Over Active Bladder – Long-Acting Anticholinergics
Effective 12/1/2019

Plan
☒ MassHealth
☒ Commercial/Exchange
☐ Prior Authorization
☐ Quantity Limit
☒ Step Therapy

Benefit
☒ Pharmacy Benefit
☐ Medical Benefit (NLX)

Specialty Limitations
N/A

Specialty Medications
All Plans
Phone: 866-814-5506
Fax: 866-249-6155

Non-Specialty Medications
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

Medical Specialty Medications (NLX)
All Plans
Phone: 844-345-2803
Fax: 844-851-0882

Contact Information
Specialty Medications
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

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
Darfencin extended-release tablets
Oxytrol® (oxybutynin) OTC patch†
Gelnique® (oxybutynin) gel
Trospium chloride extended-release capsules
Myrbetriq® extended-release (mirabegron) tablets
Tolterodine extended-release capsules
Toviaz® extended-release (fesoterodine) tablets
VESIcare® (solifenacin) tablets

Oxytrol® (oxybutynin TD) Rx patch is a plan exclusion. † Note: Oxytrol OTC patches are listed as “Oxytrol For Women”
Limitations
Approvals will be granted for 36 months

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. Oxytrol (oxybutynin) transdermal system [prescribing information]. Irvine, CA: Allergan; October 2017
7. Toviaz (fesoterodine) [prescribing information]. New York, NY: Pfizer Labs; November 2017
8. VESIcare (solifenacin succinate) [prescribing information]. Northbrook, IL: Astellas Pharma US; February 2016

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

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