

## Benign Prostatic Hypertrophy (BPH) Medications

### Goal(s):

- BPH with urinary obstruction is an OHP-funded treatment. BPH without obstruction is not a funded diagnosis.
- Restrict use for male pattern baldness and erectile dysfunction, which are not OHP-covered conditions.
- Allow case-by-case review for members covered under the EPSDT program for unfunded diagnoses.

### Length of Authorization:

- Up to 12 months

### Requires PA:

- Non-preferred drugs

### Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Will the prescriber consider switching to a preferred product?  Message: <ul style="list-style-type: none"> <li>Preferred products do not require a PA.</li> <li>Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy &amp; Therapeutics Committee.</li> </ul>	<b>Yes:</b> Inform prescriber of covered alternatives in class.	<b>No:</b> Go to #3
3. Is the request for an alpha-1 blocker?	<b>Yes:</b> Go to #4	<b>No:</b> Go to #6
4. Does the patient have a diagnosis related to functional and mechanical disorders of the genitourinary system including bladder outlet obstruction?	<b>Yes:</b> Go to #5	<b>No:</b> Go to #6
5. Has the patient tried and not tolerated or not obtained the desired treatment effect on a 2-month trial of a preferred alpha-1 blocker?	<b>Yes:</b> Approve an alpha-1 blocker for up to 12 months	<b>No:</b> Pass to RPh. Deny until patient has tried and failed a covered alternative
6. Does the patient have a diagnosis of benign prostatic hyperplasia (BPH) or enlarged prostate with obstruction?	<b>Yes:</b> Approve for up to 12 months	<b>No:</b> Go to #7

## Approval Criteria

7. Does the patient have a diagnosis of unspecified urinary obstruction or BPH without obstruction?

**Yes:** If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP

If eligible for EPSDT review: Go to #8 "Not Funded" section.

**No:** Pass to RPh. Go to #8

8. RPh Only: All other conditions need to be evaluated to see if diagnosis is funded:

**Funded:** covered diagnoses related to prostate may be approved for 1 year.

**Not Funded:**

- Unfunded diagnoses for patients with an EPSDT benefit should be reviewed for medical appropriateness/necessity under the EPSDT program
  - Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?
  - Is the request for a preferred product OR has the patient failed to have benefit with, or have contraindications or intolerance to, at least 2 preferred products?
  - If patient qualifies for EPSDT benefit and clinic provides supporting literature, approve for up to 12 months.
- Unfunded diagnoses for people without an EPSDT benefit should be denied (not funded by the OHP).

**Not Covered:** Cosmetic and uncovered diagnoses (e.g., hair growth, erectile dysfunction) should be denied (not covered by the OHP).

- Alpha-1 blockers and 5-alpha reductase inhibitors may be used concurrently for BPH up to 1 year. Alpha-1 blockers may be discontinued once prostate is reduced to normal size.
- If urine retention (obstructive), ask for more specific diagnosis.

P&T Review:

8/23 (KS); 7/16; 11/12; 9/10; 3/10; 5/08; 2/06

Implementation:

9/1/23; 8/16, 2/21/13; 1/1/11; 4/20/10; 5/22/08; 7/1/06; 9/30/05