



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

MIRABEGRON SUSPENSION

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MIRABEGRON	MYRBETRIQ		49454	GPI-14 (5420005000G220)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of neurogenic detrusor overactivity (NDO) and meet **ALL** of the following criteria?
  - The patient is 3 years of age or older
  - The patient had a trial of or contraindication to ONE anticholinergic (e.g., oxybutynin, solifenacin)
  - The patient is unable to swallow Myrbetriq tablets

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #10mL per day.**  
If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **MIRABEGRON SUSPENSION (Myrbetriq)** requires the following rule(s) be met for approval:

- A. You have neurogenic detrusor overactivity (NDO: a type of bladder control condition)
- B. You are 3 years of age or older
- C. You had a trial of or contraindication (harmful for) to ONE anticholinergic (such as oxybutynin, solifenacin)
- D. You are unable to swallow Myrbetriq tablets

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Myrbetriq.

**REFERENCES**

- Myrbetriq [Prescribing Information]. Northbrook, IL: Astellas Pharma, Inc.; April 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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