



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

Preferred	Non-Preferred
Oxybutynin chloride IR generic Oxybutynin chloride ER generic Oxytrol Rx (oxybutynin patch) Toviaz (fesoterodine) Vesicare (solifenacin)	Enablex (darifenacin) Flavoxate generic Gelnique (oxybutynin gel) Myrbetriq (mirabegron) Sanctura XR (trospium ER) Tolterodine IR generic Tolterodine ER generic Trospium IR generic Trospium ER generic

IR=immediate-release; ER=extended-release

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If generic trospium ER is approved, the PA will be issued for brand Sanctura XR.

PA CRITERIA:

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.

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.

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 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.