

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Non-Preferred Overactive Bladder Agents Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
Detrol (tolterodine tartrate) - (brand) Detrol LA (tolterodine tartrate extended-release) - (brand) Ditropan XL (oxybutynin chloride) - (brand) Enablex (darifenacin) - (brand) Gelnique (oxybutynin chloride) Myrbetriq (mirabegron extended-release) Oxytrol Rx Patch (oxybutynin) Toviaz (fesoterodine fumerate extended-release) Vesicare (solifenacin succinate)	Non-Preferred	May be subject to quantity limit
darifenacin extended release oxybutynin tab oxybutynin syrup oxybutynin ER Oxytrol OTC patch (oxybutynin) tolterodine, tolterodine ER trospium trospium ER	Preferred	

### **APPROVAL CRITERIA**

Requests for non-preferred overactive bladder agents may be approved for individuals who meet the following criteria:

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PAGE 1 of 2 08/28/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to **two** preferred agents;  
**OR**
- II. If Myrbetriq (mirabegron) is requested, it may be approved for requests in individuals who have experienced an adverse event with an anticholinergic agent.

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: May 22, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Gormley EA, Lightner DJ, Burgio KL, et.al. Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline. April 2019. Available from: [https://www.auanet.org/guidelines/overactive-bladder-\(oab\)-guideline](https://www.auanet.org/guidelines/overactive-bladder-(oab)-guideline). Accessed May 22, 2020.
6. Franco I, Hoebeke P, Baka-Ostrowska M et.al. Long-term efficacy and safety of solifenacin in pediatric patients aged 6 months to 18 years with neurogenic detrusor overactivity: results from two phase 3 prospective open-label studies. *J of Pediatr Urol*. 2019 Dec 27; S1477-5131 (19). doi:10.1016/j.jpuro.2019.12.012.
7. Stein R, Bogaert G, Dogan HS, et.al. EAU/ESPU guidelines on the management of neurogenic bladder in children and adolescent part I diagnostics and conservative treatment. *Neurology Urodynamics*. January 2020; 39(1): 45-57. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1002/nau.24211>.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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