**Chapter 7: Obstetrics, Gynaecology and Urinary-tract Disorders**

**KEY**

|  |  |
| --- | --- |
| **Status** | **Description** |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen | Green -Medicines suitable for routine use within primary care and Secondary care Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber | Amber- Medicines suitable to be prescribed in primary care after specialist /Consultant recommendation or initiation. A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust Medicines and Therapeutic Committee and approved by the Area Prescribing Committee. |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifRed | Red-Hospital initiation and continuation only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber Shared Care Protocol | AMBER SHARE CARE PROTOCOL- Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen 2 | GREEN 2- to be prescribed by primary care only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGrey | GREY- NON FORMULARY |

**7.1 Drugs used in obstetrics**

**7.1.1. Prostaglandins and Oxytocics**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain | Remove | Additional Information |
| i. Carboprost Injection 250 micrograms/ml, 1ml. Hospital Only |  |  |  |
| ii. Dinoprostone Pessaries, Vaginal Gel 1mg, 2mg. Hospital Only |  |  | 1st choice for induction of labour and induction guidelines  Use 3mg v tablet |
| iii. Ergometrine Injection 500 micrograms/ml, 1ml. Hospital Only |  |  |  |
| iv. Gemeprost Pessaries 1mg. Hospital Only |  |  | Limited data  Rarely used since availability of dinoprostone |
| v. Oxytocin Injection 5 units/ml, 1ml; 10 units/ml, 1ml. Hospital Only |  |  | 2nd choice for induction f labour  As per induction of labour guideline |
| vi. Syntometrine Injection (Oxytocin 5u, Ergometrine 500 mcg/ml). Hospital Only |  |  |  |
| vii. Indometacin Injection. Hospital Only |  |  | Limited use ?potentially remove |

**7.1.2 Mifepristone**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Mifepristone Tablets 200mg. Hospital Only |  |  | Used for abortion  Termination of pregnancy guideline |

**7.1.3 Myometrial Relaxants**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Ritodrine Injection. Hospital Only |  | Remove | Not on ascribe |
| ii. Salbutamol Tablets, Injection. Hospital Only |  |  |  |
| iii. Atosiban Injection 7.5mg/ml, 0.9ml vial. Hospital Only |  |  | Occasional use  If nifedipide is not tolerated |
| iv. Atosiban Concentrate for Intravenous Infusion 7.5mg/ml, 5ml vial. Hospital Only |  |  | As above |

**7.2 Treatment of vaginal and vulval conditions**

**7.2.1 Preparations for Vaginal Atrophy**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Estriol Intra Vaginal Cream 0.01% Contains Arachis (peanut) Oil |  |  |  |
| ii. Estriol Intra Vaginal Cream 0.1% |  |  |  |
| iii. Estriol Pessaries 10micrograms (vagifem) |  |  |  |
| iv. Estradiol Vaginal Tablets |  |  |  |

**7.2.2 Vaginal and Vulval Infections**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Clotrimazole 1% Cream, Pessaries 500mg |  |  |  |
| ii. Clindamycin Vaginal Cream |  |  | Used for bacterial vaginosis |
| iii. Clotrimazole 2% Cream & 500mg Pessary Combination Pack |  |  |  |
| iv. Econozole Nitrate 1% Cream |  |  | Limited epact data. Used rarely |
| v. Fluconazole 50mg, 150mg Capsules |  |  |  |
| vi. Miconazole Pessaries, Vaginal cream 2% |  |  | Public health england guideline |
| vii. Clotrimazole Pessaries 100mg & 200mg. Hospital Restrictions |  |  | Stopped using can be remove |

**7.3. Contraceptives**

**7.3.1 Combined Hormonal Contraceptives**

|  |  |  |  |
| --- | --- | --- | --- |
| Limited to primary care only – green 2  Can be prescribed in clinics in secondary care |  |  | Supporting information |
| i. Ethinylestradiol 30 mcg & Levonorgestrel 150 mcg (Microgynon 30, ED, Ovranette or Rigevidon) |  |  | Not stocked in pharmacy |
| ii. Ethinylestradiol 35 mcg & Norgestimate 250 mcg (Cilest) |  |  | Non hospital formulary |
| iii. Ethinylestradiol 30 mcg & Levonorgestrel 50 mcg (Logynon) |  |  |  |
| iv. Ethinylestradiol 30 mcg & Drospirenone 3 mg (Yasmin) |  |  |  |
| v. Ethinylestradiol 30 micrograms & Desogestrel 150 micrograms (Gedarel or Marvelon) |  |  |  |
| vi. Ethinylestradiol 30 mcg & Gestodene 75 mcg (Femodine, ED) |  |  |  |
| vii. Ethinylestradiol 35 mcg & Norethisterone 500, 750, 1000mcg (TriNovum) |  |  |  |

**7.3.2 Oral Progestogen-only Contraceptives**

**7.3.2. 1 Oral progestogen-only contraceptives**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove | Remain | Supporting Information |
| i. Norethisterone 350 mcg (Micronor) |  |  |  |
| ii. Etynodiol diacetate 500 mcg (Femulen) |  |  |  |
| iii. Desogestrel 75 mcg (Cerazette) |  |  |  |

**7.3.2.2 Parenteral Progestogen-only Contraceptives**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove | Remain | Supporting Information |
| i. Etonorgestrel 68mg Implant (Nexplanon). Primary Care & Sexual Health Only |  |  |  |
| ii. Medroxyprogesterone acetate 150 mg/ml PFS. Primary Care & Sexual Health Only |  |  |  |

