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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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<tbody>
<tr>
<td>Oxybutynin</td>
<td>Darifenacin ER</td>
</tr>
<tr>
<td>Oxybutynin ER</td>
<td>Detrol®</td>
</tr>
<tr>
<td>Solifenacin Succinate</td>
<td>Detrol LA®</td>
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<tr>
<td>Toviaz®</td>
<td>Ditropan XL®</td>
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<td>Enablex®</td>
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<td>Flavoxate</td>
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<td>Gelnique®</td>
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<td>Myrbetriq®</td>
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<td>Oxytrol®</td>
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<td>Tolterodine</td>
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<td>Tolterodine ER</td>
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<td>Trospium</td>
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<td>Trospium ER</td>
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<td>Urogescic-Blue™</td>
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<td></td>
<td>Vescicare®</td>
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</tbody>
</table>
**Type of Criteria:**
- ☐ Increased risk of ADE
- ☑ Preferred Drug List
- ☐ Appropriate Indications
- ☐ 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

<table>
<thead>
<tr>
<th>Laboratory Results:</th>
<th>[ ]</th>
<th>Progress Notes:</th>
<th>[ ]</th>
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</thead>
</table>

| MedWatch Form: | [ ] | Other: | [ ] |

## Disposition of Edit
- Denial: Exception Code "0160" (Preferred Drug List)
- Rule Type: PDL

## Default Approval Period
- 1 year
References

2. USPDI, Micromedex; 2020.
3. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.
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