Pharmacy Medical Policy
Overactive Bladder Medications

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Policy Number: 170
BCBSA Reference Number: None

Related Policies
- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>Formulary Status</td>
</tr>
<tr>
<td><strong>STEP 1</strong></td>
<td></td>
</tr>
<tr>
<td>darifenacin ER</td>
<td>Covered</td>
</tr>
<tr>
<td>oxybutynin</td>
<td></td>
</tr>
<tr>
<td>oxybutynin ER</td>
<td></td>
</tr>
<tr>
<td>solifenacin</td>
<td></td>
</tr>
<tr>
<td>tolterodine</td>
<td></td>
</tr>
<tr>
<td>tolterodine ER</td>
<td></td>
</tr>
<tr>
<td>trospium</td>
<td></td>
</tr>
<tr>
<td>trospium XR</td>
<td></td>
</tr>
<tr>
<td><strong>STEP 2</strong></td>
<td></td>
</tr>
</tbody>
</table>
**VESIcare®** (solifenacin succinate)  Prior use of Step 1 Required

**Myrbetriq™** (mirabegron)

**STEP 3**

**Detrol®** (tolterodine)

**Detrol LA** (tolterodine)

**Ditropan®** (oxybutynin)

**Ditropan XL** (oxybutynin)

**Enablex®** (darifenacin)

**Gelnique®** (oxybutynin)

**Oxytrol®** (oxybutynin)

**Toviaz™** (fesoterodine fumarate)

**Non-formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and criteria below are met.

## By benefit design [contract] Oxytrol® OTC Patch is excluded from coverage as it is available without a prescription

**Policy**

**Commercial Members**

We cover the Overactive bladder medications listed in the chart above for new starts* in the following stepped approach**.

*New start is defined as no previous paid claim for the requested medication within the past 130 days.

**Step 1:** Step 1 medications will be covered without prior authorization.

**Step 2:** Step 2 medication may be covered when the following criterion is met:
- There must be evidence of a BCBSMA paid claim by the patient of a step one medication within the previous 130 days,
  **OR**
- There must be evidence of a BCBSMA paid claim by the patient of a step 2 medication within the previous 130 days.

**Step 3:** Step 3 medications may be covered when one of the following criteria are met:
- There must be evidence of a BCBSMA paid claim by the patient of both a step 1 and a step 2 medication within the previous 130 days.
  **OR**
- There must be evidence of a BCBSMA paid claim of the requested step 3 drug within the previous 130 days.

**Exception requests based exclusively on the use of samples will not meet coverage criteria for non-formulary medications. Additional clinical information demonstrating medical necessity of the non-formulary medication must be submitted by the requesting prescriber for review. We do not cover drugs listed in the above chart unless the above step therapy criteria are met.

**Individual Consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
Managed Care Authorization Instructions
- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale. Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.

PPO and Indemnity Authorization Instructions
- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale. Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2019</td>
<td>Updated to revise Step Criteria.</td>
</tr>
<tr>
<td>7/2019</td>
<td>Updated to add Solifenacin to step 1.</td>
</tr>
<tr>
<td>10/2017</td>
<td>Updated to add Myrbetriq™ to Step2 of Policy.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>10/2016</td>
<td>Added Darifenacin ER to step 1 and removed gender reference.</td>
</tr>
<tr>
<td>3/2014</td>
<td>Added Tolterodine ER to step 1.</td>
</tr>
<tr>
<td>1/2014</td>
<td>Updated to limit Oxytrol® prescription coverage to males because an FDA approved product, Oxytrol® for Women is available for females without a prescription. Updated ExpressPAth language and remove Blue Value.</td>
</tr>
<tr>
<td>3/2013</td>
<td>Updated to include coverage for new FDA approved medications tolterodine, trospium and trospium XR.</td>
</tr>
<tr>
<td>9/2012</td>
<td>Updated to include coverage for new FDA approved medication Myrbetriq™</td>
</tr>
<tr>
<td>1/2012</td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>1/1/2010</td>
<td>New policy, effective 1/1/2010, describing covered and non-covered indications.</td>
</tr>
</tbody>
</table>

References

Endnotes

A. Based on the recommendations of the BCBSMA Pharmacy and Therapeutics Committee meeting on 9/15/2009.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below: