



Prior Authorization Approval Criteria

Gelnique (oxybutynin)

Generic name:	oxybutynin
Brand name:	Gelnique
Medication class:	anticholinergic for overactive bladder
FDA-approved uses:	Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.
Available dosage forms:	10%, 100 mg/g/packet gel
Usual dose:	1 gram unit-dose sachet (1.14 ml, 100 mg/g oxybutynin gel) applied to abdomen, upper arms/shoulders, or thighs once daily. Application site should be rotated.
Approximate monthly cost: (based on AWP 2009)	\$125.00/month
Duration of therapy:	Indefinite

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- Must have clinically diagnosed overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.
 - Must have tried and failed generic oxybutynin immediate release.
 - Must have tried and failed generic oxybutynin extended release (Ditropan XL)
- OR**
- Must have a contraindication to using oral oxybutynin such as severe decreased GI motility.

Contraindication:

- urinary retention
- gastric retention
- uncontrolled narrow-angle glaucoma
- known hypersensitivity to the product

Not approved if:

- Does not meet the above stated criteria.
- Have any contraindications to the use of Gelnique.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 09/09/09