



Drug Name: Mirabegron

Reviewed: 11/2019, 5/2020, 3/2021, 3/2022, 3/2023, 4/2024, 4/2025, 4/2026

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
Quantity Limit:	25mg & 50mg: 1 tablet per day
Coding Logic for Step Therapy:	Mirabegron will pay if there is at least one paid claim within the last 365 days of formulary darifenacin, oxybutynin, solifenacin, trospium, tolterodine, or Myrbetriq

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.