

Chapter 7. Obstetrics, gynaecology, and urinary tract disorders

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Key

	Red drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	Amber drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	Green drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
U	If a medicine is unlicensed this should be highlighted in the template as follows Drug name U
	Not Recommended
OTC	Over the Counter
Order of Drug Choice	Where there is no preferred 1 st line agent provided, the drug choice appears in alphabetical order.

BNF chapter	7 Obstetrics, gynaecology, and urinary tract disorders	
	For hormonal therapy of gynaecological disorders see section 6.4.1 (including HRT), section 6.5.1 and 6.7.2.	
Section	7.1 Drugs used in obstetrics	
	NICE NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management	
Section	7.2 Treatment of vaginal and vulval conditions	
Subsection	7.2.1 Preparations for vaginal and vulval changes	
Oestrogens, topical		
First choice	Estriol 0.01% intravaginal cream (Gynest®)	
Alternatives	Estriol 500 microgram pessaries (Ortho-Gynest®)	
	Estradiol 10 microgram vaginal tablets (Vagifem®)	
Subsection	7.2.2 Vaginal and vulval infections	
Preparations for vaginal and vulval candidiasis		
First choice	Fluconazole (see section 5.2) Oral 150mg capsule	
	Clotrimazole 500mg pessary	
Alternatives	Clotrimazole Thrush cream (topical) 2%, Intravaginal cream 10% VC®	MHRA DSU (June 2016): Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin
	Miconazole Nitrate 2% cream (Gyno-Daktarin®)	
Preparations for other vaginal infections		
First choice	Metronidazole Oral 400mg tablet	A dose of 400 mg twice a day for 5 to 7 days is recommended High-dose regimens (single oral dose of 2 g) are not recommended during pregnancy
Alternatives	Metronidazole vaginal gel 0.75% Clindamycin vaginal cream 2%	

Section	7.3 Contraceptives	
	Faculty of Sexual & Reproductive Healthcare Guidance NICE PH51: Contraceptive services with a focus of young people up to the age of 25 years NICE LGB17: Contraceptive Services NICE PH3: Prevention of sexually transmitted infections and under 18 conceptions NICE NG73: Endometriosis: diagnosis and management	
Subsection	7.3.1 Combined hormonal contraceptives (COCs)	
	<p>When offering combined oral contraceptives first-line options are monophasic preparations containing 30micrograms of oestrogen, and either norethisterone or levonorgestrel. However all combined oral contraceptives can be considered based on patient acceptance.</p> <p>Other versions of combined oral contraceptives are available and are appropriate to be prescribed.</p> <p>The brand with the lowest acquisition cost and greatest ease of acquisition should be prescribed according to local choice.</p>	
	Oral low strength (ethinylestradiol 20mcg)	
	Loestrin 20®, Gedarel®20/150mcg, Milinette® 20/75mcg	
	Oral standard strength (ethinylestradiol 30mcg)	
	Levest®, Rigevidon®, Ovranelle®, Microgynon 30®, Loestrin 30®	
	Oral standard strength (ethinylestradiol 35mcg)	
	Ovysmen®, Brevinor®	
	Monophasic (every day) standard strength	
	Microgynon ED®	
	Tri-phasic	
	Logynon®	
	Transdermal (standard strength)	
	Evra® patches	Evra® is not recommended for routine use, but only for younger, or less compliant women, or those with GI disturbance whilst taking oral contraceptives.




