

Commercial/Healthcare Exchange Step Criteria Effective: March 2005

Step Therapy Name: Overactive Bladder

Step 1 Agent(s): oxybutynin IR/ER, tolterodine IR/ER, darifenacin IR

<u>Step 2 Agent(s)</u>: Gelnique, Oxytrol, Toviaz, Gemtesa, Vesicare, trospium chloride er capsule, tropsium chloride tablet, solifenacin tablet, darifenacin er tablet, Vesicare LS 5mg/5ml suspension

<u>Medication/Class Description:</u>

Overactive Bladder (OAB) medications are indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency. The available products work by different mechanisms to alleviate symptoms of OAB. Anti-muscarinics and beta-3 adrenoceptor agonists can relax the bladder muscle and increase the amount of urine a bladder can hold and empty.

Required Medical Information:

- 1. Diagnosis
- 2. Previous therapies tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 Months

Exceptions for Stepped Medications

- A. Patient has had a trial and failure of at least TWO Step 1 Agents defined as:a. Failure to improve symptoms; OR
- B. Patient has an intolerance or contraindication to at least TWO Step 1 Agents defined as (but not limited to):
 a. Allergic reaction
 - b. Adverse drug reactions

References:

- 1. Product Information: TOVIAZ^(R) oral extended-release tablets, fesoterodine fumarate oral extended-release tablets. Pfizer Labs (per FDA), New York, NY, 2017.
- 2. Product Information: VESIcare(R) oral tablets, solifenacin succinate oral tablets. Astellas Pharma US, Inc. (per Manufacturer), Northbrook, IL, 2016.
- 3. Product Information: GELNIQUE(R) topical gel, oxybutynin chloride 10% topical gel. Allergan USA, Inc. (per FDA), Irvine, CA, 2017.
- 4. Product Information: OXYTROL(R) transdermal system, oxybutynin transdermal system. Allergan USA Inc (per FDA), Irvine, CA, 2017
- 5. Product Information: SANCTURA(R) oral tablets, trospium chloride oral tablets. Allergan, Inc. (per FDA), Irvine, CA, 2012.

Policy Revision history



ConnectiCare.

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|-------|----------------|---|--------------------------|---------------------|
| 1 | Policy Update | Adopted EH Template CCI P&T Review History: 03/05, 12/06, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 2/16, 5/16, 2/17, 1/18 CCI Revision Record: 11/15, 2/16, 5/16 | All | October 24, 2019 |
| 2 | Annual Review | N/A | N/A | 03/02/2020 |
| 3 | Update | Removed trospium IR/ER, solifenacin from Step 1 Agents Added trospium chloride er capsule, tropsium chloride tablet, solifenacin tablet, darifenacin er tablet to Step 2 Agents | Step 1 and Step 2 Agents | 1/1/2021 |
| 4 | Update | Added Vesicare LS 5mg/5ml suspension to Step 2 Agents | Step 2 Agents | 2/10/2021 |



ConnectiCare.

| 5 | Update | Added Gemtesa as a Step 2 Agent | Step 2 Agents | 6/9/2021 |
|---|--------|--|-------------------------------|------------|
| 6 | Update | Removed the following from Step 2 Agent(s): Myrbetriq Removed the following from References: 1. Product Information: MYRBETRIQ(R) oral extended-release tablets, mirabegron oral extended- release tablets. Astellas Pharma US, Inc. (per FDA), Northbrook, IL, 2018. | Step 2 Agent(s) References | 07/01/2021 |

Last Res. July 2021

