



Subject:	Onabotulinum toxin A 100 U in cases of idiopathic overactive bladder
	Outcome of assessment
Care form:	care provided by medical specialist
Date:	15 September 2015
Summary:	<p>This assessment describes established medical science and medical practice in relation to the use of onabotulinum toxin A 100 U for the treatment of insured patients with an idiopathic overactive bladder and loss of urine who responded inadequately - or have a contraindication - to anticholinergic medication.</p> <p>In 2007, CVZ (which became <i>Zorginstituut Nederland</i> on 1 April 2014) concluded that the endoscopic injection of medication into the muscle of the bladder (m. detrusor) in cases of idiopathic overactive bladder does not comply with the established medical science and medical practice criterion. The Dutch Association for Urology (NVU) has asked us to examine this treatment again.</p> <p><i>Zorginstituut Nederland</i> (the Zorginstituut) concluded that treatment with onabotulin toxin A 100 U does comply with the established medical science and medical practice criterion for insured patients with idiopathic overactive bladder.</p> <p>Based on the available evidence, the Zorginstituut concludes that treatment with onabotulinum toxin A 100 U is included in the basic insurance for insured patients with an idiopathic overactive bladder.</p> <p>The limited entitlement to the urological Care Activity 36264, 'endoscopic injection in bladder', can be removed.</p> <p>This standpoint applies as of 1 August 2013.</p>

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*The original text of this **Outcome of Assessment** of Zorginstituut Nederland was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of the Zorginstituut's Outcome of Assessment. Furthermore, Zorginstituut Nederland points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.*