

## Prescribing Guidance: Drugs used in the treatment of Erectile Dysfunction (ED)

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### Key Points

- The Department of Health<sup>1</sup> advises that ‘One treatment per week will be appropriate for most patients being treated for ED’ but a prescriber may exercise clinical judgment and prescribe more than one treatment per week if felt to be clinically appropriate and safe.
- The Revatio brand of sildenafil (20mg tablet, 10mg/ml oral suspension and 800microgram/ml injection) is only licensed for the treatment of pulmonary arterial hypertension. This preparation is RED listed on the Doncaster TLS and should not be prescribed in primary care.
- All preparations except sildenafil require patient to meet the DoH SLS criteria (appendix 1). If the criteria are not met a private prescription must be issued.
- Other PDE5 inhibitors are currently non –formulary in primary care.

### DCCG Treatment Choices in primary care

Formulary choice	Drug	Onset of action	Strength
<b>First Line Treatment</b>	Sildenafil (generic only) prn	60 minutes	25 mg 50 mg 100 mg
<b>Second Line Treatment</b>	Tadalafil (generic) ‘SLS’ prn	30 minutes	10 mg 20 mg
<b>Third Line Treatment</b>	Tadalafil (generic) ‘SLS’ twice weekly (3x weekly if still ineffective)		20mg
	Tadalafil (generic) ‘SLS’ twice weekly (3x weekly if still ineffective) plus sildenafil prn		20mg + 25/50/100mg

- Prescribers are advised NOT to prescribe branded Viagra on FP10

## Specialist Use – avoid routinely prescribe in primary care

Alprostadil (Vitaros®) 3 mg/g cream 'SLS'	topical
Tadalafil 'SLS' Daily	2.5 mg 5 mg

- Although there are some differences between agents the formulary choice is based on cost and erection rigidity
- Poor response may be related to low testosterone level (12nmol/l or under) so please ensure testosterone has been measured and refer to Specialist services (Leger Clinic, Urology DBHFT) if low.
- If there is no response to PDE5 treatment after following the escalation above, refer patient to Specialist services (Leger Clinic, Urology DBHFT)

### Safety <sup>5</sup>

PDE5 inhibitors are **contraindicated** in those:

- Taking nitrates.
- In whom vasodilation or sexual activity are inadvisable. with hypotension (resting blood pressure below 90/50 mmHg) or hypertension (resting blood pressure > 170/100 mmHg); stroke, myocardial infarction, life-threatening arrhythmia within the previous 6 months; unstable angina and congestive heart failure New York Heart Association class 2 or greater.
- With severe hepatic or renal impairment. with a previous history of non-arteritic anterior ischaemic optic neuropathy or known hereditary degenerative retinal disorders.

### Please note

- Prescribers are advised to consider the following statement from the Health Service Circular before prescribing:

*'Prescribers may also wish to bear in mind that some treatments for impotence have been found to have a "street value" for men who consider, rightly or wrongly, that these treatments will enhance their sexual performance and that excessive prescribing could therefore lead to unlicensed, unauthorised and possibly dangerous use of these treatments'*

## Appendix 1 – SLS Criteria

(for all other ED medication including brands) <sup>2</sup>

diabetes	poliomyelitis	radical pelvic surgery	single gene neurological disease
multiple sclerosis	prostate cancer	renal failure treated by dialysis or transplant	spinal cord injury
Parkinson's disease	prostatectomy	severe pelvic injury	spina bifida

- a) A man with erectile dysfunction who on 14 September 1998 was receiving a course of treatment under the Act, the National Health Service (Scotland) Act 1978(a) or the Health and Personal Social Services (Northern Ireland) Order 1972(b) for this condition with any of the following drugs -Alprostadil (Caverject), (MUSE), (Viridal)Apomorphine Hydrochloride (Uprima)Moxisylyte Hydrochloride (Erecnos)Sildenafil (Viagra)Tadalafil (Cialis)Thymoxamine Hydrochloride (Erecnos); or
- b) a man who is a national of an EEA State who is entitled to treatment by virtue of Article 7(2) of Council Regulation 1612/68(c) as extended by the EEA Agreement or by virtue of any other enforceable Community right who has erectile dysfunction and was on 14 September 1998 receiving a course of treatment under a national health insurance system of an EEA State for this condition with any of the drugs listed in sub-paragraph (a); or
- c) a man who is not a national of an EEA State but who is the member of the family of such a national who has an enforceable Community right to be treated no less favourably than the national in the provision of medical treatment and has erectile dysfunction and was being treated for that condition on 14 September 1998 with any of the drugs listed in sub-paragraph (a); or

## References

1. Department of Health. Treatment of impotence. NHS Executive Health Service Circular 1999/148 June 1999.
2. Drug Tariff Part XVIII B - Drugs, Medicines and Other Substances that may be ordered only in certain circumstances <http://www.drugtariff.nhsbsa.nhs.uk/#/00673401-DB/DB00672828/ln%20England>:
3. NICE guidance for Alprostadil cream <https://www.nice.org.uk/advice/esnm50/chapter/Key-points-from-the-evidence>
4. Branded Prescribing Policy Doncaster CCG <https://www.doncasterccg.nhs.uk/wp-content/uploads/2020/08/Branded-prescribing-policy.pdf>