



MASSACHUSETTS

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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. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. 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.

Drug	Formulary Information	
	Standard	
	Formulary Status	
STEP 1		
Darifenacin ER	Covered	
Oxybutynin		
Oxybutynin ER		
Tolterodine		
Tolterodine ER		
Trospium		
Trospium XR		

STEP 2	
VESicare ® (solifenacin succinate)	Prior use of Step 1 Required
Myrbetriq ™ (mirabegron)	
STEP 3	
Detrol ®** (tolterodine)	Prior use of Step 1 and Step 2 Required
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^A.

*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 or physician documented use, excluding the use of samples, 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
 25 Technology Place
 Hingham, MA 02043
 Tel: 1-800-366-7778
 Fax: 1-800-583-6289

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.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

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.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

Policy History

Date	Action
10/2017	Updated to add Myrbetriq™ to Step2 of Policy.
6/2017	Updated address for Pharmacy Operations.
10/2016	Added Darifenacin ER to step 1 and removed gender reference.
3/2014	Added Tolterodine ER to step 1.
1/2014	Updated to limit Oxytrol® prescription coverage to males because an FDA approved product, <u>Oxytrol® for Women</u> is available for females without a prescription. Updated ExpressPAtH language and remove Blue Value.
3/2013	Updated to include coverage for new FDA approved medications tolterodine, trospium and trospium XR.
9/2012	Updated to include coverage for new FDA approved medication Myrbetriq™
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/2012	Updated to include Gelnique® and Oxytrol® as Step 3 medications.
9/2011	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2010	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
1/1/2010	New policy, effective 1/1/2010, describing covered and non-covered indications.

References

1. Detrol® LA [package insert]. New York, NY: Pfizer Labs; August 2012.
2. Ditropan® XL [package insert]. Vacaville, CA: Alza Corporation; 2009.

3. Enablex® [package insert]. Cincinnati, Ohio: Procter & Gamble Pharmaceuticals; 2008.
4. Sanctura® XR [package insert]. Irvine, CA: Alelrgan, Inc.; 2007.
5. Sanctura® [package insert]. Irvine, CA: Alelrgan, Inc.; July 2012.
6. Toviaz™ [package insert]. New York, NY: Pfizer Labs; 2008.
7. VESIcare [package insert]. Deerfield, IL: Astellas Pharma Technologies; 2008.
8. Gelnique® [package insert]. Morristown, NJ: Watson Pharma, Inc., 2011.
9. Oxytrol® [package insert]. Morristown, NJ: Watson Pharma, Inc., 2010.
10. Myrbetriq™ [package insert]. Northbrook, IL: Astellas Pharma Technologies; 2012.
11. Oxytrol® for Women [Product Brochure]. MSD Consumer Care, 2013

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:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf