

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

5 Alpha Reductase Inhibitors

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Avodart (dutasteride)	May be subject to quantity limit
Jalyn (dutasteride/tamsulosin)	
Proscar (finasteride)	

APPROVAL CRITERIA

Requests for a 5-alpha-reductase inhibitor agent [Avodart (dutasteride), Jalyn (dutasteride/tamsulosin), or Proscar (finasteride)] may be approved if the following criteria have been met:

- I. Individual is male; **AND**
- II. One of the following (AUA 2010):
 - A. Individual is 45 years of age or older; **OR**
 - B. Individual 44 years of age or younger AND has a diagnosis of Benign Prostatic Hyperplasia (BPH).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.