



**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<sup>(R)</sup> 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



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