

## Overactive Bladder Agents

### Applies To:

darifenacin (Enablex)  
tolterodine immediate-release (Detrol)  
tolterodine extended-release (Detrol LA)  
oxybutynin gel (GELNIQUE)  
vibegron (GEMTESA)  
mirabegron extended-release (MYRBETRIQ)  
oxybutynin transdermal (OXYTROL)  
solifenacin oral suspension (VESICARE LS)

### Diagnosis Considered for Coverage:

- Treatment of Overactive Bladder (OAB)
- Neurogenic detrusor overactivity (NDO) - *Vesicare LS only*

### Coverage Criteria:

#### For diagnosis of OAB:

- Dose does not exceed FDA label maximum, **and**
- Meets step therapy requirements below:

Drug	Coverage Criteria
darifenacin (ENABLEX) tolterodine immediate-release (DETROL) tolterodine extended-release (DETROL LA) mirabegron extended-release (MYRBETRIQ)	<ul style="list-style-type: none"> <li>• Inadequate response or intolerable side effect with ONE of the following: <ul style="list-style-type: none"> <li>• oxybutynin (immediate-release or extended-release)</li> <li>• trospium (immediate-release or extended-release)</li> <li>• solifenacin (Vesicare)</li> <li>• fesoterodine (Toviaz)</li> </ul> </li> <li>or</li> <li>• Contraindication to all preferred OAB agents.</li> </ul>
vibegron (GEMTESA)	<ul style="list-style-type: none"> <li>• Inadequate response, or intolerable side effect with ONE of the following: oxybutynin (IR/ER), trospium (IR/ER), solifenacin (Vesicare) tablet, or fesoterodine (Toviaz) AND inadequate response or intolerable side effect with Myrbetriq,</li> <li>or</li> <li>• Contraindication to all preferred OAB agents</li> </ul>

oxybutynin gel (GELNIQUE) oxybutynin transdermal (OXYTROL)	<ul style="list-style-type: none"> <li>Inadequate response, or intolerable side effect with ONE of the following: oxybutynin (IR/ER), trospium (IR/ER), solifenacin (Vesicare) tablet, or fesoterodine (Toviaz) AND inadequate response or intolerable side effect with Myrbetriq, or</li> <li>Contraindication to all preferred OAB agents</li> </ul>
solifenacin oral suspension (VESICARE LS)	<ul style="list-style-type: none"> <li>Inadequate response, intolerable side effect, or contraindication with oxybutynin solution</li> </ul>
<b>Coverage Duration:</b> one year	
Effective Date 09/27/2023	