

SmartPA Criteria Proposal

Drug/Drug Class:	Urinary Tract Antispasmodics PDL Edit
First Implementation Date:	November 2, 2005
Proposed Date:	June 18, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Overactive bladder (OAB) is increased urinary urgency, with or without urge urinary incontinence, usually with frequency and nocturia. This bothersome medical condition affects more than 17 million men and women of all ages, although its incidence increases significantly with age. Research shows that this triad of symptoms – urinary frequency, urgency, and urge incontinence, alone or in combination – can have a significant impact on a participant’s quality of life. Several different medications are available for treating OAB and are classified as antimuscarinic or anticholinergic drugs. These agents affect the nerve and muscle function of the detrusor muscle, causing it to relax, thus reducing the frequency and intensity of the bladder contractions. They can also increase bladder capacity.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> • Oxybutynin • Oxybutynin ER • Solifenacin Succinate • Toviaz® 	<ul style="list-style-type: none"> • Darifenacin ER • Detrol® • Detrol LA® • Ditropan XL® • Enablex® • Flavoxate • Gelnique® • Myrbetriq® • Oxytrol® • Tolterodine • Tolterodine ER • Trospium • Trospium ER • Urogesic-Blue™ • Vesicare®

Type of Criteria: Increased risk of ADE
 Appropriate Indications

Preferred Drug List
 Clinical Edit

Data Sources: Only Administrative Databases

Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Urinary Tract Antispasmodics
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- For oxybutynin ER: approved as first-line therapy for participants aged 6 to 15 years **OR**
- Failure to achieve desired therapeutic outcomes with trial on **3** or more preferred agents
 - Documented trial period of preferred agents **OR**
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

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4. Drug Effectiveness Review Project – Drug Class Review on “Agents for Overactive Bladder.” Center for Evidence-Based Policy, Oregon Health & Science University; March 2009; updated January 2016
5. Evidence-Based Medicine Analysis: “Urinary Tract Antispasmodics”, UMKC-DIC; March 2020.
6. Evidence-Based Medicine and Fiscal Analysis: “Urinary Tract Antispasmodic Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; April 2020.
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9. Ditropan [package insert]. Raritan, NJ: Ortho-McNeil Pharmaceutical, Inc; 2012.
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12. Sanctura XR [package insert]. Irvine, CA: Allergan; 2012.
13. Toviaz [package insert]. New York, NY: Pfizer Labs; 2017.
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16. Gelnique [package insert]. Madison, NJ: Allergan USA, Inc; 2019.
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SmartPA PDL Proposal Form

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