



SmartPA Criteria Proposal

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| Drug/Drug Class: | Urinary Tract Antispasmodics PDL Edit |
| First Implementation Date: | November 2, 2005 |
| Revised Date: | October 5, 2023 |
| 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 Soln, Syrup, 5 mg Tabs • Oxybutynin ER • Solifenacin Succinate • Toviaz® | <ul style="list-style-type: none"> • Darifenacin ER • Detrol® • Detrol® LA • Ditropan XL® • Fesoterodine • Flavoxate • Gelnique® • Gemtesa® • Myrbetriq® • Oxybutynin 2.5 mg Tabs • Oxytrol® • Tolterodine • Tolterodine ER • Trospium • Trospium ER • Vesicare® • Vesicare LS™ |

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

- 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
- For Myrbetriq suspension and Vesicare LS: Clinical Consultant Review for participants aged 10 years or older

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Claim exceeds maximum dosing limitations for the following:

| Drug Description | Generic Equivalent | Max Dosing Limitation |
|---------------------------------|--|--------------------------|
| DETROL 1 MG TABLET | TOLTERODINE | 2 tablets per day |
| DETROL 2 MG TABLET | TOLTERODINE | 2 tablets per day |
| DETROL LA 2 MG CAPSULE | TOLTERODINE ER | 1 capsule per day |
| DETROL LA 4 MG CAPSULE | TOLTERODINE ER | 1 capsule per day |
| DITROPAN 5 MG TABLET | OXYBUTYNIN | 4 tablets per day |
| DITROPAN XL 10 MG TABLET | OXYBUTYNIN ER | 2 tablets per day |
| DITROPAN XL 15 MG TABLET | OXYBUTYNIN ER | 2 tablets per day |
| DITROPAN XL 5 MG TABLET | OXYBUTYNIN ER | 1 tablet per day |
| ENABLEX 15 MG TABLET | DARIFENACIN | 1 tablet per day |
| ENABLEX 7.5 MG TABLET | DARIFENACIN | 1 tablet per day |
| FLAVOXATE 100 MG TABLET | FLAVOXATE | 6 tablets per day |
| GEMTESA 75 MG TABLET | VIBEGRON | 1 tablet per day |
| MYRBETRIQ ER 25 MG TABLET | MIRABEGRON ER | 1 tablet per day |
| MYRBETRIQ ER 50 MG TABLET | MIRABEGRON ER | 1 tablet per day |
| OXYBUTYNIN 2.5 MG TABLET | OXYBUTYNIN | 3 tablets per day |
| OXYTROL 3.9 MG/24 HR PATCH | OXYBUTYNIN | 8 patches per 28 days |
| OXYTROL FOR WOMEN 3.9 MG/24 HR | OXYBUTYNIN | 8 patches per 28 days |
| SANCTURA 20 MG TABLET | TROSPIUM | 3 tablets per day |
| SANCTURA XR 60 MG CAPSULE | TROSPIUM | 1 capsule per day |
| TOVIAZ ER 4 MG TABLET | FESOTERODINE | 1 tablet per day |
| TOVIAZ ER 8 MG TABLET | FESOTERODINE | 1 tablet per day |
| UROGESIC-BLUE TABLET | METHENAMINE/SODIUM ACID PHOSPHATE/ METHYLENE BLUE/ HYOSCYAMINE | 4 tablets per day |
| VESICARE 10 MG TABLET | SOLIFENACIN | 1 tablet per day |
| VESICARE 5 MG TABLET | SOLIFENACIN SUCCINATE | 1 tablet per day |
| VESICARE LS 1 MG/ML | SOLIFENACIN SUCCINATE | 10 mL per day |

SmartPA PDL Proposal Form

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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

- Evidence-Based Medicine Analysis: "Urinary Tract Antispasmodics", UMKC-DIC; February 2023.
- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: Renal and Genitourinary: Urinary Tract Antispasmodics", Gainwell Technologies; Last updated April 13, 2023.
- USPDI, Micromedex; 2023.
- Clinical Pharmacology [online]. Tampa (FL): Elsevier. 2023.