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PROTOCOL

Mirabegron is approved for use under the following conditions:

1. For Overactive Bladder (OAB)

1. Formulary first-line therapy

   Solifenacin 5 mg to 10 mg daily
   - A minimum of a 4 week trial is required to determine efficacy unless side effects are intolerable preventing ongoing use.

2. Step Therapy, subsequent to failure of solifenacin or when solifenacin is contraindicated or clinically inappropriate

   Mirabegron 25 mg to 50 mg daily
   - For initial use, a mirabegron trial of 4 weeks is used to determine improvement in symptoms of OAB (e.g. reduction in micturition episodes/day, reduction in number of urgency episodes/day, reduction in number of incontinence episodes/day, etc.) from baseline and compared to solifenacin. In addition to objective outcomes, documented follow-up should include subjective feedback from the resident and care team; ***and***
   - The initial trial period is successful; ***and***
   - Regular medication review demonstrates continued effectiveness and noticeable benefit for the resident; ***and***
   - Ongoing behaviour/lifestyle techniques for OAB are implemented per the resident's care plan.

2. For Overactive Bladder (OAB), continuation of therapy on admission

- For residents on mirabegron prior to admission, ongoing use is approved if:
  - There was a previous trial of solifenacin or oxybutynin and it was determined the drug was not tolerated or not effective; ***or***
  - Use of the formulary alternatives, oxybutynin and/or solifenacin, are contraindicated or clinically inappropriate; ***or***
  - Mirabegron was prescribed or recommended by a urologist; ***and***
- Regular medication review demonstrates continued effectiveness and noticeable benefit for the resident; ***and***
- Ongoing behaviour/lifestyle techniques for OAB are implemented per the resident's care plan.

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PROCEDURE

For Kroll users
Upon completion of the review by the clinical pharmacist, in the **Rx Plan Information**, under **Special authorization #** field, create a tracking number by entering an Intervention code, followed by date of review MONYY, followed by the clinical pharmacist's initials (e.g. UP-Nov16-LS). The code should be updated annually.

UP – First line ineffective
UQ – First line therapy not tolerated by patient
UC – First line contraindicated or clinically inappropriate