

# GENERIC STEP THERAPY PLANS (GSTP)

**DRUG CLASS**                      **BENIGN PROSTATIC HYPERPLASIA (BPH)-1**

**HPGST SSB – Ref# 605-D: Cardura XL**

**TGST SSB – Ref# 606-D: Cardura XL**

**Status: CVS Caremark Criteria**

**Type: Initial Step Therapy; Post Step Therapy Prior Authorization**

## **INITIAL STEP THERAPY**

If the patient has filled a prescription for at least a 30 day supply of a generic Benign Prostatic Hyperplasia (BPH) agent within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit. If the patient does not meet the step therapy criteria, then the system will reject the claim with the message indicating that prior authorization is needed. The PA criteria for approval would then be applied to requests submitted for evaluation to the PA unit.

## **COVERAGE CRITERIA**

Branded Alpha-1 adrenergic blockers will be covered with post step therapy prior authorization when the following criteria are met:

- Patient has experienced an inadequate treatment response, intolerance, contraindication or potential drug interaction to at least one generic alpha-1 adrenergic blocker drug.

## **RATIONALE**

If the patient has filled a prescription for at least a 30 day supply of a generic Benign Prostatic Hyperplasia (BPH) agent within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit.

If the patient does not meet the initial step therapy criteria, then prior authorization is required.

If the patient has a documented contraindication to or a potential drug interaction with a generic drug, then the requested brand drug will be covered. If the patient is intolerant to at least one of the generic drugs, then the requested brand drug will be covered. If the patient has tried one of the generic drugs for at least 30 days and had an inadequate treatment response, then the requested brand drug will be covered. If these requirements are met, then the approval duration is 24 months.

## **REFERENCES**

N/A

Written by:                      UM Development (NB)

Date Written:                      01/2011

Revised:                      05/2011, 08/2011, 11/2011, 09/2012 (updated formatting and documentation), 10/2012 (removed documentation), 11/2012, 11/2013 (reworded question #2), 11/2014, 04/2015 (specified Alpha-1 adrenergic blocker in the questions), 11/2015, 11/2016 (no changes), (SF) 11/2017 (no changes), 10/2018 (no changes), 01/2019 (remove Rapaflo)

Reviewed:                      Medical Affairs (KP) 01/2011, 08/2011, 11/2011; (DC) 09/2012, 11/2012, (LS) 11/2013, (DC) 11/2014, (KU) 04/2015

External Review:                      03/2011, 03/2012, 02/2013, 02/2014, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019

GSTP BPH-Alpha-1 Adrenergic Blockers\_PA\_ALL\_Rx

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**CRITERIA FOR APPROVAL**

- |   |   |     |    |
|---|---|-----|----|
| 1 | Has the patient demonstrated an inadequate treatment response after at least a 30 day trial of a generic alpha-1 adrenergic blocker drug?<br>[If yes, then no further questions.] | Yes | No |
| 2 | Does the patient have a documented contraindication to or a potential drug interaction with a generic alpha-1 adrenergic blocker drug?<br>[If yes, then no further questions.]    | Yes | No |
| 3 | Has the patient had a trial and was intolerant to at least one generic alpha-1 adrenergic blocker drug?   | Yes | No |

**Guidelines for Approval**

Duration of Approval				24 Months	
Set 1 - Failed Trial		Set 2 – Contraindication		Set 3 – Intolerance	
Yes to question(s)	No to question(s)	Yes to question(s)	No to question(s)	Yes to question(s)	No to question(s)
1	None	2	1	3	1
					2

**Mapping Instructions**

	Yes	No
1	Approve for 24 months	Go to 2
2	Approve for 24 months	Go to 3
3	Approve for 24 months	Deny