Subsection	7.3.2 Progestogen-only contraceptives	
Subsection	7.3.2.1 Oral progestogen-only contraceptives	
First choice	Norethisterone 350 micrograms (Noriday®)	
Alternatives	Levonorgestrel 30 micrograms (Norgeston®)	
	Desogestrel 75 micrograms (Cerule® , Aizea®)	Cerule®/Aizea® should not routinely be used as an alternative to COCs but should be reserved for women who have problems adhering to the 3 hour window for other oral progestogen only contraceptives.
Subsection	7.3.2.2 Parenteral progestogen-only contraceptives	
	NICE CG30: Long-acting reversible contraception	
Injectable preparations	Medroxyprogesterone acetate 150mg prefilled syringe (Depo-Provera®) Medroxyprogesterone acetate 104mg prefilled injector device (Sayana Press®)	
Implants	Etonogestrel 68mg implant (Nexplanon® ▼)	MHRA DSU (June 2016): Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung An implant should only be inserted subdermally and by a healthcare professional who has been appropriately trained and accredited
Subsection	7.3.2.3 Intra-uterine progestogen-only device	
	Levonorgestrel 20micrograms/24hours intra-uterine system (Mirena®)	To be implanted by specially trained individuals only. NICE NG88: Heavy menstrual bleeding: assessment and management MHRA DSU: Intrauterine contraception: uterine perforation – updated information on risk factors MHRA DSU: Levonorgestrel-releasing intrauterine systems: prescribe by brand name MHRA DSU: Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy

Subsection	7.3.3 Spermicidal contraceptives	
	Nonoxinol '9' 2% gel (Gygel [®])	
Subsection	7.3.4 Contraceptive devices	
	Intra-uterine devices	
First choice	T-Safe[®] 380A Quickload	
Alternatives	Nova-T[®] 380, Flexi-T[®] 300	

Subsection	7.3.5 Emergency contraception	
<p>Faculty of Sexual & Reproductive Healthcare guidelines recommend that all eligible women should be offered the Cu-IUD as it is considered the most effective method of emergency contraception due to the low documented failure rate.</p>		
Hormonal methods		
First choice	<p>Levonorgestrel (Levonelle® 1500)</p>	<p>Remains the first choice for those patients that present for emergency contraception before 72 hours after unprotected sexual intercourse or contraceptive failure.</p>
Alternatives	<p>Ulipristal acetate (EllaOne®)</p>	<p>NTS recommendation: Ulipristal acetate (EllaOne®) 30mg tabs</p> <p>Recommended as a treatment option only for those patients that present between 72 and 120 hours after unprotected sexual intercourse or contraceptive failure.</p>

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Section	7.4 Drugs for genito-urinary disorders For drugs used in the treatment of urinary tract infections see section 5.1.13 For male sex hormones and antagonists see section 6.4.2 For gonadorelin analogues for prostate cancer see section 8.3.4.2	
Subsection	7.4.1 Drugs for urinary retention	
Alpha blockers		
First choice	Tamsulosin 400 microgram m/r capsules	NICE CG97: Lower urinary tract symptoms in men
Alternatives	Alfuzosin XL 10mg m/r tablets Doxazosin 1mg, 2mg and 4mg tablets and 4mg MR tablets	
Parasympathomimetics		
Not recommended		
Subsection	7.4.2 Drugs for urinary frequency, enuresis, and incontinence	
First choice drug to be continued for a minimum of four weeks NICE NG123: Urinary incontinence and pelvic organ prolapse in women: management NICE CG97: Lower urinary tract symptoms in men GMMMG Treatment of overactive bladder in women		
First choice	Oxybutynin IR 5mg tablets Tolterodine IR 2mg tablets	Oxybutynin not to be prescribed in frail elderly.
Second choice	Darifenacin MR 7.5mg tablets Trospium MR 60mg capsules	
Clinicians may want to use alternative agents within first and second choice before progressing to alternatives.		
Alternatives	Oxybutynin transdermal patch 36mg (releasing oxybutynin approx. 3.9 mg/24 hours)	NICE CG171: Urinary incontinence in women : Offer a transdermal OAB drug to women unable to tolerate oral medication

