



URINARY TRACT ANTISPASMODICS PA SUMMARY

PREFERRED	Flavoxate, Oxybutynin (IR tabs, syrup), Oxytrol, Toviaz, Trospium, Vesicare
NON-PREFERRED	Branded products with generics available, Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, Oxybutynin ER, Sanctura XR, Tolterodine, Trospium ER

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If generic tolterodine is approved, the PA will be issued for the brand-name product, Detrol. If generic trospium ER is approved, the PA will be issued for the brand-name product, Sanctura XR.

PA CRITERIA:

For Gelnique

- ❖ Approvable for members unable to swallow oral dosage forms of medication

AND

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that Oxytrol is not appropriate for the member.

For all other non-preferred products

- ❖ Physician should submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to 2 of the preferred agents.

QLL CRITERIA:

- ❖ One replacement patch may be approved if an Oxytrol Patch has been lost or damaged.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.