
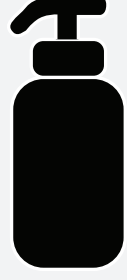













A Pharmacist's Guide to OAB Medications



Drug	Adult Dose	Incidence of AE	Comments
Oxybutynin Tablets and liquid 	5 mg BID or TID Max dose: 5 mg QID Elderly: start with 2.5 mg BID or TID	Dry mouth: 71% Constipation: 15% Dizziness: 17% Somnolence: 14% Blurred vision: 10%	CNS penetration and accumulation are relatively high Oxybutynin IR tablet is an inexpensive option and is often tried initially. However longer-active agents may be better tolerated, especially in patients who are elderly Topical oxybutynin avoids first-pass metabolism, producing less active metabolite (N-desethyloxybutynin) Oxytrol (oxybutynin patch, prescription) is indicated for men. Men should have urinary frequency and urgency assessed by a prescriber due to risk of prostate disease. Oxytrol for Women (OTC) is indicated for women
Oxybutynin Gel 	Apply 100 mg (1 sachet) once daily to abdomen, upper arms/shoulders, or thighs. Rotate sites	Dry mouth: 7.5% Constipation: 1% Dizziness: 3% Fatigue: 2% Application site reaction: 5%	
Oxybutynin ER tablets 	5 mg or 10 mg once daily May increase by 5-mg increments to a max daily dose of 30 mg	Dry mouth: 35% Constipation: 9% Dizziness: 5% Somnolence: 6% Blurred vision: 4%	
Oxybutynin Patch 	Apply 1 patch twice weekly (every 3-4 days) to abdomen, hip or buttocks. Do not reapply to same site within 7 days	Dry mouth: 4%-10% Constipation: 3% Application site reaction: 14%-17%	
Darifenacin ER tablets 	7.5 mg once daily May increase to 15 mg once daily after 2 weeks Max daily dose with moderate hepatic impairment (Child-Pugh Class B) or potent CYP3A4 inhibitors is 7.5 mg	<i>7.5 mg and 15 mg, respectively</i> Dry mouth: 20% and 35% Constipation: 15% and 21% Dizziness: 1% and 2% Abnormal vision: <2%	CNS penetration and accumulation are relatively low Potent CYP3A4 inhibitors can increase levels
Fesoterodine ER tablets 	4 mg once daily May increase to 8 mg once daily Max daily dose with severe renal impairment or potent CYP3A4 inhibitors is 4 mg	<i>4 mg and 8 mg, respectively</i> Dry mouth: 19% and 35% Constipation: 4% and 6% Fatigue, dizziness, blurred vision: all <1%	Is a prodrug, with same active metabolite as tolterodine Potent CYP3A4 inhibitors can increase levels
Solifenacin Tablets 	5 mg once daily May increase to 10 mg once daily if tolerated Max daily dose with severe renal impairment (CrCl <30 mL/min) or moderate hepatic impairment (Child-Pugh Class B) or potent CYP3A4 inhibitors is 5 mg	<i>5 mg and 10 mg, respectively</i> Dry mouth: 11% and 28% Constipation: 5% and 13% Dizziness: 2% and 2% Fatigue: 1% and 2% Blurred vision: 4% and 5%	Potent CYP3A4 inhibitors can increase levels Not recommended with severe hepatic impairment (Child-Pugh Class C)
Tolterodine Tablets 	2 mg BID May decrease dose to 1 mg BID, depending on response and tolerability Recommended dose for significantly reduced hepatic or renal functions or with potent CYP3A4 inhibitors is 1 mg BID	<i>2 mg BID and 4 mg ER, respectively</i> Dry mouth: 35% and 23% Constipation: 7% and 6% Dizziness: 5% and 2% Fatigue: 4% and 2% Somnolence: NR and 3%	Potent CPY3A4 inhibitors can increase levels Long-acting tolterodine is not recommended with CrCl <10 mL/min or severe hepatic impairment (Child-Pugh Class C)
Tolterodine ER capsule 	4 mg once daily May decrease dose to 2 mg once daily, depending on response and tolerability Recommended daily dose with mild-to-moderate hepatic impairment (Child-Pugh Class A or B) severe renal impairment (CrCl 10-30 mL/min) or potent CYP3A4 inhibitors is 2 mg		
Trospium Tablets 	20 mg BID, ≥1 hour before meals May titrate down to 20 mg once daily if aged ≥75 years, based on tolerability Max daily dose with severe renal impairment (CrCl <30 mL/min) is 20 mg once daily at bedtime	<i>20 mg BID and 60 mg ER, respectively</i> Dry mouth: 20% and 11% Constipation: 10% and 9% Fatigue: 2% and NR Somnolence: NR and <1% Blurred vision: <1% and <1%	No known drug interactions ER trospium is not recommended in severe renal impairment (CrCl <30 mL/min) CNS penetration and accumulation are relatively low
Trospium ER capsules 	60 mg once daily, in the morning, ≥1 hour before a meal		
Mirabegron ER tablets or time-release granules for oral suspension 	25 mg once daily May increase to 50 mg once daily, if needed and tolerated Max daily dose with severe renal impairment (CrCl 15-29 mL/min) or moderate hepatic impairment (Child-Pugh Class B) is 25 mg	<i>25 mg and 50 mg, respectively</i> Constipation: 2% and 2% Hypertension: 11% and 7.5% Headache: 2% and 3% Arthralgia, diarrhea, tachycardia, abdominal pain, fatigue: all <2%	Moderate CYP2D6 inhibitor and can increase levels of medication metabolized by CYP2D6. Use with caution with these medications and adjust dose as necessary May increase digoxin levels. Start digoxin at lowest initial dose, monitor levels and titrate PRN Not recommended with an eGFR <15 mL/min/1.73 m ² or severe hepatic impairment (Child-Pugh Class C) Approved for use in combination with solifenacin
Vibegron Tablets 	75 mg once daily	Headache: 22% Diarrhea: 12% Nausea: 12% Dry mouth, constipation, urinary retention: all <2%	Less effect on blood pressure and heart rate vs mirabegron Tablets can be crushed, mixed with 15 mL of applesauce, and taken immediately with a glass or water No titration required May increase digoxin levels. Monitor digoxin levels and titrate dose PRN Not recommended with an eGFR <15 mL/min/1.73 m ² or severe hepatic impairment (Child-Pugh Class C)
Solabegron	125 mg BID	Headache: 8% Nasopharyngitis: 11% Dry mouth: 4%	Being studied for OAB and irritable bowel syndrome ** Not FDA approved, results from phase 2 study