**7.3.2.3 Intra-uterine Progestogen Only System**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove | remain | Supporting informaton |
| i. Levonorgestrel 20 micrograms/24 hours (Mirena) |  | £88- for five years  Mainly used for menstrual problem |  |

**7.3.3 Spermicidal contraceptives**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove | remain | Supporting information |
| i. Nonoxinol ‘9’ 2% Gel (Gygel | Remove |  | Not used by secondary or primary care |

**7.3.4 Intra-uterine Devices**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove | Remain | Supporting Information |
| i. Flexi T 300 For uterine length over 5cm. Hospital Only | Remove |  | Propose to be removed as Never used |
| ii. Nova T 380 For uterine length over 6.5cm. Hospital Only |  |  | Mainly used |

**7.3.5 Emergency Contraceptives**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove | Remain | Supporting Information |
| i. Levonelle 1500mcg |  |  |  |
| ii. Ulipristal acetate 30mg (ellaONE®). |  | Green for emergency contraceptives only |  |

**7.4 Drugs for genito-urinary disorders**

**7.4.1 Drugs for Urinary Retention**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Tamsulosin MR Capsules 400 micrograms |  |  |  |
| ii. Alfuzosin Tablets |  |  |  |
| iii. Indoramin Tablets 20mg |  |  | Not used in adult urology- propose remove |
| iv Doxazosin |  |  |  |

**7.4.2 Drugs for urinary frequency, enuresis, and incontinence**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Oxybutynin Tablets 2.5mg, 5mg |  |  | 1st line or tolterodine |
| ii. Oxybutynin MR Tablets 5mg, 10mg |  |  | Not mentioned on APC pathway – should use be restricted & if so to which patients? |
| iii. Tolterodine 4mg MR Capsules |  |  | Not on pathway – should use be restricted? |
| iv. Tolterodine Tablets 1mg, 2mg |  |  | 1st line or oxybutynin. |
| v. Mirabegron Tablets |  |  | 3rd choice |
| vi. Solifenacin Tablets 5mg, 10mg |  |  | 2nd choice |
| vii. Trospium Chloride Tablets 20mg, 60mg MR Capsules. As Per APC OAB Pathway |  |  |  |
| viii. Desmopressin Tablets 100 micrograms. Hospital Initiated Only |  |  |  |
| ix. Flavoxate Tablets 200mg. Hospital Initiated Only |  |  | Awaiting clarification from ccg on its use  Not used in adult urology potentially remove |
| x. Imipramine Tablets 10mg, 25mg |  |  |  |
| xi. Oxybutynin Liquid |  |  | Paediatric use |
| xii. Oxybutynin Patch In line with NICE Guidance |  | Allow more sustained release compared to MR tablets | Limited use |
| xiii. Propiverine Hydrochloride Tablets 15mg. Hospital Initiated Only |  |  | Consider removing as not cost-effective. |

**7.4.3 Drugs Used in Urological Pain**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Potassium Citrate Mixture |  |  |  |
| ii. Sodium Bicarbonate Powder, Solution 8.4% |  |  |  |
| iii. Lidocaine Gel 1%, 2% with/without chlorhexidine, Instillagel (6 and 11ml) |  |  | Needs to be updated onto anaesthetic chapter |

**7.4.4 Bladder Instillations and Urological Surgery**

|  |  |  |  |
| --- | --- | --- | --- |
| Link to continence Formulary |  |  |  |
| i. Chlorhexidine Uro-Tainer 0.02% |  |  |  |
| ii. Glycine 3000ml Easyflow 1.5%. Hospital Only |  |  |  |
| iii. Noxyflex S Powder 2.5g (plus 250ml or 100ml sterile water). Hospital Only |  |  | Double check with procurement regarding use and email dr Rogers |
| iv. Sodium Chloride 0.9%, 100ml. Hospital Only |  |  |  |
| v. Solution R 100ml Uro-Tainer |  |  |  |
| vi. Sterile Water 1000ml bottle, 1000ml Easyflow. Hospital Only |  |  | Sometimes used for Flexible cystoscopy |
| vii. Suby G 100ml Uro-Tainer. |  |  |  |

**7.4.5 Drugs for erectile dysfunction**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary care initiated only |  |  |  |
| i. Sildenafil Tablets 25mg, 50mg, 100mg |  |  | 1st choice |
| ii. Tadalafil Tablets 10mg, 20mg |  |  | 2nd restricted – hospital initiated |
| iii. Tadalafil Tablets 5mg. Subject to SPC & Licence |  |  | 2nd – under a 3month rule before it is removed |
| iv. Vardenafil Tablets When Intolerant to i and ii. Primary Care Only |  |  | 3rd choice |
| v. Alprostadil (Caverject) Intracavernosal injection 10 micrograms, 20 micrograms | Amber hospital initiated |  |  |
| vi. Alprostadil (Viridal Duo) Intracavernosal injection 10 micrograms, 20 micrograms, 40 micrograms | Amber initiated only |  |  |
| vii. Alprostadil (Muse) Urethral application 125 micrograms, 250 micrograms, 500 micrograms, 1mg | Amber initiated only |  |  |

**7.10 Other Obstetrics, Gynaecology and Urinary-tract Disorder Treatments**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i) iAluRil Syringes. Secondary Care Only | Unable to find option on net formulary |  |  |