

BEST BUY DRUGS[™]

Evaluating Drugs Used to Treat:

Overactive Bladder

COMPARING EFFECTIVENESS, SAFETY, AND PRICE



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Our Recommendations

The seven prescription drugs used to treat overactive bladder are only modestly effective and have side effects that can limit their usefulness. If you have mild symptoms, first try lifestyle changes (for example, cutting back on caffeinated beverages) and other nondrug steps, such as Kegel exercises to strengthen pelvic muscles that help control urination, to see if those provide enough relief. People with more severe symptoms can also benefit from those steps, but might experience added relief from also taking medication.

There are seven drugs for overactive bladder: darifenacin (Enablex); fesoterodine (Toviaz); mirabegron (Myrbetriq); oxybutynin (Ditropan XL, a skin patch called Oxytrol, a topical gel called Gelnique, and generic); solifenacin (Vesicare); tolterodine (Detrol and generic, Detrol LA); and trospium (Sanctura, Sanctura XR and generic).

Our analysis found that none of those drugs are clearly more effective than the others. However, they do differ in cost and the side effects they cause, including: constipation, drowsiness, dry mouth, blurry vision, and dizziness. Studies have found that Ditropan XL, Detrol LA, Oxytrol, Sanctura, Vesicare, and Enablex may cause fewer side effects.

Taking effectiveness, side effects, safety, and cost into account, we have chosen the following as a *Consumer Reports Best Buy Drug* to treat overactive bladder if you and your doctor conclude that a drug is worth trying:

- Generic tolterodine

This medicine costs quite a bit more than generic oxybutynin if you are paying out of pocket. Our choice of it as a *Best Buy* is justified by its lower risk of side effects. However, some people tolerate the side effects of generic oxybutynin tablets well. So if your insurance does not cover medications, you might consider trying oxybutynin first since it is significantly less expensive.

Another option is tolterodine extended-release (Detrol LA). However, since this medication is not available as a generic, it may cost more depending on your insurance coverage. But it offers the convenience of one-a-day dosing and a lower risk of side effects than oxybutynin.

This report was updated in October 2013.

Welcome

This report compares the effectiveness, safety, and cost of seven prescription medicines used to treat overactive bladder, a condition characterized by the sudden need to urinate, often along with leaking urine (incontinence) and the need to go to the bathroom many times each day (more than eight times) or two times or more each night.

This report is part of a Consumer Reports project to help you find medicines that are safe and effective and give you the most value for your health-care dollar. To learn more about the project and other drugs we have evaluated for other diseases and conditions, please go to www.CRBestBuyDrugs.org.

The symptoms of overactive bladder and related incontinence are very common. Approximately 11 to 16 million U.S. women experience overactive bladder and incontinence, according to the Agency for Healthcare Research and Quality. Some estimates indicate that an equal number of men experience overactive bladder, although these symptoms can also be caused by prostate problems. The condition can develop in men or women of any age but is more likely to occur in older adults.

It's important to note that overactive bladder symptoms are not always permanent and may go away. Studies show that the condition resolves after a year in up to 35 percent of women who develop it. However, for the majority of women, the condition persists for years.

The symptoms of overactive bladder are easy to recognize. They include one or more of the following:

- Urinating eight or more times per day
- Waking up more than twice a night to go to the bathroom
- An overwhelming and sudden need to urinate, even if you've recently gone to the bathroom
- Leaking urine before you're able to make it to a bathroom. (About half of the people with overactive bladder have urge-related leakage.)

If you have symptoms of overactive bladder, it's important to see your primary care physician or general internist to get an accurate diagnosis, because there are several other bladder and incontinence disorders that are treated differently but are sometimes confused with overactive bladder.

If you don't respond to behavioral therapies or medication, or you have other complications, then you might need to see a urologist, urogynecologist, or other specialist.

There are other conditions that can cause urine leakage. For example, "stress incontinence"—leaking urine when you cough, sneeze, run, jump, or even laugh—is sometimes confused with overactive bladder. It's caused by a weakness of the muscles that help keep the bladder closed. Some people have a combination of overactive bladder and stress incontinence.

Another bladder disorder called "overflow incontinence" can have symptoms similar to overactive bladder. This condition is usually caused by an obstruction that does not allow all the urine to be expelled.

