

### What do the guidelines say?<sup>1</sup>

- **First-Line Treatments: Non-Pharmacological Management** *\*should be used in combination with pharmacologic treatment*
  - Bladder training, bladder control strategies, pelvic floor muscle training, fluid management (Evidence Strength Grade B)
- **Second-Line Treatments: Pharmacologic Management** **\*\*see below for review of medications**
  - Initial treatment
    - Oral anti-muscarinic OR oral B<sub>3</sub>-agonist is **preferred** (Evidence Strength Grade B)
      - Both medication classes have similar clinical efficacy
      - **B<sub>3</sub>-agonists** are **more expensive** but have **reduced risk of anticholinergic adverse effects**
      - **Anti-muscarinic** agents are **less expensive** but have **increased risk of anticholinergic adverse effects**
        - Use caution when prescribing in frail patients and those who are using other medications with anticholinergic properties (Clinical Principle)
    - **Mitigating unacceptable adverse effects (i.e., dry mouth, constipation, urinary retention, drowsiness)**
      - Consider switching anti-muscarinic to an ER formulation (Evidence Strength Grade B)
      - Consider reducing the dose of current anti-muscarinic (Clinical Principle)
      - Consider stopping anti-muscarinic and starting a B<sub>3</sub>-agonist (Clinical Principle)
    - **Mitigating costs**
      - Consider antimuscarinic (Practical Principle)
    - **Refractory to Monotherapy**
      - Consider **combination therapy with anti-muscarinic AND β<sub>3</sub>-adrenoceptor agonists** (Evidence Strength Grade B)

Drug	Dosage Form <sup>2</sup>	Initial Dosing <sup>2</sup>	RDA for CrCl <30 mL/min <sup>2</sup>	Approximate Cost/Rx*
<b>Oral Anti-Muscarinic Agents</b>				
Oxybutynin (Ditropan)	IR Tablet ER Tablet Solution (5 mg/5mL) Patch (3.9 mg) Gel (100 mg/g)	IR: 5 mg 2 to 3 times daily ER: 5-10 mg once daily 5 mL 2 to 3 times daily 1 patch twice weekly 1 sachet (1 pump) daily	No	\$11.25 (generic IR) \$9.63 (generic ER) \$13.71 (generic syrup) \$195.53 (brand Ditropan XL®)
Tolterodine (Detrol)	IR Tablet ER Capsule	IR: 2 mg twice daily ER: 4 mg once daily	Yes	\$24.53 (generic IR) \$19.10 (generic ER) \$368.41 (brand Detrol ER)
Darifenacin (Enablex)	ER Tablet	7.5 mg once daily	No	\$49.46 (generic ER)
Solifenacin (Vesicare)	Tablet Suspension (5mg/5mL)	5 mg once daily 5 mL once daily	Yes	\$15.21 (generic) \$378.29 (brand Vesicare®)
Fesoterodine (Toviaz)	ER Tablet	4 mg once daily	Yes	\$40.75 (generic ER) \$376.03 (brand Toviaz®)
Trospium (Sanctura)	IR Tablet ER Capsule	IR: 20 mg twice daily ER: 60 mg daily (morning)	Yes	\$22.99 (generic IR) \$55.23 (generic ER)
<b>B<sub>3</sub>-Agonist Agents</b>				
Mirabegron (Myrbetriq)	ER Tablet ER Suspension (8 mg/mL)	ER: 25 mg once daily 3 mL once daily	Yes	\$393.57 (brand Myrbetriq®) \$207.25 (brand solution)
Vibegron (Gemtesa)	IR Tablet	75 mg once daily	No	\$461.46 (brand Gemtesa®)

\*Estimated cash price for 30-day RX. Cost varies based on pharmacy, dose, day supply and patient's insurance coverage.

Type of Urinary Incontinence	Medications that may exacerbate incontinence	Non-Pharmacologic Treatment	Pharmacologic Treatment
<p><b>Urge*</b></p> <p>Overactive bladder or bladder outlet obstruction</p> <p><u>*Most common type</u></p>	<ul style="list-style-type: none"> <li>Acetylcholinesterase inhibitors (i.e., donepezil, rivastigmine)</li> <li>Caffeine</li> <li>Diuretics</li> </ul>	<ul style="list-style-type: none"> <li>Discontinue or avoid medications that can exacerbate incontinence</li> <li>Avoid bladder irritants (i.e., aspartame, spicy/citrus foods, caffeine, carbonated beverages)</li> <li>Weight loss</li> <li>Smoking cessation</li> <li>Avoid constipation</li> <li>Pelvic floor exercises (Kegel exercises)</li> <li>Bladder training</li> <li>Delayed or scheduled voiding</li> <li>Urge control techniques such as distractions or self-assertions</li> <li>Fluid management</li> <li>Changing the time of administration of diuretics</li> </ul>	<ul style="list-style-type: none"> <li>Anti-muscarinic's</li> <li>B<sub>3</sub>-adrenergic agonist's</li> </ul>
<p><b>Stress</b></p> <p>Decreased urethral sphincter tone</p>	<ul style="list-style-type: none"> <li>α1-antagonists (i.e., doxazosin, prazosin)</li> <li>ACE-I's (chronic cough)</li> <li>First generation antipsychotics</li> <li>Diuretics</li> </ul>		<ul style="list-style-type: none"> <li>Duloxetine*</li> </ul> <p>*Off-label</p>
<p><b>Functional</b></p> <p>Physical conditions that impair patients' mobility to get to the bathroom in time</p>	<ul style="list-style-type: none"> <li>Alcohol</li> <li>Anticholinergics</li> <li>Antipsychotics</li> <li>Benzodiazepines</li> <li>Diuretics</li> <li>Opioids</li> </ul>		<ul style="list-style-type: none"> <li>Treat mobility disorders (i.e., Parkinson's, multiple sclerosis)</li> </ul>
<p><b>Overflow</b></p> <p>Incomplete emptying of the bladder due to bladder outlet obstruction or underactive bladder</p>	<ul style="list-style-type: none"> <li>ACE-Inhibitors (cough)</li> <li>Anticholinergics</li> <li>Antihistamines</li> <li>Antimuscarinics</li> <li>Benzodiazepines</li> <li>B<sub>3</sub>-agonist</li> <li>Calcium Channel Blockers</li> <li>Diuretics</li> <li>Opioids</li> <li>Skeletal muscle relaxants</li> <li>Tricyclic Antidepressants</li> </ul>		<p><u>Treat BPH</u></p> <ul style="list-style-type: none"> <li>α1-antagonist</li> <li>5 α-reductase inhibitors</li> <li>Cholinergic stimulation of detrusor muscle</li> </ul>
<p><b>Mixed</b></p> <p>Both Urge and stress incontinence</p>	<ul style="list-style-type: none"> <li>Same as urge and stress</li> </ul>		<ul style="list-style-type: none"> <li>Treat as urge or stress incontinence</li> </ul>

1. Lightner DJ, et al. Journal of Urology. 2019.
2. In: Lexi-Drugs. Lexicomp Online [Internet].
3. Clemens JQ. Urinary incontinence in men. In: UpToDate. 2022.
4. Lukacz ES. Urgency urinary incontinence/overactive bladder (OAB) in females: treatment. In: UpToDate. 2023.