Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 27, 2024

Myrbetriq® (mirabegron extended-release)

LENGTH OF AUTHORIZATION: Initial Therapy - Up to 90 days
Continuation of Therapy - Up to 6 months

REVIEW CRITERIA:

- Patient must have a documented diagnosis of one of the following and meets all associated requirements:
  - **Overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency:**
    - Patient must be ≥ 18 years of age; **AND**
    - Patient must have a history of trial and failure within the past 365 days on at least two urinary tract antispasmodics/anticholinergics (e.g., oxybutynin/ER, solifenacin, and Toviaz ER) unless contraindicated or the patient is intolerant to treatment.

    -OR-

  - **Neurogenic detrusor overactivity (neurogenic bladder):**
    - Patient must be ≥ 3 years of age and weighs ≥ 35 kg, **AND**
    - Patient must have a history of trial and failure within the past 365 days on at least two urinary tract antispasmodics/anticholinergics (e.g., oxybutynin/ER, solifenacin, and Toviaz ER) unless contraindicated or the patient is intolerant to treatment.
    - For pediatric patients, the following may be considered based on the patient's age for therapeutic appropriateness: oxybutynin ER, Toviaz® ER, Vesicare LS™.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as:
  - 25 mg and 50 mg extended-release tablets
  - 8 mg/mL extended-release oral suspension