Oxybutynin chloride PI. https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/017577s034,018211s017,020897s018lbl.pdf. Accessed December 17, 2021.

Oxybutynin transdermal system PI. https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021351s008s009lbl.pdf. Accessed December 17, 2021.

Darifenacin PI highlights. https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021513s010lbl.pdf. Accessed December 17, 2021.

Fesoterodine PI highlights. <https://labeling.pfizer.com/ShowLabeling.aspx?id=540>. Accessed December 17, 2021.

Solifenacin PI highlights. https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021518s016lbl.pdf. Accessed December 17, 2021.

Tolterodine PI. https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020771s028lbl.pdf. Accessed December 17, 2021.

Tolterodine extended release capsules PI highlights. <https://labeling.pfizer.com/showlabeling.aspx?id=719>. Accessed December 17, 2021.

Trospium PI highlights. https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021595s009lbl.pdf. Accessed December 17, 2021.

Trospium extended release capsules PI highlights. https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/022103s004lbl.pdf. Accessed December 17, 2021.

Mirabegron PI highlights. https://www.us.astellas.com/docs/Myrbetriq_WPI.pdf. Accessed December 17, 2021.

Vibegron PI highlights. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/213006s000lbl.pdf. Accessed December 17, 2021.

Hitt E. Solabegron safe and effective in overactive bladder. <https://www.medscape.com/viewarticle/764382>. Accessed December 17, 2021.