



Medicine Supply Notification

MSN/2026/004

Oxybutynin (Kentera[®]) 3.9mg/24hours transdermal patches

Tier 2 – medium impact*

Date of issue: 28/01/2026

Link: [Medicines Supply Tool](#)

Summary

- Oxybutynin (Kentera[®]) 3.9mg/24hours transdermal patches are out of stock until late-February 2026.
- Oxybutynin 5mg and 10mg modified-release tablets remain available and can support increased demand.
- Oxybutynin 2.5mg/5ml and 5mg/5ml oral solution sugar free remains available and can support increased demand.
- Oxybutynin 2.5mg and 5mg tablets remain available but cannot support increased demand.
- Alternative anticholinergic/non-anticholinergic agents for urinary incontinence remain available and can support increased demand (see supporting information).

Actions Required

Prescribers should not initiate new patients on oxybutynin (Kentera[®]) 3.9mg/24hours transdermal patches until the supply issue has resolved.

Where patients have insufficient supplies to last until the resupply date, prescribers should:

- review patients currently on treatment to determine if this is still the most suitable therapy;
- where appropriate, consider switching to oxybutynin modified-release tablets in those not previously on this treatment; or assess risk of a re-trial of this formulation in patients previously treated with it, titrating dose as needed, based on symptoms and tolerability (see supporting information); or
- consider use of another anticholinergic agent, which may be better tolerated; or
- if patient cannot swallow solid dosage form, consider use of oxybutynin or solifenacin liquid, the choice of agent should be determined by treatment history;
- assess suitability of patients who are unable to tolerate the side-effects of oral oxybutynin or other anticholinergic preparations for mirabegron prolonged-release tablets or vibegron tablets (see supporting information); and
- if the above options are not suitable, seek specialist advice.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Supporting information

Clinical Information

Dry mouth is the most common and troublesome adverse effect of anticholinergic medicines and is the main reason for discontinuing oxybutynin. As many of the adverse effects of anticholinergic medicines are dose related, it is recommended to start at a low dose and titrate according to efficacy and side-effects; older patients require lower doses.

For patients experiencing side-effects or with inadequate response at maximum dose, changing to a different anticholinergic may be beneficial as side-effect profiles differ. Solifenacin and tolterodine are considered to cause dry mouth to a lesser extent than oxybutynin. Extended-release preparations are also expected to reduce the risk of dry mouth.

Oxybutynin (Kentera[®]) transdermal patches are licensed for the symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in adult patients with an unstable bladder. They are prescribed to patients who experience intolerable anticholinergic side-effects from oral oxybutynin.

[Mirabegron](#) and [vibegron](#) are non-anticholinergic agents, which are NICE approved for treating the symptoms of overactive bladder, only for people in whom anticholinergic drugs are contraindicated or clinically ineffective or have unacceptable side-effects. Appropriateness of these treatments will need to consider comorbidities such as hypertension, liver, and renal impairment, as well as interacting medicines.

Mirabegron tablets have to be swallowed whole, and must not to be chewed, divided, or crushed.

Vibegron film-coated tablets may be crushed, mixed with a tablespoon (approximately 15 mL) of soft food (e.g. applesauce) and taken immediately with a glass of water.

Table 1: Available alternative treatment options

Anticholinergic agents	Formulation	Dose
Oxybutynin	5mg and 10mg modified release tablets 2.5mg/5ml and 5mg/5ml oral solution sugar free	5mg to 20mg OD 5mg BD to QDS (2.5mg BD elderly)
Solifenacin	5mg and 10mg standard release tablets 1 mg/ml oral suspension sugar free	5mg to 10mg OD
Darifenacin	7.5mg and 15mg prolonged-release tablets	7.5mg to 15mg OD
Fesoterodine	4mg and 8mg prolonged release tablets	4mg to 8mg OD
Trospium	20mg standard release tablets 60mg prolonged release capsules	20mg BD 60mg OD
Non-anticholinergic agents		
Mirabegron	25mg and 50 mg prolonged-release tablets	25mg to 50 mg OD
Vibegron (Obgamsa [®])	75mg standard release tablets	75mg OD

Note: Tolterodine presentations cannot support increased demand.

Links to further information

[BNF – Lower urinary tract symptoms in males](#)

[BNF – Urinary incontinence and pelvic organ prolapse in women](#)

[NICE – Mirabegron for treating symptoms of overactive bladder](#)

[NICE – Vibegron for treating symptoms of overactive bladder syndrome](#)

[SmPC – Darifenacin](#)

[SmPC – Fesoterodine](#)

[SmPC – Mirabegron](#)

[SmPC – Oxybutynin](#)

[SmPC – Solifenacin](#)

[SmPC – Trospium](#)

[SmPC – Vibegron \(Obgemsa®\)](#)

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.