDate® Last updated Jan15, 2015. Accessed Dec 9, 2015. www.uptodate.com.
6. Cunningham GR., Kadmon D. Clinical Manifestations and Diagnosis of Benign Prostatic Hyperplasia. UptoDate®. Last updated Aug 20, 2015. Accessed Dec 9, 2015. www.uptodate.com.
7. Cunningham GR., Kadmon D. Medical Treatment of Benign Prostatic Hyperplasia. UptoDate®. Last updated Oct 8, 2015. Accessed Dec 1, 2015. www.uptodate.com.
8. Djavan B, Eckersberger E, Finkelstein J, et al. Benign Prostatic Hyperplasia: Current Clinical Practice. Prim Care Clin Office Pract.37.2010. 583-597.
9. Stephenson AJ, Abouassaly R, Klein EA. Chemoprevention of Prostate Cancer. Urol Clin N Am.37.2010.11-21.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee, NH DHHS

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
12/1/2020	9.135 BPH Medications Policy retired, new policy created. Tadalafil preferred PA product; Cialis NP for indication. Removed Rapaflo from policy as generic is preferred and brand requires same step through per PDL.	1/1/2021	P&T Committee, NH DHHS

Next Review Date

2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.