A host of other conditions can cause symptoms—especially frequent bathroom trips—similar to those associated with overactive bladder. These include diabetes, heart disease, and a variety of neurologic disorders, such as multiple sclerosis, Parkinson's disease, spinal cord injuries, and strokes.

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Urgency, incontinence, and urinary frequency can also be caused by urinary tract infections (UTI), kidney stones, prostate infection or enlargement, or medicine you take to treat other conditions, such as high blood pressure. The first question your doctor might ask if you're having urinary problems is what medicines you're taking.

Though not life-threatening, overactive bladder is inconvenient, can be embarrassing, and can reduce your quality of life. Some people with the condition find it difficult to leave the house, sit through a meeting, enjoy a dinner out, or go to a movie.

Many people hesitate to seek treatment because they are embarrassed, or because they mistakenly think their symptoms are a normal part of aging and can't be helped. In fact, overactive bladder is not normal, and treatment can ease your symptoms and improve your quality of life.

The bottom line: If you have strong urinary urgency or leakage, or if you have to urinate so many times a day that it becomes bothersome, see a physician to get an accurate diagnosis. You might not need a drug. Nondrug treatments can be very helpful, and are usually—and should be—recommended before drugs for many people with overactive bladder and incontinence.

The most important nondrug treatments are behavioral and physical techniques that help you control bladder function. Doctors often call this “bladder training.” For example, you might be taught how to time urination at

regular intervals and hold your urine for progressively longer periods of time.

You'll also likely learn how to do Kegel exercises to strengthen the pelvic muscles that control urination. Once you learn how to do them, they can be worked into your daily routine. For example, you could do a set of Kegels in your car while stopped at a red light. Lifestyle changes can also help. These include cutting back on certain drinks and foods, including caffeinated and alcoholic beverages, and drinking less fluid between dinner and bedtime.

Studies have found that behavioral treatments and lifestyle adjustments, when practiced diligently, can help relieve symptoms. They decrease the number of trips to the bathroom and incontinence episodes.

The National Institutes of Health website on overactive bladder has more about Kegel exercises, bladder training, and lifestyle changes: <http://www.nia.nih.gov/health/publication/urinary-incontinence>.

If nondrug treatments don't provide you with enough relief, it may be time to try adding a medication.

The medicines we evaluate in this report are listed on the next page.

All these medications have been approved by the Food and Drug Administration to treat overactive bladder. The oldest of these medications is oxybutynin, which has been available since 1976, and tolterodine (Detrol), first approved in 1998. The short-acting forms of oxybutynin and tolterodine are now available as less expensive generic drugs.

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Drugs evaluated in this report

Generic Name	Brand Name(s)	Available as a Generic Drug?
Darifenacin tablet	Enablex	No
Fesoterodine tablet	Toviaz	No
Mirabegron tablet	Myrbetriq	No
Oxybutynin tablet	Ditropan XL	Yes
Oxybutynin skin gel	Gelnique	No
Oxybutynin skin patch	Oxytrol, Oxytrol for Women (OTC)	No
Solifenacin tablet	Vesicare	No
Tolterodine tablet	Detrol	Yes
Tolterodine extended-release capsule	Detrol LA	No
Trospium tablet	Sanctura	Yes
Trospium extended-release capsule	Sanctura XR	Yes

Longer-acting or extended-release formulations of oxybutynin and tolterodine are also available. Those extended-release formulations (Ditropan XL and Detrol LA) have been widely advertised to consumers. The extended-release formulation of oxybutynin is available as a lower-priced generic, but the extended-release formulation of tolterodine is not.

Oxybutynin is also available as a topical gel (Gelnique), a prescription patch (Oxytrol), and an over-the-counter patch that can be purchased without a prescription (Oxytrol for Women) See sidebar for more about the Oxytrol for Women patch.

Darifenacin (Enablex), solifenacin (Vesicare), and trospium (Sanctura, Sanctura XR) are relatively newer drugs (all approved in the U.S. in 2004). Fesoterodine (Toviaz), approved in 2008, is chemically similar to tolterodine. The immediate-release form of trospium (Sanctura) is taken twice daily, and the others are taken once daily.

