



**GEORGIA MEDICAID FEE-FOR-SERVICE
BENIGN PROSTATIC HYPERTROPHY (BPH) AGENTS PA SUMMARY**

Preferred	Non-Preferred
Alfuzosin extended-release generic	Cardura XL (doxazosin extended-release)
Doxazosin generic	Cialis 5 mg (tadalafil)
Dutasteride generic	Dutasteride/tamsulosin generic
Finasteride generic	Silodosin generic
Tamsulosin generic	Tadalafil 2.5 mg generic
Terazosin capsules generic	Tezruy (terazosin oral solution)

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- ❖ Only generic tadalafil 2.5 mg and brand Cialis 5 mg strengths are covered with prior authorization. Cialis/tadalafil 10 mg and 20 mg strengths are not covered.

PA CRITERIA:

Cardura XL

- ❖ For members 18 years of age or older with a diagnosis of benign prostatic hyperplasia (BPH), prescriber must submit a written letter of medical necessity stating the reasons the preferred products, doxazosin and either alfuzosin, tamsulosin or terazosin, are not appropriate for the member.

Cialis 5 mg and Tadalafil 2.5 mg Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of BPH who do not have a current or past history (within past 5 years) of erectile dysfunction (ED)

AND

- ❖ Member must have tried and failed to receive therapeutic benefit from an alpha blocker (alfuzosin, doxazosin, silodosin, tamsulosin, terazosin) given in combination with a 5-alpha reductase inhibitor (finasteride or dutasteride)

OR

- ❖ Member must have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to all of the following agents: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin, finasteride and dutasteride.
- ❖ Approvable for members younger than 18 years of age with a diagnosis of pulmonary artery hypertension (PAH) when prescribed by or in consultation with a cardiologist or pulmonologist.

Dutasteride/Tamsulosin Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the two separate preferred products, dutasteride and tamsulosin, are not appropriate for the member.



Silodosin Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of BPH who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: alfuzosin, doxazosin, tamsulosin and terazosin.

Tezruly

- ❖ Approvable for members 18 years of age or older with a diagnosis of BPH or hypertension who are unable to swallow solid oral dosage formulations (i.e., capsules, tablets) otherwise prescriber must submit a written letter of medical necessity stating the reasons the preferred product, terazosin capsules, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.