

Anticholinergic Urinary Antispasmodics Clinical Pearls for the Washington Rx Therapeutic Interchange Program (TIP)

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Background

In 2003, the Washington State Pharmacy and Therapeutics Committee (P&T), the agency directors of the Department of Social and Health Services-Medical Assistance Administration (DSHS-MAA), Labor and Industries (L&I), and the Health Care Authority-Uniform Medical Plan (UMP) declared oxybutynin to be the “preferred” urinary antispasmodic for patients with incontinence covered by their prescription insurance. Patients currently using non-preferred agents” must be evaluated for conversion to a preferred agent. Furthermore, MAA-DSHS patients presenting with prescriptions for non-preferred agents from “endorsing practitioners” (i.e., providers that have signed the TIP agreement) may be automatically converted to preferred agents by pharmacists once this program is operational.

Purpose

The purpose of this document is to inform pharmacists of the clinical, safety and cost rationale for these policy changes and to optimize their ability to assure safe and effective conversion of patients to the appropriate agents.

Overview: Treating Urinary Incontinence

There are two types of urinary incontinence. Stress incontinence is the involuntary leakage of urine when coughing, sneezing, or laughing. Urgency incontinence is an involuntary leakage of urine preceded by a strong urge to void. It is the most common form of adult incontinence and increases with aging. Urinary incontinence drugs, in conjunction with bladder training, can treat urgency incontinence.

Agents used to treat urinary incontinence currently available in the US

- Oxybutynin: immediate-release* (*generic, Ditropan[®]*), extended-release (*Ditropan XL[®]*)
- Flavoxate (*generic, Urispas[®]*)
- Tolterodine: immediate release (*Detrol[®]*), extended-release (*Detrol LA[®]*)

* Washington State Evidence Based Preferred Drug List Agents

Clinical Effective Summary

- All the urinary incontinence drugs except flavoxate have demonstrated effectiveness.

Safety and Tolerability Comparisons

- All urinary incontinence drugs have a high incidence of dry mouth as a side effect.
- Side effects are more likely to occur with the extended release forms of these drugs than with the immediate release forms.

Cost Comparisons (30-day supply based on DSHS reimbursement formulas)

- Oxybutynin (generic) = \$21 (5mg TID)
- Tolterodine (Detrol[®] immediate-release) = \$ 96 (1 – 2mg BID)
- Flavoxate (generic) = \$ 115 – 200 (100mg – 200mg TID)

Conversion of Patients to Preferred Agents: Dose conversion guide

Agent	Low or Initial Dose	Moderate Dose	Max Daily Dose
Oxybutynin	2.5mg tid or 5mg bid	5mg tid -qid	5mg qid (20mg/day)
Oxybutynin ER	10mg daily	15 - 20mg daily	30mg/day
Tolterodine	1mg bid	2mg bid	4mg/day
Tolterodine ER	2mg daily	4mg daily	4mg/day
Flavoxate	100mg tid	200mg tid	200mg qid (800mg/day)

Resources: Oregon Evidence-based Drug Reports: <http://www.oregonrx.org>