Mirabegron (Myrbetriq), approved in 2012, is the newest drug for overactive bladder. This drug works in a different way than the other overactive bladder medications, so it causes different side effects.

There is limited comparative research on the newer medications. Most of the research compares them with a placebo, so it's uncertain how they would fare if compared with each other. Overall, there is less information about the comparative effectiveness and safety of these newer drugs than what is known about oxybutynin and tolterodine.

The monthly cost of the overactive bladder medications ranges from \$24 to more than \$300. Certain generic medications might cost as little as \$4 for a month's supply through generic drug programs run by major chain stores, such as Kroger, Sam's Club, Target, and Walmart. For an even better bargain, you can obtain a three-month supply for \$10 through these programs. We note in the price chart starting on page 12 which

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generic overactive bladder medications are available through these programs. Some stores, such as CVS and Walgreens, require a membership fee to participate and might charge higher prices. There might be other restrictions too, so check the details carefully to make sure your drug and dose are covered.

Other prescription medicines have been used in the past to treat the symptoms of overactive bladder. But we do not evaluate those in this report.

There are other procedures used to treat severe overactive bladder or overactive bladder that does not respond to medication, including surgery and Botox injections (see the sidebar below), but those also are not evaluated in this report.

OXYTROL FOR WOMEN PATCH AND BOTOX INJECTIONS

Our medical advisers recommend caution before using either the Oxytrol for Women patch or Botox injections for an overactive bladder.

The symptoms of overactive bladder can be caused by other conditions, such as bladder infections and bladder cancer, so it's important to see a doctor to get an accurate diagnosis before trying the patch on your own. In addition, the patch can cause skin reactions at the site of application in about a quarter of patients—in 11 percent of people the reactions are so severe, they stop using the patch.

Botox has downsides, too. While clinical trials showed that Botox injections improved overactive bladder symptoms, the possible side effects include painful urination, incomplete emptying of the bladder (which could require the insertion of a catheter), and urinary tract infections. The FDA says you should take an antibiotic along with the shot to reduce the risk of developing a UTI.

Moreover, Botox is only approved for use in people who can't take or haven't gotten relief from other overactive bladder medications, and it can be expensive. A single treatment can cost more than \$800 and might need to be repeated every 3-8 months.

What Are the Medicines for Overactive Bladder and Who Needs Them?

In people with overactive bladder, it is thought that the bladder muscles contract at the wrong time, making it feel like you urgently need to go to the bathroom and sometimes leading to the leakage of urine. Drugs used to treat the condition relax the bladder muscles, which can increase the storage size of the bladder and decrease the urge to urinate.

If your overactive bladder symptoms are mild to moderate, and you only have rare or occasional “accidents,” your doctor will probably recommend that you try the nondrug measures mentioned on page 4 before you try a medication. If they don’t work, he or she might suggest that you also try one of the drugs we discuss.

Your doctor will start by asking about your symptoms and medical history, such as any medications you are taking and any operations or procedures you have undergone. He or she might ask you to fill out a “bladder diary” to keep track of how often you go to the bathroom and how often you have urine leakage. The doctor might also give you a physical examination and check for problems with your urine or bladder.

Here are a few simple criteria to help you determine whether you have mild overactive bladder:

- Your urges to urinate are tolerable
- You need to hurry to the bathroom
- You have little or no leakage
- You urinate nine to 12 times a day. (Normal urination is four to eight times a day, though this can vary by person, change from day to day and depend on your fluid intake.)

If your symptoms are more severe—for example, if you need to go to the bathroom 15 times a day or more and/or you have several leakage episodes a day—it’s more likely that your doctor will prescribe medicine and recommend nondrug therapies, such as lifestyle changes and Kegel exercises.

Many doctors are hesitant to prescribe drugs for overactive bladder because of the risk of side effects. Dry mouth and constipation are common, can be very annoying, and for some people, can be quite severe. Blurred vision and dizziness can also occur. Mental confusion is a possibility with many of the drugs, especially in older people.

Since older people are more likely to have overactive bladder, doctors are especially alert to any mental confusion they might experience. If you (or a loved one) has Alzheimer’s disease or another form of dementia (for example, dementia that develops after a stroke), your doctor might be reluctant to prescribe a drug for overactive bladder. We’d go a step further and suggest that you not take one unless your doctor feels strongly about prescribing it.

