



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 09/18/18
LAST REVIEW DATE:
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ARCHIVE DATE:

PROSTATIC URETHRAL LIFT

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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PROSTATIC URETHRAL LIFT (cont.)

Description:

Benign Prostatic Hypertrophy (BPH):

BPH is a non-cancerous enlargement of the prostate. As the prostate enlarges, it presses against the urethra causing the urethra to narrow. The bladder wall becomes thicker and begins to contract even when there is only a small amount of urine in the bladder. Eventually the bladder weakens and loses ability to empty completely.

Prostatic urethral lift (PUL) is a minimally invasive procedure to relieve lower urinary tract symptoms (LUTS) associated with BPH. The prostatic urethral lift procedure includes placement of one or more implants in the lateral lobes of the prostate using a transurethral delivery device. The implants maintain an expanded urethral lumen. The UroLift® System has received FDA approval and includes 2 components: the delivery device and the implant.

Criteria:

- Prostatic urethral lift in individuals with moderate-to-severe lower urinary tract obstruction due to benign prostatic hyperplasia is considered **medically necessary** with documentation of **ALL** of the following:
 1. Individual has failed an adequate trial of medication therapy¹, or is intolerant to, or has a contraindication to a trial of medication.
 2. Prostate gland volume is ≤80 mL.
 3. Prostate anatomy demonstrates normal bladder neck without a median lobe predominant obstruction.
 4. No urinary tract infection or recent prostatitis.
 5. If prostate-specific antigen level greater than normal for age, appropriate testing has excluded diagnosis of prostate cancer.
 6. No contact dermatitis nickel allergy.

PROSTATIC URETHRAL LIFT (cont.)

Criteria: (cont.)

- Use of prostatic urethral lift for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** based upon:
1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 4. Insufficient evidence to support improvement outside the investigational setting.
- ¹ Adequate medication is defined as one of the following:
- 7 days of a α -adrenergic blockers (e.g., alfuzosin, doxazosin, tamsulosin, terazosin, silodosin)
 - 3 months of a 5 α -reductase inhibitor (e.g, finasteride, dutasteride)
 - 3 months of a combination α -adrenergic blocker and 5 α -reductase inhibitor.

Resources:

Literature reviewed 09/18/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

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PROSTATIC URETHRAL LIFT (cont.)

Resources: (cont.)

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16. McVary KT, Gange SN, Shore ND, et al. Treatment of LUTS secondary to BPH while preserving sexual function: randomized controlled study of prostatic urethral lift. *J Sex Med*. Jan 2014;11(1):279-287.
17. National Institute for Health and Care Excellence. NICE interventional procedure guidance: Insertion of prostatic urethral lift implants to treat lower urinary tract symptoms secondary to benign prostatic hyperplasia. Issued: Jan 2014.

PROSTATIC URETHRAL LIFT (cont.)

Resources: (cont.)

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PROSTATIC URETHRAL LIFT (cont.)

Resources: (cont.)

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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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Arabic:

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