



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

SOLIFENACIN SUSPENSION

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SOLIFENACIN SUCCINATE	VESICARE LS		47476	GPI-14 (54100055201820)	

GUIDELINES FOR USE

- Does the patient have a diagnosis of neurogenic detrusor overactivity and meet **ALL** of the following criteria?
  - The patient is 2 years of age or older
  - The patient had a trial of or contraindication to TWO of the following:
    - Anticholinergics (e.g., oxybutynin)
    - Beta-3 agonists (e.g., mirabegron)
  - The patient is unable to swallow oral solifenacin 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 **SOLIFENACIN SUSPENSION (Vesicare LS)** requires the following rule(s) be met for approval:

- You have neurogenic detrusor overactivity (type of bladder dysfunction)
- You are 2 years of age or older
- You had a trial of or contraindication (harmful for) to TWO of the following:
  - Anticholinergics (such as oxybutynin)
  - Beta-3 agonists (such as mirabegron)
- You are unable to swallow oral solifenacin 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 Vesicare LS.

REFERENCES

- Vesicare LS [Prescribing Information]. Northbrook, IL: Astellas Pharma US, Inc., June 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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