Urinary Tract Antispasmodics

Effective 11/02/2005
Revised 10/06/2016

Preferred Agents
• Enablex®
• Oxybutynin Tablets
• Oxybutynin Syrup
• Oxybutynin ER
• Oxytrol® OTC
• Toviaz®
• Vesicare®

Non-Preferred Agents
• Detrol®
• Detrol® LA
• Ditropan® XL
• Flavoxate
• Gelnique® Gel
• Myrbetriq®
• Sanctura®
• Sanctura XR
• Tolterodine
• Tolterodine ER
• Trospium
• Trospium ER
• Oxytrol OTC/Rx Transdermal

Approval Criteria | Denial Criteria
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Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents | Lack of adequate trial on required preferred agents
Documented trial period for preferred agents | Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents | 
Documented compliance on current therapy regimen | 
Ditropan XL therapy will be approved as first-line therapy for pediatric patients | 
Pediatric patients defined as aged 6 to 15 years | Drug Prior Authorization Hotline: (800) 392-8030