

silodosin (RAPAFLO)
RAPAFLO (silodosin)

Diagnosis Considered for Coverage:

- Benign Prostatic Hyperplasia (BPH)

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect with tamsulosin (Flomax), **and**
- Dose does not exceed 8 mg per day

For brand-name Rapaflo:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: Length of benefit

Effective: 1/01/2019GF