Your doctor will want to know if you have “narrow angle” glaucoma, an eye condition. The overactive bladder medicines are not recommended for people with this type of glaucoma because they can harm their vision—this does not apply to mirebegrin (Myrbetriq). But most people with glaucoma have what is called “open angle” glaucoma and can safely take overactive bladder drugs.

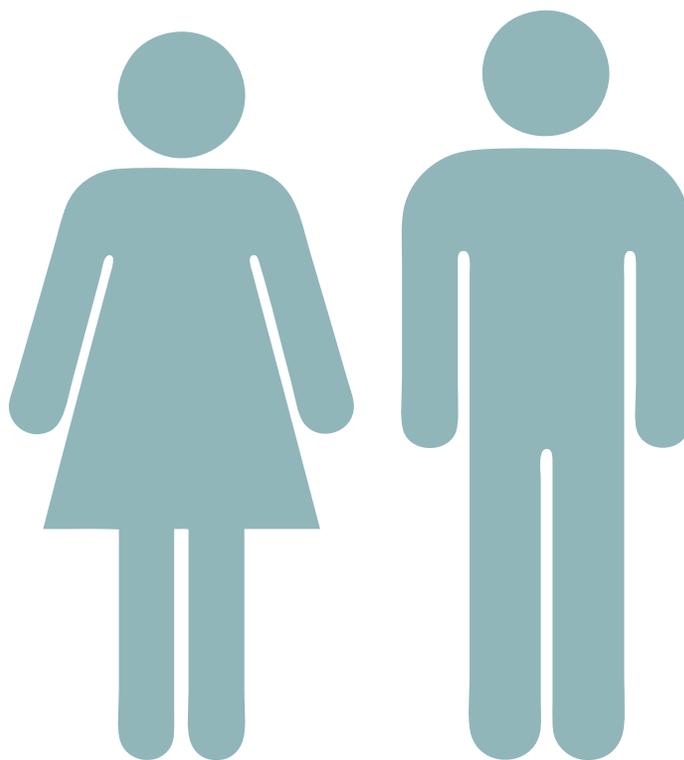
What Are the Medicines for Overactive Bladder and Who Needs Them?

Overall, more than half of the patients taking an overactive bladder drug stop within six months. Some studies have found that only 10 to 20 percent of people are still taking an overactive bladder medicine after six to 12 months.

That is a very high level of treatment dropout. Some of it is for a good reason: Lifestyle changes and nondrug measures have been successful at reducing their symptoms, so the drug is no longer needed. Some dropout may be due to cost, especially for people taking the newer, more expensive drugs. But about a third to one-half of the dropout is due to side effects. Patients simply can't tolerate the drug or decide it's not worth the minimal benefit they get.

Because the benefits of overactive bladder medicines can often be marginal, many doctors and experts think they're not worth continuing if people experience bad side effects. That said, if your doctor thinks your condition is severe enough to warrant one of these medicines, it might be worth trying. The response to these drugs varies; you might tolerate it well and be able to adapt to the side effects. But you should discuss with your doctor any side effects you experience.

To sum up, we recommend that people with mild overactive bladder and infrequent incontinence try lifestyle changes first. If they don't work, talk with your doctor about taking one of the overactive bladder drugs. If you have more severe symptoms, you might need to supplement nondrug measures with medication.



Choosing a Drug for Overactive Bladder — Our Pick

The overactive bladder drugs are only moderately effective. Studies have found that just a small proportion of people get complete relief from symptoms while taking the medications, particularly over longer periods of time. But most people can expect some relief—a decrease in the number of times a day they feel a strong urge to urinate, and a decline in the number of leakage episodes.

On average, people with overactive bladder urinate 12 times a day. Medication can reduce the number of daily bathroom trips by two to three for most people. If you have incontinence, you can expect the number of episodes to decline by one to two per day.

Of course, people respond differently to the overactive bladder drugs, so there can be variation in the reduction of urges, urinary frequency, and leakage. Some people will notice a substantial decrease in symptoms while others will barely get any relief. The only way to know how you will respond is to try one of the medicines. Also keep in mind that you might have to take the medicine for up to four weeks to see the maximum level of symptom relief.

