Clinical Pharmacy Program Guidelines for Overactive Bladder Agents

<table>
<thead>
<tr>
<th>Program</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Ditropan XL (oxybutynin extended-release), Sanctura (trospium), Detrol (tolterodine)</td>
</tr>
<tr>
<td>Pharmacy &amp; Therapeutics Approval Date</td>
<td>11/2016</td>
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<tr>
<td>Effective Date</td>
<td>1/2017</td>
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1. **Background:**

Sanctura is a muscarinic antagonist indicated for the treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and urinary frequency.

Detrol tablets are indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.

Oxybutynin and Oxybutynin Extended Release is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency. Oxybutynin and Oxybutynin extended release is also indicated in the treatment of pediatric patients aged 6 years and older with symptoms of detrusor over-activity associated with a neurological condition (e.g., spina bifida).

2. **Coverage Criteria:**

   **A. Automated Step Therapy Criteria**

   1. A claim for oxybutynin ER, tolterodine IR, or trospium will process at the point of sale if the patient’s drug fill history shows a 30 day trial of oxybutynin immediate release.

   **B. Requests that DO NOT Meet Automated Step Criteria**

   1. Oxybutynin ER, tolterodine IR, or trospium will be approved for patients who have not met the automated step criteria when one of the following circumstances is met:

      a. The patient did not exhibit an adequate response to treatment with oxybutynin immediate release.

         -OR-

      b. The patient experienced an intolerance/adverse reaction to previous therapy with oxybutynin immediate release.
c. The patient has a documented contraindication to treatment with oxybutynin immediate release.

-OR-

d. The patient is greater than or equal to 65 years of age.

Authorization will be issued for 12 months.

3. References:

2. Detrol Prescribing Information. Pfizer, August 2012.

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**Change Control**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>June 2009</td>
<td>Criteria taken from previously approved AmeriChoice policy. Policy reformatted. Vesicare added to policy.</td>
</tr>
<tr>
<td>Dec 2010</td>
<td>Annual review, no changes</td>
</tr>
<tr>
<td>Dec 2011</td>
<td>Annual review, updated references</td>
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<tr>
<td>Dec 2012</td>
<td>Updated preferred drug list. Removed Vesicare and Enablex as preferred and added Detrol and Sanctura as preferred. Updated references</td>
</tr>
<tr>
<td>Nov 2016</td>
<td>Annual review, updated policy template and references. Add standard authorization duration of 12 months.</td>
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