Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 6, 2025	January 5, 2026	*See below

SUBJECT

Prior Authorization of Benign Prostatic Hyperplasia (BPH) Treatments – Pharmacy Services

BY

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Benign Prostatic Hyperplasia (BPH) Treatments submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of BPH Treatments will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of BPH Treatments to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T)

*01-26-10	09-26-10	27-26-10	33-26-10
02-26-10	11-26-10	30-26-10	
03-26-10	14-26-10	31-26-10	
08-26-10	24-26-10	32-26-10	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

Committee reviews published peer-reviewed medical literature and recommends the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included on the Statewide Preferred Drug List (PDL).
- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

DISCUSSION:

During the September 24, 2025, meeting, the P&T Committee recommended revisions to the medical necessity guidelines for BPH Treatments to include that for a request for a non-preferred phosphodiesterase type 5 inhibitor, treatment of the beneficiary's diagnosis with and the prescribed dose of the requested drug are consistent with the U.S. Food and Drug Administration-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

The revisions to the guidelines to determine medical necessity of prescriptions for BPH Treatments submitted for prior authorization, as recommended by the P&T Committee, were subject to public review and comment and subsequently approved for implementation by the Department.

PROCEDURE:

The procedures for prescribers to request prior authorization of BPH Treatments are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to BPH Treatments) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs and products that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I

Pharmacy Prior Authorization General Requirements
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html

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. 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 inhibitor (e.g., tadalafil), **both** of the following:

   a. Has a diagnosis of BPH
   b. Is prescribed a dose that is consistent with U.S. Food and Drug Administration-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature;

   AND

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

   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.