

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 1, 2026

## Tezruly™ (terazosin)

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age; **AND**
- Patient must have a diagnosis of benign prostatic hyperplasia (BPH) or hypertension; **AND**
- Patient has documented trial and failure on the preferred alternative (e.g., terazosin capsule) **OR** medical records must indicate a history of difficulty swallowing (dysphagia), gastrostomy status, or a medical condition that is characterized by difficulty or inability to swallow.

**CONTINUATION OF THERAPY**

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects (e.g., orthostatic hypotension, priapism); **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 1 mg/mL oral solution.