	<p>Mirabegron[▼] 25mg or 50mg m/r tablets</p>	<p>Mirabegron is only recommended if antimuscarinic drugs are contraindicated or clinically ineffective or have unacceptable adverse effects.</p> <p>MHRA Drug Update 2015: Mirabegron: risk of severe hypertension and associated cerebrovascular and cardiac events.</p> <p>NICE TA290: Mirabegron for treating symptoms of overactive bladder</p>
Additional notes	<p>NICE CG171 concluded that there is a lack of robust evidence to show a difference in clinical effectiveness between OAB drugs. The relative cost effectiveness was determined mostly by the difference in cost between them. NICE concluded that the lack of evidence showing long-term efficacy of OAB therapy should restrict the number of OAB drugs tried before seeking alternative recommended treatments.</p>	
Subsection	<p>7.4.3 Drugs used in urological pain</p>	
	<p>Alkalinisation of urine</p>	
	<p>Potassium citrate (30%) mixture BP</p>	
<p>Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p>Pentosan polysulfate sodium 100 mg hard capsules (Elmiron[®]) Only for use as a second-line treatment option for bladder pain syndrome, where conservative measures have failed.</p>	<p>G_n following specialist initiation Criterion 3 (see RAG list)</p>
Subsection	<p>7.4.4 Bladder instillations and urological surgery</p>	
	<p>Glycine irrigation solution Sodium chloride 0.9% Sodium hyaluronate (medical device)</p>	<p>R</p>
	<p>Catheter patency solutions</p>	
	<p>Sodium chloride 0.9% Solution G Solution R</p>	

Subsection	7.4.5 Drugs for erectile dysfunction	
Phosphodiesterase type-5 inhibitors		
First choice	Sildenafil 25mg, 50mg and 100mg tablets	 Generic sildenafil is no longer subject to selected list scheme (SLS) restrictions and is therefore available for prescribers to prescribe to treat erectile dysfunction (ED).
Alternatives	Tadalafil 2.5mg, 10mg and 20mg tablets	 Subject to selected list scheme (SLS) restrictions (see below)
Alternative	Alprostadil 5 microgram, 10 microgram, 20 microgram and 40 microgram injections (Caverject [®] , Viridal [®] Duo) 3mg/g cream (Vitaros [®]) [▼]	N.B. oral PDE-5 preparations would normally be first line therapy  For Cream NTS recommendation: Alprostadil (Vitaros[®]) cream for the treatment of erectile dysfunction in adult men
Alternative	Aviptadil and phentolamine Solution for intracavernosal injection 25microgram/2mg (Invicorp [®])	For those patients who have failed on PDE5 inhibitors and find Alprostadil injections painful
Do Not Prescribe	Tadalafil given once daily Tablets Yohimbine Supplement	Criterion 2 (see RAG list) Criterion 1 (see RAG list)
Additional notes:	Prescribing for erectile dysfunction on the NHS BNF/ Drug Tariff approved uses Except for generic sildenafil, the above drugs are not available on NHS prescription except to treat erectile dysfunction in men who: <ul style="list-style-type: none"> • have diabetes, multiple sclerosis, Parkinson’s disease, poliomyelitis, prostate cancer, severe pelvic injury, single gene neurological disease, spina bifida, or spinal cord injury; • are receiving dialysis for renal failure; • have had radical pelvic surgery, prostatectomy (including transurethral resection of the prostate), or kidney transplant; • are suffering severe distress as a result of impotence (prescribed in specialist centres only, see notes below). 	

	<p>The prescription must be endorsed 'SLS'.</p> <p>Severe distress caused by impotence</p> <p>The Department of Health (England) has recommended that treatment should also be available from specialist services (commissioned by Health Authorities and Primary Care Groups, and operating under local agreement) when the condition is causing severe distress; specialist centres should use form FP10(HP) and endorse it 'SLS' if the treatment is to be dispensed in the community. The following criteria should be considered when assessing distress:</p> <ul style="list-style-type: none"> • significant disruption to normal social and occupational activities; • a marked effect on mood, behaviour, social and environmental awareness; • a marked effect on interpersonal relationships. <p>Patients should be referred as per local commissioning arrangements.</p>	
Subsection	7.4.6 Drugs for premature ejaculation	
Do Not Prescribe	Dapoxetine Film-coated tablets	<u>Criterion 1 (see RAG list)</u>
Do Not Prescribe	Licensed and off-label topical anaesthetics for management of premature ejaculation	<u>Criterion 1 (see RAG list)</u>