



Doxazosin Extended Release (Cardura XL) Medical Necessity Criteria

Background

Doxazosin immediate-release (Cardura, generics) and terazosin (Hytrin, generics) are the formulary non-uroselective alpha blockers available for the treatment of benign prostatic hypertrophy (BPH). Cardura XL is also a non-uroselective alpha blocker indicated only for the treatment of the signs and symptoms of BPH. **Cardura XL (doxazosin extended-release) is non-formulary, but available to most beneficiaries at a non-formulary cost share.** Doxazosin immediate-release and terazosin are formulary and available at the generic cost share.

Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for non-Uroselective Alpha Blockers

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail Network (up to a 30-day supply)
Non-Formulary (Tier 3)	Cardura XL	Not available**	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary (Tier 2)		\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary (Tier 1)	Doxazosin IR (Generic) Terazosin (generic)	\$0	Generic cost share applies	Generic cost share applies

* Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
 ** MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee.

Medical Necessity Criterion for Doxazosin ER (Cardura XL)
<p>Coverage is approved if:</p> <ol style="list-style-type: none"> 1. The patient has experienced or is likely to experience significant adverse effects from the formulary medication. <p><i>Criterion approved through the DoD P&T Committee process May 2010</i></p>

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