Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 27, 2024

Gemtesa® (vibegron)

LENGTH OF AUTHORIZATION: Initial Therapy - Up to 90 days
Continuation of Therapy - Up to 6 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a documented diagnosis of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency.
- Patient must have a history of trial and failure within the past 365 days on the following unless contraindicated or the patient is intolerant to treatment:
  - At least two preferred urinary tract antispasmodics/anticholinergics (e.g., Oxybutynin/ER, solifenacin, or Toviaz ER); **AND**
  - Myrbetriq

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 75mg tablets