



Commercial/Healthcare Exchange Step Criteria
Effective: January 1, 2020

Step Therapy Name: BPH - Silodosin

Step 1 Agent(s): tamsulosin, alfuzosin, dutasteride, doxazosin, terazosin

Step 2 Agent(s): Rapaflo, silodosin

Required Medical Information:

1. Previous therapies tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Exceptions for Stepped Medications

1. Patient has had a trial and failure of TWO Step 1 agents, defined as:
 - a. Failure to improve symptoms of BPH (urgent need to urinate, frequent urge to urinate, weak or dribbling urine stream etc.). **OR**
2. Patient has an intolerance or contraindication to TWO Step 1 agents, defined as (but not limited to):
 - a. Allergic reaction;
 - b. Adverse drug reactions.

References:

1. Product Information: RAPAFLO^(R) oral capsule, silodosin oral capsule. Watson Pharma, Inc. (per FDA), Parsippany, NJ, 2013.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/15/2019

Last Rev. 10/15/2019