



**Drug Name:** Myrbetriq (mirabegron)

**Reviewed:** 11/2019, 5/2020

<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• The member has trialed and experienced an inadequate treatment response or intolerance to an antimuscarinic drug (e.g. darifenacin, oxybutynin, solifenacin, trospium, tolterodine )</li></ul>
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	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