

## AGENTS FOR BPH PA SUMMARY

<b>PREFERRED</b>	Doxazosin, Finasteride (generic), Tamsulosin (generic), Terazosin
<b>NON-PREFERRED</b>	Avodart, Cardura XL, Flomax (brand), Jalyn, Proscar (brand), Rapaflo, Uroxatral

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*For Avodart*

- ❖ Approvable for a diagnosis of benign prostatic hyperplasia (BPH)
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to finasteride.

*For Cardura XL, Rapaflo or Uroxatral*

- ❖ Approvable for a diagnosis of BPH
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to at least two of the following: doxazosin, tamsulosin, or terazosin. If Cardura XL is the agent requested the allergies or contraindications must be to the inactive ingredient in doxazosin.

*For Jalyn*

- ❖ Physician should submit a written letter of medical necessity stating the reasons the two separate prescriptions, Avodart (which requires PA) and generic tamsulosin, cannot be used.

### EXCEPTIONS:

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

### PA and Appeal Process:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### Quantity Level Limitations:

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