Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 6, 2021 March 26, 2024

OVERACTIVE BLADDER AGENTS

Preferred Drugs: Toviaz® ER, Oxybutynin (tablet, syrup, extended release), Solifenacin

Non-preferred drugs: Detrol® (tolterodine), Detrol® LA (tolterodine ER), Darifenacin ER, Ditropan XL®, Enablex® (darifenacin), Flavoxate, Gelnique® (oxybutynin chloride 10% gel), Gemtesa®* (vibegron), Myrbetriq®* (mirabegron), Oxytrol® (oxybutynin transdermal system), Tolterodine, Tolterodine ER, Trospium, Trospium ER, Vesicare®, Vesicare LS™

*Gemtesa and Mybetriq have drug-specific criteria

LENGTH OF AUTHORIZATION: Initiation of therapy: Up to 90 days
Continuation of therapy: Up to 6 months

INITIAL REVIEW CRITERIA:

- Medication requested must have the FDA approved indication and patient must be within the FDA approved age limits.
- Quantity and age limits are located on the Summary of Drug Limitations at the following website: http://www.ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml
- Patient must have a diagnosis of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and urinary frequency.

OR

- Pediatric patient with symptoms of detrusor overactivity associated with a neurological condition (e.g., spina bifida) (Ditropan XL®, Myrbetriq® and Vesicare LS™).
- Patient must have a history of trial and failure within the past 365 days of at least two preferred overactive bladder agents.
- Myrbetriq® can be used either alone, or in combination, with the muscarinic antagonist solifenacin succinate.

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Documentation of positive clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/