



Missouri Pharmacy Program – Preferred Drug List



Urinary Tract Antispasmodics

Effective 11/02/2005

Revised 10/04/2018

Preferred Agents

- Enablex[®]
- Oxybutynin Tablets
- Oxybutynin ER Tablets
- Oxybutynin Syrup
- Toviaz[®]
- Vesicare[®]

Non-Preferred Agents

- Darifenacin ER
- Detrol[®]
- Detrol[®] LA
- Ditropan[®] XL
- Flavoxate
- Gelnique[®] Gel/Pump
- Myrbetriq[®]
- Oxytrol Transdermal Rx
- Oxytrol for Women OTC
- Tolterodine
- Tolterodine ER
- Trospium
- Trospium ER

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
- 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

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