



## Missouri Pharmacy Program – Preferred Drug List



### BPH Agents

Effective 11/14/2004

Revised 02/01/2019

#### Preferred Agents

- Alfuzosin
- **Doxazosin**
- Dutasteride
- Finasteride
- **Tamulosin**
- **Terazosin**

#### Non-Preferred Agents

- Avodart®
- **Cardura®**
- **Cardura XL®**
- Cialis 5mg®
- Dutasteride-Tamsulosin
- **Flomax®**
- Jalyn®
- Proscar®
- **Rapaflo®**
- **Tadalafil 5 mg**
- Uroxatral®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- For Cialis Therapy
  - Diagnosis of benign prostatic hyperplasia
  - Trial and failure on 3 preferred agents
  - Patient must be male

Condition	Date Range
Benign Prostatic Hyperplasia/Hypertrophy	2 years

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Cialis Therapy
  - Lack of appropriate diagnosis
  - Contraindication (see below)
  - Female patients
  - Nitrate therapy or Norvir therapy or Kaletra therapy in last 30 days
- History of erectile dysfunction (subject to Clinical Consultant Review)
- Drug Prior Authorization Hotline: (800) 392-8030