Each of the seven drugs has strengths and weaknesses. But overall, studies that have compared the drugs with each other have found little difference among them in terms of effectiveness. That includes studies that compared the immediate-release (or short-acting) forms of these drugs to the long-acting or extended-release forms.

Even fewer studies have evaluated how the drugs affect the highly subjective symptom of urgency. As you might imagine, that's more difficult to measure than the number of times you urinate. Here, too, the studies point to a modest success for the overactive bladder drugs, with a wide range of individual responses. So, depending on your own body chemistry and response, you might notice a meaningful decrease in urgency or very little change.

The drugs differ more substantially when their side effects are compared. But the studies indicate some trade-offs. (See Table 1 on page 10.)

The short-acting form of oxybutynin has higher rates of people who experienced dry mouth and any side effect, and more people stopped the drug due to side effects compared with the other overactive bladder medications. Short-acting tolterodine has lower rates of dry mouth or constipation than oxybutynin (short-acting). Tolterodine extended-release (Detrol LA) might also have lower rates of dry mouth compared with the extended-release form of oxybutynin (Ditropan XL) and the short-acting tolterodine, although this evidence is less consistent.

The oxybutynin patch (Oxytrol) poses less risk of dry mouth than the oxybutynin pill, but the incidence of skin reactions was fairly high (26 percent), leading 11 percent of people to stop using the patch.

The newer drug, fesoterodine, improved some symptoms better than tolterodine extended-release, but people who took fesoterodine were more likely to develop dry mouth or stop the medication due to side effects. Solifenacin improved some symptoms and caused less dry mouth than immediate release tolterodine, but caused more dry mouth and constipation than the extended-release form of tolterodine. Studies have found that darifenacin (Enablex) is about equally effective at relieving overactive bladder symptoms as oxybutynin, but it might

Choosing a Drug for Overactive Bladder — Our Pick

have a better safety profile. Darifenacin has lower rates of overall side effects, dry mouth, and severe dry mouth than oxybutynin, but a higher rate of constipation.

There is no head-to-head evidence comparing the newest drug mirabegron (Myrbetriq) to the other drugs. Side effects associated with Myrbetriq include increased blood pressure, cold-like symptoms, urinary tract infection, headache, rapid heart beat, and rash and itching.

The trade-off of benefits and harms with all these drugs is magnified by the dose. Higher doses are generally more effective but cause more side effects and lead more people to withdraw from studies.

Generally, choosing the best overactive bladder drug will depend on your medical history, the severity of your condition, convenience factors (such as taking one pill a day vs. two or three times a day), a drug's side effects, your insurance coverage, and your out-of-pocket costs. It will also depend on the other prescription and nonprescription drugs you are taking.

Table 1, below, presents some of the strengths and weaknesses of each drug, and how each stacks up against the others where evidence is available.

The assessments in this report and in Table 1 are based on several systematic reviews of the evidence from over 150 studies of overactive bladder drugs. There's more information on page 15 about our methodology.

Table 2 on page 12 presents the costs for overactive bladder drugs. Taking effectiveness, side effects, safety, dosing convenience, and cost (if paying out-of-pocket and you don't have insurance) into account, we have chosen the following as a *Consumer Reports Best Buy Drug*:

- Generic tolterodine

The short-acting form of tolterodine costs more than generic oxybutynin, but we chose it as a *Best Buy* because it offers the advantages of fewer side effects and a lower rate of people who stop using it due to adverse events. Tolterodine might be more convenient,

Table 1. Overactive Bladder Drugs - Strengths and Weaknesses

Generic Name	Brand Name	Strengths	Weaknesses
Darifenacin	Enablex	<ul style="list-style-type: none"> ■ Taken once a day ■ Lower rate of overall side effects, dry mouth, and severe dry mouth than oxybutynin 	<ul style="list-style-type: none"> ■ Less research on effectiveness and safety than with oxybutynin and tolterodine
Fesoterodine	Toviaz	<ul style="list-style-type: none"> ■ Improved some symptoms better than Detrol LA 	<ul style="list-style-type: none"> ■ More likely to cause dry mouth and lead to withdrawal from studies due to side effects than Detrol LA
Mirabegron	Myrbetriq	<ul style="list-style-type: none"> ■ Taken once a day ■ Doesn't cause mental confusion ■ Poses less risk of blurred vision and dry mouth 	<ul style="list-style-type: none"> ■ Newest drug; less research on effectiveness and safety than other drugs ■ No evidence directly comparing it to other drugs ■ May cause high blood pressure

