



## Drug Quantity Management – Per Rx Terazosin capsules (brand name Hytrin now obsolete) Dispensing Limit

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### Product Identifier(s)

34652

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### National Formulary Medical Necessity

#### terazosin 1 mg, 2 mg, 5 mg

Maximum quantity per RX = 30 capsules

#### terazosin 10 mg

Maximum quantity per RX = 60 capsules

For benign prostatic hyperplasia (BPH) or hypertension, the initial dose is 1 mg at bedtime; this dose should not be exceeded initially. Individuals should be closely followed during initial administration in order to minimize the risk of severe hypotensive response. For BPH, the dose should be increased in stepwise fashion to 2 mg, 5 mg, and 10 mg once daily to achieve desired improvement. For hypertension, the dose may be slowly increased to achieve desired blood pressure response. The usual recommended dose range for hypertension is 1 to 5 mg administered once daily; however, some individuals may benefit from up to 20 mg once a day. Hence, 30 of the 1 mg, 2 mg, or 5 mg capsules would supply enough drug for a one month (30 day) supply of initial therapy or maintenance therapy at recommended once daily dosing and 60 of the 10 mg capsules would supply enough drug for a one month (30 day) supply at maximum recommended dosing.

#### Criteria

**Cigna covers quantities as medically necessary when the following criteria are met:**

All approvals are provided for 3 years in duration unless otherwise noted below.

#### **Terazosin 1 mg**

1. No overrides recommended.

#### **Terazosin 2 mg and 5 mg**

1. For individuals who are taking terazosin 2 mg or 5 mg twice daily, approve 60 capsules per dispensing (accommodates 2 capsules per day for a 30-day supply). Individuals may require twice daily dosing for adequate blood pressure control or may not tolerate once daily doses.
2. Exceptions can be made when an individual is taking a dose that does not correspond to a commercially-available dosage form [that is, the dose requires multiple same strength capsules be used AND would otherwise require two (or more) strengths to be used]. Approve the quantity requested to allow an adequate number of capsules for a 30 day supply per dispensing.
3. For individuals who are taking terazosin 4 mg, 6 mg, or 8 mg daily (as a single dose or in two divided doses), approve the quantity requested to allow an adequate number of capsules for a 30-day supply per dispensing.

#### **Terazosin 10 mg**

1. No overrides recommended.

### **Conditions Not Covered**

Any other exception is considered not medically necessary.

### **References**

1. Terazosin capsules [prescribing information]. Princeton, NJ: Sandoz Inc.; December 2018.

### **Revision History**

Type of Revision	Summary of Changes	Date
Annual Revision	Reviewed by Clinical Specialists.	01/31/2020

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