










BNF Chapter 7 Genito-Urinary System

Formulary Key


1st line formulary choice		Encouraged
Alternative formulary choice		On Formulary
2nd line formulary choice		2nd Line
Shared Care (TAG Amber)		Shared Care Agreement

Drug	Formulations	Dose	Notes
7.1 Bladder and Urinary Disorders			
7.1.1 Drugs for Urinary Frequencies, Enuresis and Incontinence			
<u>NICE CG 171: Urinary Incontinence in Women</u>			
Refer all patients to NCHC Continence Advisor before initiation of drug treatment.			
Non drug treatments are recommended first line e.g. pelvic floor exercises. If the first treatment for OAB or mixed UI is not effective or well-tolerated, offer another drug with the lowest acquisition cost. Intravaginal oestrogens are recommended for overactive bladder symptoms in women with vaginal atrophy.			
First line choice			
OXYBUTININ Immediate release	 Tablets	2.5mg, 3mg 5mg	Adult and child over 12 yrs: 5mg 2-3 times daily. Elderly: 2.5-3mg twice daily, increased according to response. Child: see BNFC
			Consider as an option for younger patients. Do not offer oxybutynin (immediate release) to frail older women (NICE CG171). Consider Anticholinergic Burden (ACB) and try drug holidays to check on-going benefit every 6-12 months.
TOLTERODINE Immediate release	 Tablets	1mg, 2mg	Adult over 18 years: 2mg twice daily, reduce to 1mg daily if side effects
			Drugs with anticholinergic side effects not suitable for patients with co-morbidities such as Parkinson's disease, dementia, multiple sclerosis, confusion, falls etc.
Second line choice			
SOLIFENACIN	 Tablets	5mg, 10mg	Adult over 18 years: 5mg Daily, increased if necessary to 10mg daily
			Prescribe generically. Patients with severe renal impairment (creatinine clearance \leq 30 ml/min) or moderate hepatic impairment should be treated with caution and receive no more than 5 mg once daily.
TOLTERODINE XL	 Capsules	4mg MR	Adult over 18 years: 4mg once daily
			Use cost effective brand: Neditol XL
Third line choice			
MIRABEGRON ▼	 Tablets	25mg, 50mg MR	Adult over 18 years: 50mg once daily (monotherapy only)
			Maybe initiated as first line therapy if antimuscarinic drugs are contraindicated. Mirabegron (Betmiga ▼): risk of severe hypertension and associated cerebrovascular and cardiac events. MHRA OCTOBER 2015. Key updated safety advice for healthcare professionals: • Mirabegron is contraindicated in patients with severe uncontrolled hypertension (systolic blood pressure \geq 180 mm Hg or diastolic blood pressure \geq 110 mm Hg, or both) • Blood pressure should be measured before starting treatment and monitored regularly during treatment, especially in patients with hypertension See MHRA drug safety update for full information
<u>NICE TA290 Mirabegron for treating symptoms of overactive bladder</u>			
See <u>Overactive Bladder Treatment Pathway</u>			
Option for shared care - <u>Duloxetine in Moderate to Severe Stress Urinary Incontinence (SUI)</u>			
DULOXETINE	 Capsules	20, 40mg	Adult over 18 years: 40mg twice daily, reduced to 20mg after 4 weeks according to tolerability.
			For moderate to severe stress incontinence in women. Consultant to prescribe for first 6-8 weeks.

7.1.2 Drugs for Urinary Retention

[NICE CG97 Lower urinary tract symptoms](#)

First line choice

TAMSULOSIN MR 	Capsules 400 micrograms	Adult over 18 years: 400micrograms once daily	Capsules - cost effective choice.
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7.1.3 Drugs Used in Urological Pain

POTASSIUM CITRATE / SODIUM CITRATE MIXTURE - Various preparations available to purchase		Alkalinisation of urine may provide relief of discomfort in mild urinary-tract infections. Caution in cardiac disease; elderly.
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7.4.1 Drugs for Erectile Dysfunction

Only to be prescribed on the NHS in line with [Department of Health guidance](#) - endorse 'SLS' (except generic sildenafil)


The Department of Health advises that one treatment a week will be appropriate for most patients treated for erectile dysfunction.

See [Key Message Bulletin 4: Drugs for Erectile Dysfunction](#)

First line choice

SILDENAFIL 	Tablets 25mg, 50mg 100mg	Adult: 50mg initially, once daily approx. 60 mins before sexual activity, subsequent doses adjusted according to response up to max. 100mg as single dose in 24 hours. Maximum 1 dose per day.	Since August 2014 SLS restrictions have been removed from generic sildenafil and may be prescribed on the NHS to any patients with a clinical need. Clinicians should use clinical discretion as to appropriate quantity required by individual patients with regards to wastage from stock piling and potential for abuse / street value.
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Second line choice

TADALAFIL 	Tablets 10mg, 20mg	Adult: 10mg initially, once daily approx 30mins before sexual activity, subsequent doses adjusted according to response up to max. 20mg. Maximum 1 dose per day.	SLS restrictions apply. See Drug Tariff Part XVIII B - Drugs, Medicines and Other Substances that may be ordered only in certain circumstances: http://www.drugtariff.nhsbsa.nhs.uk/#/00534233-DB/DB00533670/In England:
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Daily tadalafil (2.5mg, 5mg) is TAG Double Red / Not Commissioned in Norfolk and Waveney and is not recommended by NHS England for prescribing in primary care. See:

[NHSE Items which should not routinely be prescribed in primary care](#)