

PA DEPARTMENT OF HUMAN SERVICES  
MAAC BRIEFING DOCUMENT  
BPH TREATMENTS

**Proposed Effective Date:** January 5, 2026

Revisions are noted with a ~~strike through~~ for deletions and **bold and underline** for additions.

**I. Requirements for Prior Authorization of Benign Prostatic Hyperplasia (BPH) Treatments**

**A. Prescriptions That Require Prior Authorization**

Prescriptions for BPH Treatments that meet any of the following conditions must be prior authorized:

1. A non-preferred BPH Treatment. See the Preferred Drug List (PDL) for the list of preferred BPH Treatments at: <https://papdl.com/preferred-drug-list>.
2. A BPH Treatment with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html>.
3. An alpha blocker when there is a record of a recent paid claim for another alpha-blocker in the point-of-sale on-line claims adjudication system (therapeutic duplication).
4. A 5-alpha reductase inhibitor when there is a record of a recent paid claim for another 5-alpha reductase inhibitor in the point-of-sale on-line claims adjudication system (therapeutic duplication).

**B. Revisions to Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for a BPH Treatment, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. For a non-preferred BPH Treatment, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred BPH Treatments; **AND**
2. For a phosphodiesterase type 5 (PDE5) inhibitor (e.g., tadalafil), ~~has a diagnosis of BPH;~~  
**AND both of the following:**
  - a. **Has a diagnosis of BPH**
  - b. **Is prescribed a dose that is consistent with U.S. Food and Drug (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature;**

**AND**

3. For therapeutic duplication, **one** of the following:

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- a. Is being titrated to or tapered from another BPH Treatment with the same mechanism of action
- b. Has a medical reason for concomitant use of the requested drugs that is supported by peer-reviewed medical literature or national treatment guidelines;

**AND**

- 4. If a prescription for a BPH Treatment is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

**C. Clinical Review Process**

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a BPH Treatment. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.