Choosing a Drug for Overactive Bladder — Our Pick

Table 1. Overactive Bladder Drugs - Strengths and Weaknesses (continued)

Generic Name	Brand Name	Strengths	Weaknesses
Oxybutynin tablet (Short-acting)	Generic only	<ul style="list-style-type: none"> On the market longest, well-known by doctors Many studies confirm its effectiveness 	<ul style="list-style-type: none"> Highest rate of side effects, including dry mouth and constipation More people report severe dry mouth compared with other drugs Need to take 2 to 3 pills a day
Oxybutynin tablet (Extended-release)	Ditropan XL	<ul style="list-style-type: none"> Taken once a day Lower rate of side effects than short-acting oxybutynin 	<ul style="list-style-type: none"> More expensive than the short-acting form
Oxybutynin transdermal patch	Oxytrol	<ul style="list-style-type: none"> Available over-the-counter No need to take a pill Patch is changed every three to four days Lower rate of dry mouth compared with oxybutynin pill 	<ul style="list-style-type: none"> Irritation at site of patch is common; can be severe
Oxybutynin topical gel	Gelnique	<ul style="list-style-type: none"> No need to take a pill Gel is applied to abdomen, arm, or thigh daily 	<ul style="list-style-type: none"> Very limited research to date
Solifenacin	Vesicare	<ul style="list-style-type: none"> Taken once a day Improves some symptoms better than Detrol or Detrol LA Lower rate of dry mouth than Detrol 	<ul style="list-style-type: none"> Higher rates of dry mouth and constipation than Detrol LA
Tolterodine (Short-acting)	Detrol	<ul style="list-style-type: none"> Fewer patients report dry mouth or constipation than oxybutynin short-acting 	<ul style="list-style-type: none"> Taken twice a day (may be an advantage over oxybutynin tablets, but a disadvantage compared with daily Detrol LA)
Tolterodine (Extended-release)	Detrol LA	<ul style="list-style-type: none"> Taken once a day Fewer side effects compared with oxybutynin and short-acting Detrol 	<ul style="list-style-type: none"> More expensive than short-acting tolterodine or oxybutynin
Trospium (Short-acting)	Sanctura	<ul style="list-style-type: none"> Lower rate of severe dry mouth than oxybutynin 	<ul style="list-style-type: none"> Less research on effectiveness and safety than with oxybutynin and tolterodine
Trospium (Extended-release)	Sanctura XR	<ul style="list-style-type: none"> Taken once a day 	<ul style="list-style-type: none"> Very limited research to date

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Table 2. Costs of Overactive Bladder Drugs

Note: If the price box contains a , that indicates the dose of that drug may be available for a low monthly cost through programs offered by large chain stores. For example, Kroger, Sam's Club, Target, and Walmart offer a month's supply of selected generic drugs for \$4 or a three-month supply for \$10. Other chain stores, such as Costco, CVS, Kmart, and Walgreens, offer similar programs. Some programs have restrictions or membership fees, so check the details carefully for restrictions and to make sure your drug is covered.

Generic Name and Dose	Brand Name ^A	Frequency of Use Per Day ^B	Average Monthly Cost ^C
Darifenacin 7.5 mg tablets	Enablex	One	\$219
Darifenacin 15 mg tablets	Enablex	One	\$208
Fesoterodine 4 mg tablets	Toviaz	One	\$199
Fesoterodine 8 mg tablets	Toviaz	One	\$199
Mirabegron 25 mg tablets	Myrbetriq	One	\$240
Mirabegron 50 mg tablets	Myrbetriq	One	\$246
Oxybutynin 5 mg tablets	Generic	Two	\$24 
Oxybutynin 5 mg tablets	Generic	Three	\$36 
Oxybutynin extended-release 5 mg tablets	Generic	One	\$72 
Oxybutynin extended-release 10 mg tablets	Ditropan XL	One	\$173
Oxybutynin extended-release 10 mg tablets	Generic	One	\$71 
Oxybutynin extended-release 15 mg tablets	Ditropan XL	One	\$205
Oxybutynin extended-release 15 mg tablets	Generic	One	\$73 
Oxybutynin skin patch 3.9 mg/24 hrs	Oxytrol	New patch every 3-4 days	\$374
Oxybutynin skin patch 3.9 mg/24 hrs	Oxytrol for Women (OTC)	New patch every 3-4 days	NA ^D
Oxybutynin topical gel 10%	Gelnique	Apply once daily	\$244
Solifenacin 5 mg tablets	Vesicare	One	\$231
Solifenacin 10 mg tablets	Vesicare	One	\$232
 Tolterodine 1 mg tablets	Generic	Two	\$183
Tolterodine 2 mg tablets	Detrol	Two	\$294

