

## Prescribing Clinical Network

**Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath), Crawley CCG and Horsham & Mid-Sussex CCG**

<b>Title of paper:</b>	Botulinum Toxin Type A (Botox) for Overactive Bladder		
<b>Meeting date:</b>	10 <sup>th</sup> January 2018		
<b>Agenda item:</b>		<b>Attachment(s):</b>	1
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<b>Paper type</b>	Policy statement		
<b>For:</b>	Recommendation		
<p><b>Executive Summary:</b>            Botulinum Toxin Type A for lower urinary tract symptoms in men, was considered at the PCN in December 2017. The PCN recommended a RED status for use in this cohort and it was noted that this is already commissioned by local CCGs and has been for a number of years.</p> <p>In developing a policy statement to support this recommendation, the PCN secretary noted that there is a policy statement on the PAD for overactive bladder (PCN 10-2012).</p> <p>Policy statement PCN 10-2012 was developed before Botox was licensed for use in overactive bladder and a review is required.</p> <p>The old policy statement from the PAD is attached (PTO) and the new proposed policy statement PCN 301-2017 is included with this cover sheet for agreement by PCN.</p> <p>NICE Clinical Guideline CG40 – Management of urinary incontinence in women was withdrawn by NICE and has been replaced with CG171 – Urinary incontinence in women: management (September 2013 – updated November 2015).</p> <p>NICE Clinical Guideline CG97 – Lower urinary tract symptoms in men: management was originally published in 2010 and was updated in September 2013.</p> <p>These are the references for the new policy statement proposed to PCN.</p> <p>Botulinum Toxin is considered as a <b>RED</b> drug and providers invoice commissioners on an activity basis at the moment.</p>			
<p><b>Summary:</b>            PCN is asked to:</p> <ol style="list-style-type: none"> <li>1) Recommend the reviewed (PCN 301-2017) policy statement which will replace PCN 10-2012</li> </ol>			
<p><b>Accompanying papers (please list):</b>            1. Policy Statement 301-2017</p>			

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<b>Policy Statement</b>	Botulinum toxin A for overactive bladder (unlicensed indication)
<b>Policy No:</b>	PCN 10-2012
<b>Date of Issue</b>	28 <sup>th</sup> March 2012
<b>Review Date:</b>	March 2015 <i>(Unless new published evidence becomes available before this date OR there is new published national guidance e.g. NICE)</i>
<b>Recommendations:</b> Botulinum toxin A is recommended as a treatment option for the management of overactive bladder in the following patients: <ul style="list-style-type: none"> <li>• Diagnosis of OAB has been urodynamically proven</li> <li>• Conservative measures have been exhausted: to include bladder training, and a suitable trial of three anti-muscarinic drugs (see APC 03-2011)</li> <li>• Administration of Botulinum toxin A is carried out by an appropriately trained specialist</li> </ul>	
<b>Key Considerations:</b> <ul style="list-style-type: none"> <li>• <b>NICE CG 40 –the management of urinary incontinence in women.</b> It is recommended that bladder wall injection should be used in the treatment of idiopathic detrusor overactivity only in women who have not responded to conservative treatments (including antimuscarinic drugs) and who are willing and able to self catheterize. NICE notes there is a gap in treatment between conservative treatment and surgery and botulinum toxin has been adopted to fill this position, however this is in advance of high quality data on efficacy, safety and long term outcomes.</li> <li>• <b>Cochrane Collaboration 2007 – Botulinum toxin injections for adults with overactive bladder syndrome (review).</b> The review included both males and females and it found that there were very few comparative studies that involved a relatively small number of patients, but that there was some evidence that botulinum toxin can improve the symptoms of overactive bladder syndrome. Botulinum toxin in to the bladder appeared to give few side effects or complications, but there were no long-term follow up studies, and there could be rare side effects that have not been discovered yet. The review concluded that intra-detrusor botulinum toxin A injection was an effective treatment for patients with urodynamically proven detrusor overactivity of either neurogenic or idiopathic origin, with 82% of patients showing a clinical improvement of 25% or more at week 4. Botulinum toxin was likely to be a cost effective intervention from the perspective of the UK NHS.</li> </ul>	
<b>Date taken to Prescribing Clinical Network</b>	28 <sup>th</sup> March 2012
<b>Date Ratified by Clinical Executive Committee on behalf of NHS Surrey Board</b>	2012