

7 Genito-Urinary System

1 Bladder and Urinary Disorders		Primary Care	Acute/ Specialist Services
1.1 Urinary Frequency, Enuresis and Incontinence			
Antimuscarinics - Urinary			
	Solifenacin (1 st line)	✓	✓
	Tolterodine M/R capsules (2 nd line)	✓	✓
	Fesoterodine M/R tablets (3 rd line)	⊕	✓
	Trospium (3 rd line)	⊕	✓
	Oxybutynin (Kentera [®] patch only, not tablets) (3 rd line)	⊕	✓
<p>Comment: Antimuscarinics should be titrated to maximally tolerated doses before considering alternative/referral to Urology.</p> <p>The combination product Vesomni[®] (solifenacin 6mg + tamsulosin 400mcg) is not recommended. More cost-effective to prescribe as separate solifenacin tablets (5mg/10mg) and tamsulosin 400mcg capsules.</p> <p>Fesoterodine, trospium should be considered in the elderly or patients with a high anti-cholinergic burden.</p> <p>Oxybutynin patch (Kentera[®]) should be considered in patients who are unable to take oral formulations of alternative Formulary choice antimuscarinics.</p>			
Beta₃–Adrenoceptor Agonists			
	Mirabegron (3 rd line)	✓	✓
<p>Comment: Mirabegron should be considered in Primary Care when patients have been trialed on 1st/2nd line antimuscarinics, at maximally tolerated doses, and they have been ineffective/not tolerated/are unsuitable. Patients should be referred to Urology if mirabegron is ineffective/not tolerated.</p> <p>The standard dose for mirabegron is 50mg daily. 25mg daily should only be considered in patients with renal/hepatic impairment (see BNF).</p> <p>Mirabegron should be avoided in patients with severe uncontrolled hypertension i.e. systolic ≥ 180mmHg or diastolic ≥ 110mmHg. BP should be checked at baseline and on a regular basis during treatment as clinically appropriate.</p>			
Botulinum Toxin Type A			
	Botox [®]		✓
<p>Comment: Botox[®] is approved for use in adults for the management of bladder dysfunctions and also in adults with neurogenic detrusor overactivity who are not adequately managed with alternative treatments.</p>			
1.2 Urinary Retention			
Alpha – Adrenoceptor Blockers			
	Tamsulosin 400mcg M/R Capsules (1 st line)	✓	✓
	Alfuzosin (2 nd line)	✓	✓

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5 α - Reductase Inhibitors			
	Finasteride	✓	✓
1.3 Urolithiasis			
	Potassium citrate	⊕	✓
Comment: Potassium citrate is used for the prevention of recurrence of stones (off-label use)			
1.4 Urological Pain			
	Pentosan polysulfate (Elmiron [®])		✓
Comment: SMC approved for use in bladder pain syndrome characterised by either glomerulations or Hunner's lesions in adults with moderate to severe pain, urgency and frequency of micturition			

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2. Bladder Instillations and Urological Surgery		Primary Care	Acute/ Specialist Services
Bladder Instillations and Urological Surgery			
	Mitomycin-C		✓
	Sodium chloride	✓	✓

3. Contraception		Primary Care	Acute/ Specialist Services
Comment: For further guidance on the appropriate use of contraceptives refer to the Faculty of Sexual & Reproductive Health			
3.1 Contraception, Combined			
Oestrogens Combined with Progestogens			
Ethinylestradiol / desogestrel			
	Gedarel [®] 20/150	✓	✓
	Gedarel [®] 30/150	✓	✓
Ethinylestradiol / gestodene			
	Millinette [®] 20/75	✓	✓
	Millinette [®] 30/75	✓	✓
Ethinylestradiol / levonorgestrel			
	Rigevidon [®]	✓	✓
	TriRegol [®]	✓	✓
Ethinylestradiol / norgestimate			
	Cilique [®]	✓	✓
Ethinylestradiol / norelgestromin			
	Evra [®] Patch (2 nd line)	✓	✓
Ethinylestradiol / etonogestrel			
	Syreniring [®] (3 rd line)	✓	✓
Comment: Syreniring [®] is more expensive than oral contraceptives/patch. Use is restricted to patients who experience breakthrough bleeding/poor cycle control with oral contraceptives/patch.			
3.2 Contraception Devices – Copper IUDs			
10 years use – Gold standard			
	TT 380 slimline (1 st line)	✓	✓
	T-Safe [®] CU 380A (2 nd line)	✓	✓
5 years use – For shorter term contraception			
	Nova-T [®] 380 (1 st line)	✓	✓
	UT 380 (2 nd line)	✓	✓
Comment: Ensure date of insertion/date for removal or change is recorded in the patient records.			

