

# OVERACTIVE BLADDER & URINARY INCONTINENCE TREATMENTS†

Generic & Class	Brand & Company	Formulation	Strengths	Dose	Notes	
<b>ANTICHOLINERGIC</b>						
Imipramine HCl	<b>Tofranil</b> (Mallinckrodt)	tabs	10mg, 25mg, 50mg	<b>&lt;6 years:</b> not recommended. <b>≥6 years:</b> initially 25mg daily 1 hour before bedtime; after 1 week, increase to 50mg for children 6–12 years, up to 75mg for those >12 years. <b>Early night bedwetters:</b> give 25mg in afternoon and repeat at bedtime. Max 2.5mg/kg per day.	Attempt drug-free periods after gradual tapering of dose if drug response favorable.	
<b>ANTISPASMODIC/ANTICHOLINERGIC</b>						
Darifenacin HBr	<b>Enablex</b> (Novartis)	ext-rel tabs	7.5mg, 15mg	<b>Children:</b> not recommended. <b>Adults:</b> Initially 7.5mg once daily; may increase to 15mg once daily after 2 weeks. Max 7.5mg once daily in moderate hepatic impairment or with potent CYP3A4 inhibitors (eg, ketoconazole, itraconazole, ritonavir, nelfinavir, clarithromycin, nefazadone).	Swallow whole with liquid.	
Oxybutynin chloride	<b>Ditropan</b> (Janssen)	scored tabs	5mg	<b>&lt;5yrs:</b> not recommended. <b>≥5yrs:</b> 5mg twice daily; max 15mg/day.		
	<b>Ditropan Syrup</b> (Janssen)	syrup	5mg/5mL	<b>Adults:</b> 5mg 2–3 times a day; max 20mg/day.		
	<b>Ditropan XL</b> (Janssen)	ext-rel tabs	5mg, 10mg, 15mg	<b>&lt;6yrs:</b> not recommended. <b>≥6yrs:</b> Initially 5mg once daily; may increase in 5mg increments; max 20mg/day. <b>Adults:</b> Initially 5mg or 10mg once daily; may increase weekly in 5mg increments; max 30mg/day.		Swallow whole. Take with fluid.
	<b>Gelnique 3%</b> (Watson)	gel	28mg/pump	<b>Children:</b> not recommended. <b>Adults:</b> Apply three pumps (84mg) once daily to dry, intact skin. Rotate application sites.		Apply to abdomen, upper arms/shoulders, or thighs. Application should not be made to the same site on consecutive days. Avoid washing area/showering for 1 hour after application.
	<b>Gelnique 10%</b> (Watson)	gel	1g per sachet	<b>Children:</b> not recommended. <b>Adults:</b> Apply one sachet once daily to dry, intact skin. Rotate application sites.		Apply to abdomen, upper arms/shoulders, or thighs. Application should not be made to the same site on consecutive days. Avoid washing area/showering for 1 hour after application.
Solfenacin succinate	<b>Vesicare</b> (Astellas)	tabs	5mg, 10mg	<b>Children:</b> not recommended. <b>Adults:</b> Initially 5mg once daily; if well tolerated, may increase to 10mg once daily. Severe renal impairment (CrCl<30mL/min), moderate hepatic impairment, or concomitant potent CYP3A4 inhibitors (eg, ketoconazole): max 5mg once daily.	Swallow whole with liquids.	
Trosplum chloride	<b>Sanctura</b> (Allergan)	tabs	20mg	<b>Children:</b> not recommended. <b>Adults:</b> 20mg twice daily. ≥75yrs: 20mg once daily if twice daily dose not tolerated. Severe renal impairment (CrCl<30mL/min): 20mg once daily at bedtime.	Take on empty stomach.	
	<b>Sanctura XR</b> (Allergan)	ext-rel caps	60mg	<b>Children:</b> not recommended. <b>Adults:</b> 60mg daily in the AM. Severe renal impairment (CrCl<30mL/min): not recommended.	Take on empty stomach.	
<b>MUSCARINIC ANTAGONIST</b>						
Fesoterodine fumarate	<b>Toviaz</b> (Pfizer)	ext-rel tabs	4mg, 8mg	<b>Children:</b> not recommended. <b>Adults:</b> 4mg once daily; max 8mg once daily. Severe renal insufficiency (CrCl<30mL/min) or concomitant potent CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin): max 4mg/day.	Swallow whole.	
Tolterodine tartrate	<b>Detrol</b> (Pfizer)	tabs	1mg, 2mg	<b>Children:</b> not recommended. <b>Adults:</b> 2mg twice daily; may decrease to 1mg twice daily. Concomitant CYP3A4 inhibitors, or significant renal or hepatic dysfunction: 1mg twice daily.		
	<b>Detrol LA</b> (Pfizer)	ext-rel caps	2mg, 4mg	<b>Children:</b> not recommended. <b>Adults:</b> 4mg once daily; may decrease to 2mg once daily. Concomitant CYP3A4 inhibitors, or significant renal or hepatic dysfunction: 2mg once daily.		
<b>NEUROMUSCULAR BLOCKER</b>						
Onabotulinumtoxin A	<b>Botox</b> (Allergan)	vacuum-dried pwd; for intradetrusor inj after reconstitution and dilution	50 Units/vial, 100 Units/vial, 200 Units/vial	<b>&lt;18yrs:</b> not recommended. <b>Adults:</b> See literature. Should be administered and managed by experienced physicians. Give prophylactic antibiotics 1–3 days pre-treatment, during, and 1–3 days post-treatment. Discontinue anti-platelet therapy at least 3 days before procedure. May premedicate with local or general anesthetic. Max total dose: 200 Units per treatment, as 1mL (~6.7 Units) injections across 30 sites into the detrusor muscle via a flexible or rigid cystoscope, avoiding the trigone.	Observe at least 30mins post-injection. May consider re-treatment after effect of the previous injection diminishes but no sooner than 12 weeks.	
<b>VASOPRESSIN (SYNTHETIC)</b>						
Desmopressin acetate	<b>DDAVP</b> (sanofi aventis)	scored tabs	0.1mg, 0.2mg	<b>&lt;6yrs:</b> not recommended. <b>6–17yrs:</b> initially 0.2mg once daily at bedtime; individualize; max 0.6mg.		

## NOTES

caps=capsules; ext-rel=extended release; inj=injection; pwd=powder; tabs=tablets

†Not an inclusive list. Please see drug monographs or visit [www.eMPR.com](http://www.eMPR.com)

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