Urinary Tract Antispasmodics

Effective 11/02/2005
Revised 04/17/2020

**Preferred Agents**
- Darifenacin ER
- Enablex®
- Oxybutynin
- Oxybutynin ER
- Solifenacin Succinate
- Toviaz®

**Non-Preferred Agents**
- Detrol®
- Detrol® LA
- Ditropan® XL
- Flavoxate
- Gelnique®
- Myrbetriq®
- Oxytrol®
- Tolterodine
- Tolterodine ER
- Trospium
- Trospium ER
- Urogesic Blue™
- Vesicare®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Ditropan XL (oxybutynin ER) therapy will be approved as first-line therapy for pediatric patients (defined as aged 6 to 15 years)

### Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030