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3.3 Contraception Emergency			
	Ulipristal acetate (1 st line)	✓	✓
	Levonorgestrel (2 nd line)	✓	✓
Comment: Levonorgestrel only effective if taken within 72 hours. Taking the dose as soon as possible increases efficacy. To be used in patients where ulipristal is considered unsuitable.			
3.4 Contraception Oral Progestogen-only			
	Desogestrel	✓	✓
Comment: For most patients prescribe as generic desogestrel. For patients with soya or peanut allergy prescribe as the brand name Cerelle [®] .			
	Norethisterone 350mcg (Noriday [®])	✓	✓
Levonorgestrel Intra-uterine devices			
	Benilexa [®] One Handed 20mcg/24 hours (1 st line)	✓	✓
	Levosert [®] 20mcg/24 hours (1 st line)	✓	✓
	Kyleena [®] 19.5mg (2 nd line)	✓	✓
	Mirena [®] 20mcg/24 hours (2 nd line)	✓	✓
Comment: Ensure device selected is licensed for the indication for use. Note that different brands require a device change at different frequencies. See BNF/SPC for further information.			
3.5 Contraception Parenteral Progestogen-only			
	Medroxyprogesterone acetate (Depo-provera [®] intramuscular inj, Sayana Press [®] sub-cutaneous inj)	✓	✓
	Etonogestrel implant (Nexplanon [®])	✓	✓
3.6 Contraception Spermicidal			
	Nonoxinol 9.2% (Gygel [®])	✓	✓

4. Erectile and Ejaculatory Conditions		Primary Care	Acute/ Specialist Services
4.1 Erectile Dysfunction			
	Sildenafil (1 st line)	✓	✓
	Tadalafil (2 nd line)	✓	✓
	Alprostadil cream (Vitaros [®])	✓	✓
	Alprostadil injection	⊕	✓
Comment: Drug treatments for erectile dysfunction may only be prescribed on the NHS under certain circumstances http://www.sehd.scot.nhs.uk/pca/PCA1999(M)09(P)03.pdf and for patients with severe distress http://www.sehd.scot.nhs.uk/pca/PCA2011(M)04.pdf Patients should be tried on maximum tolerated doses of Formulary choice tablets for 6-8 attempts before considering referral to Urology. The normal recommended quantity of tablets that should be prescribed on the NHS is up to 8 tablets per months. However, prescribers may prescribe higher quantities based on individual patient circumstances. The use of daily tadalafil 5mg tablets is more cost-effective than 'prn' usage of tadalafil 10mg/20mg tablets if usage is greater than 2x per week on a regular basis.			

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6. Obstetrics		Primary Care	Acute/ Specialist Services
6.1 Induction of Labour			
	Oxytocin		✓
	Dinoprostone (Propess 10mg vaginal delivery system, Prostin E2 1mg, 2mg vaginal gel)		✓
6.2 Postpartum Haemorrhage			
	Carboprost		✓
	Ergometrine Maleate		✓
	Ergometrine + Oxytocin (Syntometrine®)		✓
6.3 Premature Labour			
	Atosiban		✓
External Cephalic Version			
	Terbutaline injection		✓
6.4 Termination of Pregnancy			
	Mifepristone		✓
	Misoprostol		✓
Ductus arteriosus			
	Ibuprofen inj (Pedeo®)		✓

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7. Vaginal and Vulval Condition		Primary Care	Acute/ Specialist Services
7.1 Vaginal and vulval infections			
7.1a Vaginal and Vulval Bacterial Infections			
Comment: For further information on the management of vulvovaginal candidiasis refer to the BASHH Guidelines			
	Clindamycin Cream	✓	✓
	Lactic acid (Relactagel [®])	✓	✓
	Metronidazole vaginal gel (Zidoval [®])	✓	✓
	Dequalinium (Fluomizin [®])	✓	✓
Comment: Dequalinium vaginal tablets can be used for the treatment of bacterial vaginosis in patients in whom the initial treatment with clindamycin/metronidazole is not effective or well tolerated.			
Antifungals			
	Clotrimazole	✓	✓
Comment: Nystatin pessaries are only available as an unlicensed 'special'. May be prescribed if recommended by Obs & Gynae or microbiology in patients with a confirmed sensitivity to nystatin.			
7.2 Vaginal Atrophy			
	Estradiol (Vagirux [®] , Estring [®])	✓	✓
Comment: More cost-effective to prescribe Vagirux [®] vaginal tablets rather than Vagifem [®] .			
	Estriol 0.1% cream (Ovestin [®])	✓	✓
Comment: Estriol 0.1% cream is preferred to the use of estriol 0.01% cream as more cost-effective. When either Ovestin [®] 0.1% or estriol 0.01% cream is used with the applicator provided as instructed, the delivered dose of estriol is the same i.e. 0.5mg of estriol per application, therefore the difference in the strengths of the products is not relevant.			
	Sylk [®]	⊕	✓
	YES [®] Vaginal Moisturiser	✓	✓

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