

Pharmacy Policy Bulletin

Title: Fesoterodine fumarate extended-release (Toviaz™)

Policy #: FS.CLIN.30

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This pharmacy policy will be reviewed regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent

Fesoterodine fumarate extended-release (Toviaz™) is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.

The use of Fesoterodine fumarate extended-release (Toviaz™) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:

Fesoterodine fumarate extended-release (Toviaz™) is an antispasmodic agent. Active metabolite of fesoterodine is responsible for the antimuscarinic activity which prevents contractions of smooth muscle within the urinary bladder. There have been no clinical studies to demonstrate that this new therapy is more effective than existing therapies.

Policy

Fesoterodine fumarate extended-release tablets (Toviaz™) is approved when **all** of the following inclusion criteria are met:

- Documentation of a diagnosis of overactive bladder
- Documentation of trial, failure or contraindication with **all** of the following:
 - Oxybutynin containing product
 - Enablex

Guidelines

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any products that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References

Toviaz™ (Fesoterodine fumarate extended-release tablets) [package insert]. New York, NY: Pfizer Labs; September 2010.

Toviaz™ (Fesoterodine fumarate extended-release tablets). In: Facts and Comparisons [online through Facts and Comparisons Online]. Indy, IN: Walter Kluwer Health Inc. Accessed October 27, 2011.

Toviaz™ (Fesoterodine fumarate extended-release tablets). In: Drugdex [online through Micromedex Healthcare Series]. Greenwood Village, CO: Thomson Micromedex. Accessed October 27, 2011.

Applicable Drugs

i Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Drug Name	Strength and/or formulation
Fesoterodine fumarate extended-release (Toviaz)	All

Cross References

Policy version number: 3.0
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