

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

**Myrbetriq<sup>®</sup> (mirabegron extended-release)**

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

**REVIEW CRITERIA:**

- Patient must have a documented diagnosis of one of the following and meets all associated requirements:
  - **Overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency:**
    - Patient must be  $\geq 18$  years of age; **AND**
    - Patient must have a history of trial and failure within the past 365 days on at least two urinary tract antispasmodics/anticholinergics (e.g., oxybutynin/ER, solifenacin, and Toviaz ER) unless contraindicated or the patient is intolerant to treatment.
  - **-OR-**
  - **Neurogenic detrusor overactivity (neurogenic bladder):**
    - Patient must be  $\geq 3$  years of age and weighs  $\geq 35$  kg, **AND**
    - Patient must have a history of trial and failure within the past 365 days on at least two urinary tract antispasmodics/anticholinergics (e.g., oxybutynin/ER, solifenacin, and Toviaz ER) unless contraindicated or the patient is intolerant to treatment.
    - For pediatric patients, the following may be considered based on the patient’s age for therapeutic appropriateness: oxybutynin ER, Toviaz<sup>®</sup> ER, Vesicare LS<sup>™</sup>.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as:
  - 25 mg and 50 mg extended-release tablets
  - 8 mg/mL extended-release oral suspension