

# BENIGN PROSTATIC HYPERPLASIA TREATMENTS

Generic	Brand	Form	Strength	Dose	Note
<b>5<math>\alpha</math>-REDUCTASE (5AR) INHIBITORS<sup>1</sup></b>					
dutasteride	Avodart	caps	0.5mg	0.5mg once daily	<ul style="list-style-type: none"> <li>Inhibits type I (liver, skin) and II (genitourinary) 5AR</li> <li>&gt;90% suppression of baseline serum DHT</li> </ul>
finasteride	Proscar	tabs	5mg	5mg once daily	<ul style="list-style-type: none"> <li>Inhibits type II (genitourinary) 5AR</li> <li>70% suppression of baseline serum DHT</li> </ul>
<b><math>\alpha</math><sub>1</sub>-BLOCKERS<sup>2,3</sup></b>					
alfuzosin	Uroxatral	extended-release tabs	10mg	10mg daily	<ul style="list-style-type: none"> <li>Swallow whole</li> <li>Take after meal</li> <li>Dose titration not needed</li> </ul>
doxazosin	Cardura	scored tabs	1mg, 2mg, 4mg, 8mg	Initially 1mg daily; may double dose every 1-2wks; max 8mg daily	
	Cardura XL	extended-release tabs	4mg, 8mg	Initially 4mg daily; may titrate after 3-4wks; max 8mg daily	<ul style="list-style-type: none"> <li>Swallow whole</li> <li>Take with breakfast</li> </ul>
silodosin	Rapaflo	caps	4mg, 8mg	8mg once daily	<ul style="list-style-type: none"> <li>Take with a meal</li> <li>Renal impairment (CrCl 30-50mL/min): 4mg</li> </ul>
tamsulosin	Flomax	caps	0.4mg	Initially 0.4mg daily; may increase to 0.8mg daily after 2-4wks	<ul style="list-style-type: none"> <li>Swallow whole</li> <li>Take 1/2hr after same meal each day</li> </ul>
terazosin	Hytrin	caps	1mg, 2mg, 5mg, 10mg	Initially 1mg daily; max 20mg daily	<ul style="list-style-type: none"> <li>Give at bedtime</li> </ul>
<b>COMBINATION 5AR INHIBITORS<sup>1</sup> &amp; <math>\alpha</math><sub>1</sub>-BLOCKERS<sup>2,3</sup></b>					
dutasteride + tamsulosin	Jalyn	caps	0.5mg + 0.4mg	1 cap once daily	<ul style="list-style-type: none"> <li>Swallow whole</li> <li>Take 1/2hr after same meal each day</li> </ul>
<b>PDE-5 INHIBITORS</b>					
tadalafil	Cialis	tabs	2.5mg, 5mg, 10mg*, 20mg*	5mg taken at approximately the same time every day	<ul style="list-style-type: none"> <li>Also indicated for erectile dysfunction + BPH: take without regard to timing of sexual activity.</li> <li>Moderate renal dysfunction (CrCl 30-50mL/min): Initially 2.5mg, may increase to 5mg.</li> <li>Severe renal dysfunction (CrCl &lt;30mL/min): not recommended.</li> <li>Mild or moderate hepatic impairment: use caution; severe: not recommended.</li> <li>Concomitant alpha blockers: not recommended.</li> <li>Concomitant potent CYP3A4 inhibitors: max 2.5mg</li> </ul>

## NOTES

\*These strengths are not indicated for use in BPH.

<sup>1</sup>5AR inhibitors lower prostate specific antigen (PSA) levels in a predictable fashion, adjust interpretation of PSA levels accordingly.

<sup>2</sup> $\alpha$ <sub>1</sub>-blockers may cause orthostatic hypotension; titrate dose slowly. When therapy has been interrupted for several days or longer, patients should be retitrated from the initial dose.

<sup>3</sup>Although rare, priapism and subsequent permanent impotence has been associated with the use of  $\alpha$ <sub>1</sub>-blockers and patients should be fully informed of this risk. (Rev. 9/2013)

Not an inclusive list of medications. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.