PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**5-ALPHA REDUCTASE INHIBITORS AND ALPHA-ADRENERGIC ANTAGONIST COMBINATION**
BRAND NAME (generic)	**AVODART (dutasteride)** **PROSCAR (finasteride 5 mg)** **JALYN (dutasteride/tamsulosin)**

Status: CVS Caremark Criteria
Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Avodart

Monotherapy

Avodart (dutasteride) is indicated for the treatment of symptomatic benign prostatic hyperplasia (BPH) in men with an enlarged prostate to:
-Improve symptoms,
-Reduce the risk of acute urinary retention (AUR), and
-Reduce the risk of the need for BPH-related surgery.

Combination with Alpha Adrenergic Antagonist

Avodart in combination with the alpha adrenergic antagonist, tamsulosin, is indicated for the treatment of symptomatic BPH in men with an enlarged prostate.

Limitations of Use

Avodart is not approved for the prevention of prostate cancer.

Proscar

Monotherapy

Proscar (finasteride 5 mg) is indicated for the treatment of symptomatic benign prostatic hyperplasia (BPH) in men with an enlarged prostate to:
-Improve symptoms
-Reduce the risk of acute urinary retention
-Reduce the risk of the need for surgery including transurethral resection of the prostate (TURP) and prostatectomy.

Combination with Alpha-Blocker

Proscar administered in combination with the alpha-blocker doxazosin is indicated to reduce the risk of symptomatic progression of BPH (a confirmed ≥4 point increase in American Urological Association (AUA) symptom score).

Limitations of Use

Proscar is not approved for the prevention of prostate cancer.

Jalyn

Benign Prostatic Hyperplasia (BPH) Treatment

Jalyn (dutasteride and tamsulosin hydrochloride) is indicated for the treatment of symptomatic BPH in men with an enlarged prostate.

Limitations of Use
Dutasteride-containing products, including Jalyn, are not approved for the prevention of prostate cancer.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has the diagnosis of symptomatic benign prostatic hyperplasia (BPH) with prostatic enlargement (e.g., incomplete emptying, weak stream, straining, urinary frequency, intermittency, urgency, or acute urinary retention)

Quantity Limits apply.
30 units/25 days* or 90 units/75 days*
**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

REFERENCES

1. Avodart [package insert]. Research Triangle Park, NC: GlaxoSmithKline; January 2020.
2. Proscar [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; September 2013.
3. Jalyn [package insert]. Research Triangle Park, NC: GlaxoSmithKline; November 2017.
4. Propecia [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; September 2013.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed April 2020.
6. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed April 2020.
7. American Urological Association Guideline Management of Benign Prostatic Hyperplasia (BPH). 2010. https://www.auanet.org/documents/education/clinical-guidance/Benign-Prostatic-Hyperplasia.pdf Accessed April 2020.