Solifenacin

for treating overactive bladder

Technology Guidance from the MOH Drug Advisory Committee

Guidance Recommendations

The Ministry of Health's Drug Advisory Committee has recommended:

- ✓ Solifenacin 5 mg tablet for treating overactive bladder.

Subsidy status

Solifenacin 5 mg tablet is recommended for inclusion on the MOH Standard Drug List (SDL).

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Factors considered to inform the recommendations for subsidy

Technology evaluation

1.1 The MOH Drug Advisory Committee ("the Committee") considered the evidence presented for solifenacin for treating overactive bladder (OAB). The Agency for Care Effectiveness conducted the evaluation in consultation with clinical experts from the public healthcare institutions. Published clinical and economic evidence for solifenacin was considered in line with its registered indication.

1.2 The evidence was used to inform the Committee's deliberations around four core decision-making criteria:

- Clinical need of patients and nature of the condition
- Clinical effectiveness and safety of the technology
- Cost-effectiveness (value for money) – the incremental benefit and cost of the technology compared to existing alternatives
- Estimated annual technology cost and the number of patients likely to benefit from the technology

1.3 Additional factors, including social and value judgments, may also inform the Committee's subsidy considerations.

Clinical Need

2.1 Solifenacin is a selective muscarinic receptor (M3) antagonist indicated for treating OAB with symptoms of urge urinary incontinence, urgency, or increased urinary frequency. The Committee noted that solifenacin, along with other anti-muscarinic drugs, is used in line with international clinical guidelines for first-line pharmacologic management of symptoms associated with OAB.

2.2 The Committee acknowledged that oxybutynin, immediate release (IR), and extended release (ER) tolterodine are currently listed on the Standard Drug List (SDL) for OAB. Therefore, there was low clinical need for an additional subsidised anti-muscarinic treatment for patients.

Clinical effectiveness and safety

3.1 The Committee considered the clinical evidence and acknowledged there was insufficient information to draw conclusions about the relative efficacy of solifenacin and oxybutynin. The Committee noted treatment withdrawals due to adverse events and dry mouth were significantly lower for the solifenacin group.

3.2 When comparing the efficacy of solifenacin versus tolterodine, solifenacin demonstrated superior efficacy in some outcomes—quality of life, patient reported cure or improvement, leakage episodes per 24 hours, and urgency episodes per 24 hours—but not all. Regarding safety outcomes, the risk of dry mouth was lowest with ER tolterodine, followed by solifenacin, then IR tolterodine. Constipation was significantly more common with solifenacin compared to tolterodine.

3.3 The Committee agreed with local clinical experts that all anti-muscarinic drugs were clinically comparable, noting clinician preference for using solifenacin because of its favourable side-effect profile.

Cost effectiveness

4.1 The Committee considered the cost effectiveness of solifenacin based on published studies, acknowledging there were no local economic evaluations available. Published studies from the UK showed solifenacin was considered cost effective compared to other anti-muscarinics. The Committee concluded that solifenacin was likely to be at least as cost effective in Singapore considering that the cost of solifenacin used in the UK evaluation was much higher than the local drug acquisition cost.

4.2 In view of clinical comparability of all anti-muscarinic drugs, the Committee concluded that solifenacin, which had a lower cost than tolterodine and oxybutynin at their recommended dosages, was the most cost-effective option within the class on a cost-minimisation basis.

Estimated annual technology cost

5.1 The Committee heard around 1155 people with OAB in Singapore would benefit from subsidy of solifenacin. The annual cost impact was estimated to be less than $500,000 in the first year of listing on the SDL.

5.2 However, the Committee noted some uncertainty regarding the uptake of solifenacin after subsidy implementation because it was likely to be prescribed by many clinical specialities, such as geriatric, urology, and family medicine.

Recommendation

6.1 Based on available evidence, the Committee recommended solifenacin 5 mg tablet be listed on the SDL for OAB given its acceptable clinical and cost effectiveness.