Botulinum Toxin for urinary incontinence due to detrusor overactivity

NHS Devon

Commissioning policy

The commissioning of bladder wall botulinum toxin injection for use in adult male and female patients with urinary incontinence due to detrusor overactivity is accepted in Devon, when used in accordance with the relevant National Institute for Health and Care Excellence (NICE) clinical guideline. The decision to offer botulinum toxin is at the discretion of the treating clinician and the patient must be made fully aware and give informed consent should an 'off-label' preparation be used for this indication.

Rationale for the decision

Clinical effectiveness of bladder wall botulinum toxin injection used in adult male and female patients with detrusor overactivity has been identified by NICE and supports the recommendations in two clinical guidelines. NICE clinical guideline 171 (subsequently replaced by NICE clinical guideline NG123) refers to the management of urinary incontinence in women. NICE clinical guideline 97 refers to the assessment and management of lower urinary tract symptoms in men.

It is acknowledged by local specialists who currently manage patients in accordance with NICE guidance, that bladder wall injection of botulinum toxin should only be used in patients refractory to conservative management and drug treatments (including a trial of anticholinergic medication and mirabegron or vibegron if appropriate).

It is acknowledged by local specialists and NICE that alternative surgical procedures available to patients such as urinary diversion and cystoplasty are complex, involve major surgery and often result in less favourable patient outcomes.

NICE consider that for urinary incontinence in women, bladder wall botulinum toxin injection is a more cost-effective intervention than percutaneous sacral nerve stimulation.

The decision to commission bladder wall botulinum toxin injection used in adult male and female patients for urinary incontinence due to detrusor overactivity is consistent with the commissioning criteria set out by NHS England for sacral nerve stimulation for overactive bladder. These include symptoms refractory to conservative measures and at least two anticholinergics and mirabegron or vibegron (unless such treatments are contraindicated) and prior use or consideration of botulinum toxin treatment.

On an individual patient basis for medical reasons, it is sometimes necessary when there is no suitable alternative, to prescribe medicines which are used outside the terms of their product licence (off-label). Prescription of off-label medicines should wherever possible be supported by evidence and a body of expert opinion. Prescribers are required to give patients (or their parents or carers) sufficient information about medicines to allow them to make an informed decision and consent to the proposed treatment. The GMC provides guidance regarding prescribing of off-label medication.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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23.10.2015	Policy agreed by Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG Policy adopted by NHS Devon CCG on 01.04.2019 Policy adopted by NHS Devon ICB on 01.07.2022 Updated for governance purposes to acknowledge the updated NICE clinical guideline and changes to the commissioning arrangements for sacral nerve stimulation for urinary incontinence, 06.09.2023 Updated for governance purposes to reflect that vibegron is now recommended by NICE technology appraisal guidance TA999 as an alternative to mirabegron, 07.08.2025