

Tadalafil once daily (DROP-List)

Tadalafil once daily (Cialis® 2.5mg and 5mg) is licensed for erectile dysfunction (ED) and for the signs and symptoms of benign prostatic hyperplasia (5mg only).¹ In common with other phosphodiesterase-5 (PDE5) inhibitors it has also been used to improve long term erectile function in men after radical prostatectomy for prostate cancer (penile rehabilitation), an unlicensed use.²

Key recommendations

Erectile dysfunction

- Choose the PDE5 inhibitor with the lowest acquisition cost (currently generic sildenafil), unless it is clinically unsuitable. The evidence suggests that sildenafil, tadalafil and vardenafil have similar efficacy in treating ED.³⁻⁶
- Do not choose tadalafil once daily for treating ED on the basis of favourable efficacy. The evidence suggests that tadalafil 5mg daily has a similar efficacy to tadalafil 10mg or 20mg taken on demand for ED.⁷
- Consider switching to generic sildenafil for men receiving other PDE5 inhibitors (including tadalafil once daily), where clinically appropriate.
- For many men with ED taking tadalafil once daily may increase tadalafil exposure. The product information for Cialis® only supports consideration of daily dosing in men who anticipate frequent use (at least twice weekly). It advises periodic reassessment of the appropriateness of continued daily use.¹

Use after radical prostatectomy

- Men with prostate cancer should have early and ongoing access to specialist ED services. Those who experience loss of erectile function should be offered PDE5 inhibitors to improve their chance of spontaneous erections, in line with NICE guidance.⁸
- All of the available PDE5 inhibitors are licensed for treating ED and can be prescribed on an NHS prescription after prostatectomy.^{1,9-12} None however are specifically licensed for prevention of long term ED or penile rehabilitation after prostatectomy.
- There is a good rationale for the use of PDE5 inhibitors for penile rehabilitation after radical prostatectomy, based on scientific theory and preclinical evidence. However, the clinical evidence is limited and conflicting.^{2,13,14}
- In the absence of robust evidence favouring a particular treatment regimen, local policy makers may advocate choosing the drug with the lowest acquisition cost (currently generic sildenafil), where clinically appropriate. Consultation with local stakeholders including urology specialists is needed.
- Whilst the clinical evidence supporting a rehabilitative effect (continued benefit following drug discontinuation) of PDE5 inhibitors after prostatectomy is discouraging, several studies have shown PDE5 inhibitors to be effective at improving drug-assisted erectile function after prostatectomy.¹⁵⁻¹⁷

Signs and symptoms of benign prostatic hyperplasia

- Review the treatment of men receiving a PDE5 inhibitor solely for the purpose of treating lower urinary tract symptoms (only tadalafil 5mg daily is licensed), unless use is part of a randomised controlled trial, in accordance with NICE guidance.¹⁸

Costs and savings

Tadalafil once daily (Cialis® 2.5mg and 5mg tablets) costs £54.99 for 28 days treatment, compared with £2.24 for eight tablets of generic sildenafil.¹⁹ In England and Wales, over £11.1 million was spent on tadalafil once daily (tadalafil 2.5mg and 5mg tablets) over the course of a year (ePACT Jan to March 2016).

Switching to sildenafil on demand for ED could save in excess of 8.9 million in England and Wales (based on 80% switch to sildenafil 8 tablets per month).

This equates to savings of £14,659 per 100,000 patients.

Additional resources available:
<https://www.prescqipp.info/resources/category/297-tadalafil-once-daily-drop-list>



Bulletin



Data pack

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