

**dutasteride/tamsulosin (JALYN)**

**Diagnosis Considered for Coverage:**

- Benign Prostatic Hyperplasia (BPH)

**Coverage Criteria:**

**For diagnosis of Benign Prostatic Hyperplasia (BPH), approve if:**

- Dose does not exceed 1 capsule per day, **and**
- One of the following:
  - Inadequate response to dutasteride (Avodart) or tamsulosin (Flomax) and request is for dutasteride/tamsulosin combination to reduce the pill burden,
  - or**
  - Inadequate response or intolerable side effect to finasteride (Proscar) in combination with one of the following alpha blockers: tamsulosin, doxazosin, or terazosin.

**Coverage Duration:** one year

Effective Date: 08/30/2023