

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Vesicare (solifenacin) LS oral solution

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Vesicare (solifenacin) LS oral solution	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Vesicare (solifenacin) LS oral solution may be approved if the following criteria is met:

- I. Individual is 2-4 years of age; **AND**
- II. Individual has a diagnosis of neurogenic detrusor overactivity (NDO) confirmed by urodynamics.

OR

- III. Individual is 5 years of age; **AND**
- IV. Individual has a diagnosis of neurogenic detrusor overactivity (NDO) confirmed by urodynamics; **AND**
- V. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to oxybutynin;

OR

- VI. Individual is 6-17 years of age; **AND**
- VII. Individual has a diagnosis of neurogenic detrusor overactivity (NDO) confirmed by urodynamics; **AND**
- VIII. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to oxybutynin or oxybutynin ER.

Requests for Vesicare (solifenacin) LS oral solution may not be approved for the following:

- I. Individual has been diagnosed with gastric retention; **OR**
- II. Individual has been diagnosed with uncontrolled narrow-angle glaucoma.

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: May 22, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Franco I, Hoebeke P, Baka-Ostrowska M et.al. Long-term efficacy and safety of solifenacin in pediatric patients aged 6 months to 18 years with neurogenic detrusor overactivity: results from two phase 3 prospective open-label studies. J of Pediatr Urol. 2019 Dec 27; S1477-5131 (19). doi:10.1016/j.jpurol.2019.12.012.
6. Stein R, Bogaert G, Dogan HS, et.al. EAU/ESPU guidelines on the management of neurogenic bladder in children and adolescent part I diagnostics and conservative treatment. Neurology Urodynamics. January 2020; 39(1): 45-57. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1002/nau.24211>.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.