

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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

A. Prescriptions That Require Prior Authorization

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

1. A prescription for a non-preferred BPH Treatment. See Preferred Drug List (PDL) for the list of preferred BPH Treatments at: [www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. A prescription for a BPH Treatment with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at: <http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for an Alpha-Blocker when there is a record of a recent paid claim for another Alpha-Blocker in PROMISe, the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication)
4. A prescription for a 5-Alpha-Reductase Inhibitor when there is a record of a recent paid claim for another 5-Alpha-Reductase Inhibitor in PROMISe, the Department's 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 whether the recipient:

1. For a non-preferred BPH Treatment, has a documented history of therapeutic failure, contraindication or intolerance of the preferred BPH Treatments.

**AND**

2. For Phosphodiesterase 5 (PDE5) Inhibitors (e.g. tadalafil), has a diagnosis of benign prostatic hyperplasia (BPH)
3. For therapeutic duplication, whether:

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- a. For an Alpha-Blocker, the recipient is being titrated to, or tapered from, another Alpha-Blocker
- b. For a 5-Alpha-Reductase Inhibitor, the recipient is being titrated to, or tapered from, another 5-Alpha-Reductase Inhibitor

**OR**

- c. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested

**OR**

- 4. 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 recipient

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 the request for a prescription for a BPH Treatment. If the guidelines in Section B. are met, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. For a request for a non-preferred BPH Treatment, the reviewer will prior authorize a prescription for the least costly, therapeutically equivalent non-preferred BPH Treatment. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred BPH Treatment authorized by the reviewer, 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 recipient.