



Missouri Pharmacy Program – Preferred Drug List



Urinary Tract Antispasmodics

Effective 11/02/2005

Revised 07/07/2011

Preferred Agents

- Sanctura[®]
- Sanctura[®] XR
- Enablex[®]
- Vesicare[®]
- Oxybutynin
- Detrol[®] LA
- Toviaz[®]

Non-Preferred Agents

- Detrol[®]
- Ditropan[®] XL
- Oxybutynin ER
- Gelnique[®] Gel
- Oxytrol[®]
- **Trospium**
- **Flavoxate**
- **Urogesic Blue[®]**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 4 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	
Ditropan XL therapy will be approved as first-line therapy for pediatric patients: Pediatric patients defined as aged 6 to 15 years	Drug Prior Authorization Hotline: (800) 392-8030