

Management of premature ejaculation (PE)

Dapoxetine (Priligy®) is a short acting SSRI licensed for 'on demand' treatment of PE.¹

Key recommendations

- Be aware that European guidance recommends pharmacotherapy with dapoxetine or lidocaine/prilocaine spray (the latter is not licensed in the UK) as a first line treatment for lifelong PE. For acquired PE addressing the underlying cause is recommended. Psychological/behavioural therapies in combination with pharmacological treatment may also be appropriate. Other local anaesthetics and off-label SSRIs are alternative pharmacological options.
- Agree locally which treatments to offer for PE within the treatment pathway based on effectiveness, licensed use, adverse effects and cost.
- Ensure that patients are aware that local anaesthetic preparations are available without a prescription:
 - » A spray licensed for PE containing lidocaine 9.6% w/w (Stud 100 Spray) is available to purchase over the counter (OTC) as a Pharmacy medicine.
 - » Condoms containing benzocaine and lidocaine are commercially available.
- Be aware that dapoxetine is the only SSRI licensed for the treatment of men with a clinical diagnosis of PE and has the largest body of evidence supporting efficacy in PE, although the effects on intravaginal ejaculatory latency time (IELT) are relatively modest. The adverse effects are similar to other SSRIs, however there are additional concerns regarding orthostatic hypotension and syncope.
- Appreciate that discontinuation rates as high as 90% after 2 years have been reported with dapoxetine in PE and it has a high cost compared to other SSRIs.
- Explain to patients that SSRIs (except dapoxetine) are an 'off-label' use for PE so that they can make an informed decision. Document the discussion in the patient's notes. Paroxetine appears to increase IELT more than other SSRIs.
- Be aware of the risk of suicidal ideation or suicide attempts, if prescribing SSRIs to young adolescents aged 18 years or younger with PE, and to men with PE and a comorbid depressive disorder, particularly when associated with suicidal ideation.
- Warn patients of the risk of withdrawal syndrome if SSRIs are stopped suddenly.

Costs and savings

Table 1: 28 day cost of SSRIs based on daily dosing or 4 doses/month for dapoxetine

SSRI	Cost per 28 days ²
Sertraline 25mg (0.5 x 50mg tablet)*	£0.48
Fluoxetine 20mg capsules*	£0.95
Sertraline 50mg (1 x 50mg tablet)*	£0.96
Sertraline 100mg (1 x 100mg tablet)*	£1.11
Paroxetine 20mg tablets*	£1.39
Fluoxetine 60mg capsules*	£2.01
Sertraline 200mg (2 x 100mg tablets)*	£2.22
Fluoxetine 40mg (1 x 40mg capsules)*	£2.34
Paroxetine 40mg (2 x 20mg tablet)*	£2.78
Fluoxetine 30mg (1 x 30mg capsules)*	£2.98
Sertraline 150mg (1 x 150mg tablet)*	£12.60
Paroxetine 40mg (1 x 40mg tablet)*	£14.50
Fluoxetine 10mg capsules*	£15.16
Sertraline 25mg (1 x 25mg tablet)*	£15.63
Sertraline 200mg (1 x 200mg tablet)*	£16.80
Dapoxetine 30mg tablets	£17.65 - £19.61**
Dapoxetine 60mg tablets	£22.95 - £25.49**

*Unlicensed for PE.

**Depending on pack size.

Data is based on prescribing data from NHSBSA (May-Jul23) and Public Health Scotland (Jan-Apr23).

Approximately £314,028 is spend annually on dapoxetine in England, Wales, Isle of Man, and Scotland.

Auditing the use of dapoxetine to ensure that prescribing meets NHS prescribing criteria and licensed use, e.g. age criteria, and **deprescribing in 10% of patients could save £31,403 annually or £44 per 100,00 population.**

References

1. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. <https://www.medicinescomplete.com/> accessed on 20/05/2023.
2. NHS Business Services Authority. Drug Tariff November 2023. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-337-male-sexual-dysfunction/
	Tools	
	Data pack	https://data.prescqipp.info/views/B337_MaleS_dysfunction/FrontPage?%3Aembed=y&%3Aiid=2&%3AisGuestRedirectFromVizportal=y

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