Drug Name: Myrbetriq (mirabegron)
Reviewed: 11/2019

Required Medical Information:	• The member has trialed and experienced an inadequate treatment response or intolerance to an antimuscarinic drug (e.g. darifenacin, oxybutynin, solifenacin, trospium, tolterodine)
Coverage Duration:	12 months
Coding Logic for Step Therapy:	Myrbetriq will pay if there is at least one paid claim within the last 365 days of formulary darifenacin, oxybutynin, solifenacin, trospium, tolterodine, or Myrbetriq