



**GEORGIA MEDICAID FEE-FOR-SERVICE  
BLADDER RELAXANT PREPARATIONS PA SUMMARY**

Preferred	Non-Preferred
Fesoterodine ER generic Oxybutynin chloride IR tablets and oral syrup generic Oxybutynin chloride ER tablets generic Oxytrol Rx (oxybutynin patch) Solifenacin tablets generic Tolterodine ER generic Vesicare LS (solifenacin oral suspension)*	Darifenacin ER generic Flavoxate generic Gelnique (oxybutynin gel) Gemtesa (vibegron) Myrbetriq (mirabegron extended-release tablets) Myrbetriq Granules (mirabegron extended-release oral suspension) Tolterodine IR generic Trospium IR generic Trospium ER generic

\*Preferred that requires PA; IR=immediate-release; ER=extended-release

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** Vesicare LS is preferred but requires prior authorization.

**PA CRITERIA:**

Vesicare LS

- ❖ Approvable for members 2 to 4 years of age with a diagnosis of neurogenic detrusor overactivity (NDO).
- ❖ Approvable for members 5 to 17 years of age with a diagnosis of neurogenic detrusor overactivity who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to oxybutynin.

Gelnique

- ❖ For members unable to swallow oral dosage forms of medication, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Oxytrol Rx, is not appropriate for the member.

Myrbetriq Granules

- ❖ Approvable for members 3 to 4 years of age weighing 35 kg or more with a diagnosis of neurogenic detrusor overactivity who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to Vesicare LS.
- ❖ Approvable for members 5 to 17 years of age weighing 35 kg or more with a diagnosis of neurogenic detrusor overactivity who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to oxybutynin and Vesicare LS.

All Other Non-Preferred Products

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products, only one which can be an oxybutynin product.

**QLL CRITERIA:**



- ◆ One replacement patch may be approved if an Oxytrol Rx 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 **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.