Mirabegron (MYRBETRIQ)
Criteria for Use
January 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive mirabegron.

- ☐ Urinary incontinence due to stress or stress-predominant incontinence
- ☐ Severe hepatic impairment (Child-Pugh Class C)
- ☐ End-stage renal disease (CrCl/eGFR < 15 ml/min or receiving hemodialysis)
- ☐ Systolic blood pressure greater than 180 mmHg or diastolic blood pressure greater than 110 mmHg

Inclusion Criteria

Patient has a history of overactive bladder (OAB), either urge or mixed type, and at least ONE of the following must be fulfilled to meet criteria.

- ☐ Documented history of mental status changes with anticholinergic medication
- ☐ 12-week trials with 2 formulary anticholinergic/antimuscarinic OAB drugs OR one formulary and one nonformulary anticholinergic/antimuscarinic OAB drug resulting in treatment failure or intolerable adverse effects^1
- ☐ Diagnosis of Alzheimer's disease or other dementia, cognitive impairment, gastric retention, xerostomia, uncontrolled narrow-angle glaucoma, or other condition for which an anticholinergic drug is contraindicated or could be harmful

1. Consider alternative agent if: NO response after 8 weeks, inadequate response after 12 weeks

Prepared: Prepared: May 2013; revised April 2018, April 2021, January 2025. Contact: Matthew A. Fuller, Pharm.D., BCPP. National Clinical Pharmacy Program Manager, VA Pharmacy Benefits Management Services 12PBM