

**Over Active Bladder  
 Long-Acting Anticholinergics  
 Effective 01/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <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 ONE first-line medication 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 Tropium chloride extended-release capsules solifenacin tablets	Darifenacin extended-release tablets Tolterodine extended-release capsules Gemtesa (vibegron) oral tablets Fesoterodine extended-release (generic for Toviaz®)

## 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.

07/20/2022 – Updated and reviewed for July P&T; Fesoterodine extended-release released and added as second line agent. Brand Toviaz moved to non-formulary. Effective 10/1/2022

11/16/2022 – Updated and reviewed for Nov P&T; Myrbetriq and Gelnique removed from second line agents and move to non-formulary. Added Gemtesa as a second line agent. Effective 01/01/2023.

