

**Over Active Bladder  
Long-Acting Anticholinergics  
Effective 02/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

**Coverage Guidelines**

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response, side effect, or a contraindication to two different first-line medications.

FIRST-LINE	SECOND-LINE
Oxybutynin extended-release tablets Trospium chloride extended-release capsules solifenacin tablets	Darifenacin extended-release tablets Gelnique <sup>®</sup> (oxybutynin) gel Myrbetriq <sup>®</sup> extended-release (mirabegron) tablets Myrbetriq <sup>®</sup> (mirabegron) granules for oral suspension Tolterodine extended-release capsules Toviaz <sup>®</sup> extended-release (fesoterodine) tablets



## References

1. Detrol LA (tolterodine) [prescribing information]. New York, NY: Pfizer; July 2018
2. Enablex (darifenacin) [prescribing information]. Irvine, CA: Allergan USA Inc; September 2016
3. Oxybutynin chloride tablets [prescribing information]. New Castle, DE: Marlex Pharmaceuticals Inc; March 2018
4. Gelnique 10% (oxybutynin chloride) gel [prescribing information]. Madison, NJ: Allergan USA Inc; March 2019
5. Myrbetriq (mirabegron) [prescribing information]. Northbrook, IL; Astellas Pharma; April 2018
6. Toviaz (fesoterodine) [prescribing information]. New York, NY: Pfizer Labs; November 2017
7. VESicare (solifenacin succinate) [prescribing information]. Northbrook, IL: Astellas Pharma US; May 2020
8. Lukacz ES. Treatment of urgency incontinence/overactive bladder in women. Post TW, ed. *UpToDate*. Waltham, MA: UpToDate Inc. Accessed March 8, 2019
9. 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 Pediatr Urol*. 2020;16(2):180.e1-180.e8. doi:10.1016/j.jpuro.2019.12.012[PubMed 32007426]
10. Balk EM, Rofeberg VN, Adam GP, et al. Pharmacologic and Nonpharmacologic Treatments for Urinary Incontinence in Women: A Systematic Review and Network Meta-analysis of Clinical Outcomes. *Ann Intern Med* 2019; 170:465

## Review History

09/23/13 – Reviewed  
11/04/13 – Implemented  
09/22/14 – Reviewed  
10/01/14 – Detrol LA generic  
09/21/15 – Reviewed  
09/19/16 – Reviewed  
09/18/17 – Reviewed  
09/24/18 – Updated Enablex to darifenacin ER  
09/18/19 – Removed trial of trospium ER from clinical criteria  
11/20/19 – Removed Oxytrol (non-formulary) and updated program to true ST (removed clinical criteria)  
09/16/2020 – Updated and Reviewed Sept P&T Mtg; Moved solifenacin (generic Vesicare) to first line agent. Vesicare (generic) launched and removed from criteria and formulary. Effective 11/01/20.  
11/17/2021 – Updated and reviewed for Nov P&T; Added new formulation of Myrbetriq oral granules as second line agent. Effective 02/01/2022.

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