

GENERIC STEP THERAPY PLANS (GSTP)

DRUG CLASS	URINARY ANTISPASMODICS
PGST SSB – Ref# 375-D:	Oxytrol
HPGST SSB – Ref# 411-D:	Gelnique, Myrbetriq, Oxytrol, Toviaz
TGST SSB – Ref# 385-D:	Gelnique, Myrbetriq, Oxytrol, Toviaz
Status: CVS Caremark Criteria	
Type: Initial Step Therapy; Post Step Therapy Prior Authorization	

INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of a generic urinary antispasmodic drug within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the system will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

Branded urinary antispasmodics will be covered with post step therapy prior authorization when the following criteria are met:

- Patient has experienced an inadequate treatment response, intolerance, contraindication or potential drug interaction to at least one generic urinary antispasmodic.

RATIONALE

If the patient has filled a prescription for at least a 30 day supply of a generic urinary antispasmodic drug within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit.

If the patient does not meet the initial step therapy criteria, then prior authorization is required.

If the patient has a documented contraindication to or a potential drug interaction with a generic drug, then the requested brand drug will be covered. If the patient is intolerant to at least one of the generic drugs, then the requested brand drug will be covered. If the patient has tried one of the generic drugs for at least 30 days and had an inadequate treatment response, then the requested brand drug will be covered. If these requirements are met, then the approval duration is 24 months.

REFERENCES

N/A

Written by: UM Development

Date Written: 04/2009

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GSTP Urinary Antispasmodics

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04/2015, 01/2016 (removed Enablex), 04/2016 (no clinical changes), 04/2017 (no clinical changes), 04/2018 (removed Toviaz from PGST), 11/2018 (no changes), 01/2019 (removed Vesicare from HPGST & TGST)
Reviewed: Medical Affairs 05/2009, 09/2009, 10/2009, 07/2010, 08/2010, 10/2011, 01/2012, (KP) 07/2012; (DC) 09/2012, 12/2012, 03/2013, (LS) 04/2013, (KP) 04/2014, (SS) 10/2014, (LB) 04/2015
External Review: 05/2009, 12/2009, 12/2010, 12/2011, 08/2012, 08/2013, 08/2014, 08/2015, 08/2016, 08/2017, 08/2018, 04/2019

GSTP Urinary Antispasmodics

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