Choosing a Drug for Overactive Bladder — Our Pick

Table 2. Costs of Overactive Bladder Drugs (continued)

Generic Name and Dose	Brand Name ^A	Frequency of Use Per Day ^B	Average Monthly Cost ^C
 Tolterodine 2 mg tablets	Generic	Two	\$167
Tolterodine extended-release 2 mg capsules	Detrol LA	One	\$255
Tolterodine extended-release 4 mg capsules	Detrol LA	One	\$231
Trospium 20 mg tablets	Generic	Two	\$150
Trospium 60 mg extended-release capsules	Sanctura XR	One	\$228
Trospium 60 mg extended-release capsules	Generic	One	\$191

* If a drug is not listed, that indicates it had less than 20 prescriptions per month, so we do not list it because the price is unreliable and pharmacies might be unlikely to carry it due to low demand.

- A. “Generic” means the price given is for the generic version.
- B. As typically prescribed.
- C. Prices reflect nationwide retail average for August 2013, rounded to the nearest dollar. Prices are derived by *Consumer Reports Best Buy Drugs* from data provided by Symphony Health Solutions, which is not involved in our analysis or recommendations.
- D. NA = Not available. The price for Oxytrol for Women patch was not available at the time of publication.

too, because it is rarely prescribed for use more than twice a day, whereas some people might need to take oxybutynin three times per day. That could be a convenience advantage for some people, such as seniors, who take multiple medicines per day.

The long-acting form of tolterodine (Detrol LA) might also be a good option because it has a low risk of side effects and offers once-a-day convenience. However, we did not choose it as a *Best Buy* because it is not available as a generic, so it is significantly more expensive than generic tolterodine.

If you have health insurance or Medicare drug coverage (Part D or a Medicare Advantage plan), check to see if your plan covers our *Best Buy* selection. But be aware that you may be charged a higher copayment than for generic oxybutynin. On the other hand, some insurance plans have a preferred medication for which they will

charge you the lowest co-pay, so you should check with your plan for the specific details about drug coverage.

If cost is a major issue for you—for example, if you are without health insurance—we suggest that you talk with your doctor about trying low-cost generic oxybutynin first. Although it has a high rate of adverse effects, some people tolerate it well and it is the least expensive overactive bladder medication, at \$24 to \$36 for a month’s supply. But if it does not provide you with enough symptom relief or the side effects are bothersome, you might have to try one of the other medicines.

5 Tips to Talking With Your Doctor

It's important for you to know that the information we present here is not meant to substitute for a doctor's judgment. But we hope it will help you and your doctor arrive at a decision about which overactive bladder medication and dose is best for you, if one is warranted at all, and which gives you the most value for your health-care dollar.

1. Mention cost to your doctor.

Bear in mind that many people are reluctant to discuss the cost of medicines with their doctor, and that studies have found that doctors do not routinely take price into account when prescribing medicines. Unless you bring it up, your doctor may assume that cost is not a factor for you.

2. Ask about older medications.

Many people (including physicians) think that newer drugs are better. While that's a natural assumption to make, it's not always true. Studies consistently find that many older medicines are as good as, and in some cases better than, newer medicines. Think of them as "tried and true," particularly when it comes to their safety record. Newer drugs have not yet met the test of time, and unexpected problems can and do crop up once they hit the market. Of course, some newer prescription drugs are indeed more effective and safer. Talk with your doctor about newer vs. older medicines, including generic drugs.

