



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Solifenacin and tamsulosin oral controlled absorption system (TOCAS) (Vesomni®)		
Indication under review	Treatment of overactive bladder		
Policy No:	APC 044		
Date of Issue/Date of reissue:	March 2014/March 2017		
Review Date:	March 2020		
Policy Statement: Solifenacin and tamsulosin oral controlled absorption system (Vesomni®) is not recommended for routine use within Berkshire West for the treatment of lower urinary tract symptoms (LUTS) and bladder outlet obstruction (BOO).			
Traffic Light Status	Brown		
Key Points considered:			
<ul style="list-style-type: none"> • The fixed dose combination (FDC) of solifenacin 6 mg plus tamsulosin oral controlled absorption system (TOCAS) significantly improved storage and voiding symptoms, as well as QoL parameters, compared with placebo. • This FDC also improved storage symptoms and QoL compared with TOCAS alone in men with moderate to severe storage symptoms and voiding symptoms, and it was well tolerated. • Adjusting combination products can prove difficult especially in the frail and elderly where anticholinergics can lead to confusion etc. • Solifenacin is not recommended within Berkshire West as a first or second line antimuscarinic agent where an antimuscarinic is indicated. • This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost-effective use of their CCG budget 			
References:			
<ol style="list-style-type: none"> 1. NICE CG 97: NICE CG 97: Lower urinary tract symptoms, The management of lower urinary tract symptoms in men. May 2010. 2. Van Kerrebroeck P.E.V.,Oelke M.,Katona F.,Krhut J.,Liehne J.,Gomberg V.,Cambronero Santos J.,Garcia-Hernandez A.,Klaver M.,Van Chardorp K. Effects of tamsulosin OCAS and solifenacin on efficacy and QoL parameters in men with LUTS/BPH in the SATURN trial. European Urology, Supplements, March 2011, vol./is. 10/2(120), 1569-9056 (March 2011) 3. Kaplan S.A.,He W.,Koltun W.D.,Cummings J.,Schneider T.,Fakhoury A. Solifenacin plus tamsulosin combination treatment in men with lower urinary tract symptoms and bladder outlet obstruction: A randomized controlled trial. European Urology, January 2013, vol./is. 63/1(158-165), 0302-2838;1873-7560 (January 2013) 4. Van Kerrebroeck P.,Chapple C.,Drogendijk T.,Klaver M.,Sokol R.,Speakman M.,Traudtner K.,Drake M.J. Combination therapy with solifenacin and tamsulosin oral controlled absorption system in a single tablet for lower urinary tract symptoms in men: Efficacy and safety results from the randomised controlled NEPTUNE trial. European Urology, December 2013, vol./is. 64/6(1003-1012), 0302-2838;1873-7560 (December 2013) 5. Obata J, Matsumoto K, Yamanaka H, Ninomiya A, Nakamura S. Who Would Benefit from Solifenacin Add-On Therapy to Tamsulosin for Overactive Bladder Symptoms Associated with Benign Prostatic Hyperplasia? LUTS: Lower Urinary Tract Symptoms Volume 5, Issue 3, pages 145–149, September 2013 6. Yamagouchi O,Kakizaki H.,Homma Y.,Takeda M.,Nishizawa O.,Gotoh M.,Yokoyama O.,Seki N.,Yoshida M. Solifenacin as add-on therapy for overactive bladder symptoms in men treated for lower urinary tract symptoms-ASSIST, randomized controlled study. Urology, July 2011, vol./is. 78/1(126-133), 0090-4295;1527-9995 (July 2011) 			
Expired policy reviewed by APC			1 st March 2017
Date ratified by the GPMOC			15 th March 2017

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only