NHS
Vale of York
Clinical Commissioning Group

COMMISSIONING POLICY RECOMMENDATION
TREATMENT ADVISORY GROUP
Policy agreed by (*Vale of York CCG/date*)

Drug, Treatment, Device name		
Botulinum toxin A (Botox; Allergan)		
Licensed indication		
The management of bladder dysfunctions in adult patients who are not adequately managed with anticholinergics for overactive bladder with symptoms of urinary incontinence, urgency and frequency .		
Cost per patient (at recommended dose)		
Botox 100units vial	The recommended dose is 100 Units of BOTOX, as 0.5 ml (5 Units) injections across 20 sites in the detrusor muscle. Patients should be considered for reinjection when the clinical effect of the previous injection has diminished (median duration in phase 3 clinical studies was ~24 weeks), but no sooner than 3 months from the prior bladder injection.	£138.20
Resource impact on population		
Botulinum is a high cost medicine, which is excluded from PbR-Tariff. There is limited evidence to support the use of botulinum toxin for the treatment of patients with an overactive bladder. However, it requires administration by appropriately skilled healthcare professionals and its long-term safety has yet to be established. Allergan have calculated that the estimated population with IOAB with UI for whom anticholinergic treatment does not give an adequate response is around 0.265%.		
Recommendation to Routinely Commission **OR** **Not Routinely Commission** **OR** **Commission under criteria**		
When is funding appropriate?		
Botulinum A is recommended for the management of overactive bladder in the following patients: ▪ diagnosis of OAB has been urodynamically proven. • conservative measures have been exhausted (e.g. bladder training, anti-muscarinic drugs). The drug is administered by an appropriately trained specialist.		
Clinical and cost effectiveness evidence		

Background

Overactive bladder syndrome (OAB) is defined as urinary urgency, with or without urge incontinence (UI) and usually with frequency and nocturia .

There are few epidemiological data on the prevalence of OAB. A telephone survey from the USA found an overall prevalence of OAB with UI of 9.6% in women older than 18 years, rising from 5% in those aged 18–44 to 19% in those over 65. Survey data from Europe found a similar prevalence. A Leicestershire study found an overall prevalence of OAB in women aged 40 and over of 21.4%. These studies were published between 2001 and 2006.

Pharmacological suppression of DO (spontaneous contractions of the detrusor muscle during bladder filling) with anticholinergics (antimuscarinics) is the most widely used treatment for OAB NICE guidance on the management of urinary incontinence in women advises that immediate release non-proprietary oxybutynin should be the first-line drug treatment for OAB if lifestyle interventions and bladder retraining are ineffective. If oxybutynin is not tolerated, alternatives include darifenacin, solifenacin, tolterodine, trospium and extended release or transdermal oxybutynin. Sacral nerve stimulation, augmentation cystoplasty, urinary diversion and bladder wall injection of botulinum toxin A may be considered in women whose condition does not respond to lifestyle interventions, bladder retraining or pharmacological treatment.

NICE guidance

NICE Clinical guideline 171 Urinary incontinence: The management of urinary incontinence in women. September 2013.

1. After an MDT review, offer bladder wall injection with botulinum toxin A to women with OAB caused by proven detrusor overactivity that has not responded to conservative management (including OAB drug therapy).

2. Discuss the risks and benefits of treatment with botulinum toxin A with women before seeking informed consent, covering:

- the likelihood of being symptom free or having a large reduction in symptoms
- the risk of clean intermittent catheterisation and the potential for it to be needed for variable lengths of time after the effect of the injections has worn off
- the absence of evidence on duration of effect between treatments and the long-term efficacy and risks
- the risk of adverse effects, including an increased risk of urinary tract infection.

3 Start treatment with botulinum toxin A only if women:

- have been trained in clean intermittent catheterisation and have performed the technique successfully, and
- are able and willing to perform clean intermittent catheterisation on a regular basis for as long as needed.

4. Use 200 units when offering botulinum toxin A.

5. Consider 100 units of botulinum toxin A for women who would prefer a dose with a lower chance of catheterisation and accept a reduced chance of success.

6. If the first botulinum toxin A treatment has no effect discuss with the MDT.

7 If botulinum toxin A treatment is effective, offer follow-up at 6 months or sooner if symptoms return for repeat treatment without an MDT referral.

8 Tell women how to self-refer for prompt specialist review if symptoms return following a

botulinum toxin A procedure. Offer repeat treatment as necessary.
9 Do not offer botulinum toxin B to women with proven detrusor overactivity.

NICE Clinical Guideline 97: Lower Urinary tract symptoms in men. May 2010 http://www.nice.org.uk/nicemedia/live/12984/48575/48575.pdf

Detrusor overactivity: Bladder wall injection with botulinum toxin. The man needs to be willing and able to self-catheterise.

NICE Evidence summary: idiopathic overactive bladder syndrome: botulinum toxin A. September 2012
http://publications.nice.org.uk/idiopathic-overactive-bladder-syndrome-botulinum-toxin-a-esnm2#close

Cochrane Collaboration 2007– Botulinum toxin injections for adults with overactive bladder syndrome (review).
This 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. It was unclear what the best dose of botulinum was. Botulinum toxin injections 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.

NHS Economic Evaluation Database (NHS EED) 2006 - Cost consequence analysis evaluating the use of botulinum neurotoxin A in patients with detrusor overactivity based on clinical outcomes observed at a single UK Centre.
This review consisted of both males and females with either neurogenic or idiopathic overactive bladder and it 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 National Health Service.

Treatment alternatives

- **sacral nerve stimulation. (Procedure = £2441; cost of implant approx.. £7750)**
- **Augmentation cystoplasty (cost = £5348)**
- **Urinary diversion if SNS and augmentation cystoplasty are not appropriate or acceptable.**

Place in therapy relative to available treatments
Offer bladder wall injection with botulinum toxin A to women with OAB caused by proven detrusor overactivity that has not responded to conservative management (including OAB drug therapy).
Health gains
Patient safety / pharmacovigilance
Patients are more likely to develop UTIs and voiding difficulty needing self catheterization.
When to stop treatment
In the event of any severe adverse effects or if / when treatment is demonstrated to be ineffective e.g. monitoring criteria demonstrate no improvement in symptoms.
Who prescribes?
Specialist responsibilities – Prescribing, disease and drug monitoring remains the responsibility of the specialist. GP responsibilities – GPs should not prescribe this treatment
Stakeholder views
Equity of access

SPECIFICATION DATE, REVIEW DATE, AND LEAD NAME/JOB TITLE	
Origin Date: November 2013	Originator:
TAG Review Date:	Stuart Kerr/ Chris Ranson
TAG Recommendation Date:	

Impact on individual clinical commissioning groups		
CCG	**Population**	**Cost Impact**
York	337,500	£16,584
HaRD	160,100	£7850
Scarborough	118000	£5804
H&R	141,600	£6938
East Riding	302,000	£14,925
Hull	295,987	£14,511
North Lincs	168,400	£8292
North East Lincs	167,200	£8292

*Cost impact is based on Allergan have calculated that the estimated population with IOAB with UI for whom anticholinergic treatment does not give an adequate response is around 0.265%. They predict that there will be a 10% uptake of the eligible population in year one with patients having 2 doses per year. Note costs relate to drug costs only.