3. Consider generic drugs.

Prescription medicines go "generic" when a company's patents on them have lapsed, usually after about 12 to 15 years. At that point, other companies can make and sell the drugs. Generics are much less

expensive than newer brand-name medicines, but they are not lesser quality drugs. Indeed, most generics remain useful medicines even many years after first being marketed. That is why more than 75 percent of all prescriptions in the U.S. today are written for generics.

4. Keep up-to-date records.

Another important issue to talk with your doctor about is keeping a record of the drugs you take. There are several reasons for this:

- First, if you see several doctors, each may not be aware of medicines the others have prescribed.
- Second, since people differ in their response to medications, it's common for doctors today to prescribe several medicines before finding one that works well or best.
- Third, many people take several prescription medications, nonprescription drugs, and dietary supplements at the same time. They can interact in ways that can either reduce the benefit you get from the drug or be dangerous.
- Fourth, the names of prescription drugs—both generic and brand—are often hard to pronounce and remember.

For all these reasons, it's important to keep a written list of all the drugs and supplements you take and periodically review it with your doctors.

5. Know the facts.

Finally, always be sure that you understand the dose of the medicine being prescribed and how many pills you are expected to take each day. Your doctor should tell you this information. When you fill a prescription at a pharmacy, or if you get it by mail, check to see that the dose and the number of pills per day on the bottle match the amounts your doctor told you.

How We Picked the *Best Buy* Drugs

Our evaluation is primarily based on an independent scientific review of the evidence on the effectiveness, safety, and side effects of overactive bladder medications. A team of physicians and researchers at the Pacific Northwest Evidence-Based Practice Center (EPC) conducted the analysis.

A synopsis of that forms the basis for this report. A consultant to *Consumer Reports Best Buy Drugs* is also a member of the Pacific Northwest EPC research team, which has no financial interest in any pharmaceutical company or product. The full Pacific Northwest EPC review of overactive bladder drugs is available at http://www.rx.wa.gov/documents/overactive_bladder_review.pdf. (This is a long and technical document written for physicians.). We also relied on reports conducted by the Agency for Healthcare Research and Quality (available at http://effectivehealthcare.ahrq.gov/ehc/products/169/834/CER36_UrinaryIncontinence_FinalReport_20120517.pdf) and the Cochrane Collaboration (<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005429.pub2/abstract;jsessionid=77FC1F937FB89A410FA32EE7253D27EA.d03t04>).

The drug costs we cite were obtained from a health-care information company that tracks the sales of prescription drugs in the U.S. Prices for a drug can vary quite widely, even within a single city or town.

All the prices in this report are national averages based on sales of prescription drugs in retail outlets. They reflect the cash price paid for a month's supply of each drug in August 2013.

We selected the *Best Buy* Drug using the following criteria. The drug had to:

- Be approved by the FDA for treating overactive bladder
- Be as effective as other overactive bladder medicines
- Have a safety record equal to or better than other overactive bladder medicines

The *Consumer Reports Best Buy Drugs* methodology is described in more detail in the Methods section at www.CRBestBuyDrugs.org.

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About Us

Consumer Reports is an independent and nonprofit organization whose mission since 1936 has been to provide consumers with unbiased information on goods and services and to create a fair marketplace. Its website is www.ConsumerReports.org.

Consumer Reports Best Buy Drugs is a public-education project administered by Consumers Union. These materials were made possible by the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by a multistate settlement of consumer-fraud claims regarding the marketing of the prescription drug Neurontin.

The Engelberg Foundation provided a major grant to fund the creation of the project from 2004 to 2007. Additional initial funding came from the National Library of Medicine, part of the National Institutes of Health. A more detailed explanation of the project is available at www.CRBestBuyDrugs.org.

We followed a rigorous editorial process to ensure that the information in this report and on the *Consumer Reports Best Buy Drugs* website is accurate and describes generally accepted clinical practices. If we find an error or are alerted to one, we will correct it as quickly as possible. But Consumer Reports and its authors, editors, publishers, licensors, and suppliers cannot be responsible for medical errors or omissions, or any consequences from the use of the information on this site. Please refer to our user agreement at www.CRBestBuyDrugs.org for further information.

Consumer Reports Best Buy Drugs should not be viewed as a substitute for a consultation with a medical or health professional. This report and the information on www.CRBestBuyDrugs.org are provided to enhance your communication with your doctor rather than to replace it.

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