DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Alpha-Adrenergic Blockers – Terazosin Drug Quantity Management Policy – Per Rx
- terazosin capsules (generic only)

REVIEW DATE: 02/10/2025

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Terazosin is an alpha-1-selective adrenoceptor blocking agent indicated for:[1]
- Treatment of symptomatic **benign prostatic hyperplasia** (BPH).
- Treatment of **hypertension**, alone or in combination with other antihypertensive agents such as diuretics or beta-adrenergic blocking agents.

Dosing

For BPH or hypertension, the initial dose is 1 mg once daily (QD) at bedtime; this dose should not be exceeded initially.[1] Patients should be closely followed during initial administration in order to minimize the risk of severe hypotensive response. The dose of terazosin capsules and the dose interval (12 or 24 hours) should be adjusted according to the patient's individual blood pressure response. The usual recommended dose range for hypertension is 1 mg to 5 mg administered QD;

however, some patients may benefit from up to 20 mg QD. Doses over 20 mg do not appear to provide further blood pressure effect and doses over 40 mg have not been studied. For BPH, the dose should be increased in stepwise fashion to 2 mg, 5 mg, and 10 mg QD to achieve desired improvement.

Availability

Terazosin capsules are available in strengths of 1 mg, 2 mg, 5 mg, and 10 mg.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of terazosin. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
terazosin capsules (generic only)	1 mg capsules	30 capsules	90 capsules
	2 mg capsules	30 capsules	90 capsules
	5 mg capsules	30 capsules	90 capsules
	10 mg capsules	60 capsules	180 capsules

***Alpha-Adrenergic Blockers – Terazosin Drug Quantity Management Policy – Per Rx* product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

CRITERIA

Terazosin 1 mg, 2 mg and 5 mg capsules

1. If the patient is taking terazosin 1 mg, 2 mg, or 5 mg twice daily, approve 60 capsules per dispensing at retail or 180 capsules per dispensing at home delivery.

2. If the patient is taking a dose that does not correspond to a commercially-available dosage form, approve a quantity sufficient to allow for a 30-day supply per dispensing at retail or a 90-day supply per dispensing at home delivery.

Terazosin 10 mg capsules

No overrides recommended.

REFERENCES

1. Terazosin capsules [prescribing information]. Chino, CA: Anpar; January 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery. Approval duration was changed from 3 years to 1 year.	02/15/2023
Annual Revision	No criteria changes.	02/20/2024
Annual Revision	**Terazosin 1 mg, 2 mg, and 5 mg**: The Criteria Note of "Patients may require twice daily dosing for adequate blood pressure control or may not tolerate once daily doses." was removed.	02/10/2025