Oxybutynin ER Step Therapy Criteria

- Approval of oxybutynin ER tablets requires a trial of oxybutynin IR tablets. PA will be required for new starts only if no claim record found for oxybutynin IR within the last 90 days.

Tolterodine IR and Trospium IR PA Criteria

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, Go to question #2.
    b. If No, Category 1 denial.

2. Has the patient tried and failed oxybutynin IR and oxybutynin ER?
    a. If Yes, **Approve.**
    b. If No, Forward to Medical Director for medical appropriateness.
    Category 5: Not medically appropriate. Provider submitted documentation does not indicate that patient has tried and failed preferred treatment alternatives.

Tolterodine ER PA Criteria

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, Go to question #2.
    b. If No, Category 1 denial.

2. Has the patient tried and failed oxybutynin IR, oxybutynin ER, and tolterodine?
    a. If Yes, **Approve.**
    b. If No, Forward to Medical Director for medical appropriateness.
    Category 5: Not medically appropriate. Provider submitted documentation does not indicate that patient has tried and failed preferred treatment alternatives.

Trospium ER PA Criteria

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, Go to question #2.
    b. If No, Category 1 denial.

2. Has the patient tried and failed oxybutynin IR, oxybutynin ER, and trospium?
    a. If Yes, **Approve.**
    b. If No, Forward to Medical Director for medical appropriateness.
    Category 5: Not medically appropriate. Provider submitted documentation does not indicate that patient has tried and failed preferred treatment alternatives.

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted