SPECIALTY NETWORKS, LLC

BPH
Clinical Guideline

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PRINCIPLES OF DISEASE MANAGEMENT

1. Capture a baseline of flow and/or vesical pressure prior to onset of treatment
2. Evaluate for all contributors to voiding issues (OAB, BPH and Nocturia)
3. Review patient journey and provide educational materials to patient at the first visit, including overview of treatments and diagnostic tools
4. Non-invasive diagnostic testing should be considered as first line options to guide treatment decisions or progression to advanced, invasive diagnostic testing
5. Post bothersome symptoms, if available, clinicians should utilize UroCuff® as a preferred diagnostic, if not available, alternative diagnostics could be Uroflow
6. When reductive procedure is determined appropriate through patient selection and gland size, minimally invasive procedures are preferred
7. Gland size and shape should be assessed via pelvic or transrectal ultrasound, cystoscopy, cross sectional MRI or CT scan
8. 6 months post reductive procedure, obtain PSA test, if patient was risk for Prostate Cancer

GLOSSARY OF DIAGNOSTIC AND TREATMENT OPTIONS

- **Lab Testing:** Urinalysis
- **Basic diagnostic testing includes:** Post-Void Residual (PVR), UroCuff® (Pressure Flow Study), Uroflow
- **Advanced diagnostic testing includes:** Cystoscopy, Trans Rectal Ultrasound (TRUS), Urodynamic Study (UDS)
- **Minimally invasive surgical treatments:** Prostatic Urethral Lift (PUL), Rezum (Water Vapor Thermal Therapy, Aquabeam (Aquablation)
- **Surgical procedures include:** Transurethral Resection of the Prostate (TURP), Transurethral Vaporization of the Prostate (TUVP) Photoselective Vaporization of the Prostate (PVP), Transurethral Incision of the Prostate (TUIP), Transurethral Microwave Therapy (TUMT)

HELPFUL CODES

ICD-10 Code: Benign Prostatic Hyperplasia N40.1

Treatment CPT Codes: TURP 52601, PVP 52648, PUL 52441 & 52442, TUIP 52450, Water Vapor Thermal Therapy 53854, Aquablation 0421T

Diagnostic CPT Codes: Uroflow 51727, UroCuff – Pressure Flow Study 53899 or 51728-52, Cystoscopy 52000, TRUS 76872, UDS 51727 and 51729

UROGPO

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The information contained within is the consensus of the UroGPO Medical Advisory Group and is intended only as a suggested guideline for the treatment of BPH. UroGPO Members are encouraged to review, discuss, and make adjustments as they see fit.

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UROGPO

1 Patient Evaluation

INITIAL HISTORY

Physical examination, DRE, urinalysis, PVR, IPSS / AUA-SI, education / behavior modification
Consider: PSA, uroflow, UroCuff

Surgery is recommended for patients with renal insufficiency secondary to BPH, recurrent UTI's, recurrent bladder stones or gross hematuria due to BPH, and/or LUTS attributed to BPH refractory and/or unwilling to use other therapies

Bothersome Symptoms?

YES

NO

Ongoing evaluation follow-up every 6-12 months urinalysis
Consider: PVR

Consider: ANNUAL UROFLOW

PATIENT RESPONSIBILITY:
- Complete IPSS / AUA-SI Questionnaire
- Review BPH Treatment Plan
- Review Treatment Timeline
- Review BPH Patient Packet and Video
- Understand Internal Referral Process (If relevant)
- Voiding Diary
- What is Patients' Main Complaint?

Currently On Drug Therapy for BPH?

YES

NO

Initiate or modify drug therapy

Evaluate drug therapy, discuss therapeutic options

Diagnostics before modification of drug therapy?

YES

NO

Additional Testing: UroCuff - Pressure Flow Study, uroflow or PVR
Consider: Advanced testing

Modify drug therapy or procedure

Procedural

2 Treatment - Drug Therapy

Selective Alpha Blocker (Tamsulosin, Silodosin or Alfuzosin)
*Assess need for selective agent if currently on non-selective agent
Optional: PDE-5 inhibitor (Tadalafil)
Consider: 5-ARI for Large Prostates (>80 grams)

Follow-up Visit 4-6 weeks
- Urinalysis,
- UroCuff - Pressure Flow Study and PVR

Consider Navigator follow-up on Medication 2-3 Weeks

SYMPTOM IMPROVEMENT?

YES

NO

Ongoing Evaluation- Follow-up every 6 to 12 Months Urinalysis - Consider:
* Discuss Minimally Invasive Surgical Treatments as Long Term Treatment Alternatives: (UroLift, Rezum)

Consider Annually:
- UroCuff - Pressure Flow Study
- Uroflow

Diagnostic uncertainty?

YES

NO

Additional Testing:
- UroCuff - Pressure Flow Study
- Catheterized Urodynamics

Additional Testing:
- UroFlow
- Cystoscopy
- TRUS

ALTERNATIVE DRUG THERAPY?

YES

Alternative Drug Therapy:
- Selective Alpha Blocker Plus Alpha Reductase Inhibitor
- Phosphodiesterase Inhibitor
- Anticholinergic

NO

Procedural:
*Check the predetermination qualifications of insurance payors

SYMPTOM IMPROVEMENT?

YES

NO

3 Treatment - Procedural Based Options

Drug therapies failed and procedural options determined to be appropriate

Gland Size?

Review point 7 of the Principles of Disease Management

< 30 CC

Further evaluation, additional testing, confirm obstruction - UroLift, Laser PVP, TUIP or TURP

- UroLift

** The following can also be considered however have a low incidence of EJD occurrence:
- Rezum
- TUMT for non-median lobe
- Aquablation therapy

30 TO 80 CC

Important to preserve ejaculatory function?

YES

NO
- UroLift
- Aquablation therapy
- HoLAP/HoLEP
- TURP - Bipolar or Monopolar <60 min
- Rezum
- TUMT for Non-Median Lobe
- Laser PVP
- TUVP

> 80 CC
- Laser PVP
- HoLAP/HoLEP
- Open prostatectomy
- Robotic simple prostatectomy
- TURP - Bipolar or Monopolar <60 min
- TUVP
- UroLift up to 100 CC
- Aquablation up to 150 CC*

- *Higher transfusion rate shown in new data

Follow-up visit 2-4 weeks
Urinalysis, PVR - Consider: Urine Culture based on Urinalysis results

Follow-up visit 3-4 months
Uroflow, PVR Consider PSA for Reductive Procedure

Consider Annually:
UroCuff - Pressure Flow Study or Uroflow