

Management of erectile dysfunction (ED)

PDE5 inhibitors are a convenient and effective treatment for ED. Alternative treatments options for ED (such as vacuum erection devices or alprostadil preparations) are often more expensive, more invasive and involve referral to a specialist. It is therefore worth ensuring that PDE5 inhibitor treatment has been used optimally before moving to an alternative.

Key recommendations		Costs and savings
PDE5 inhibitors <ul style="list-style-type: none"> Choose the PDE5 inhibitor with the lowest acquisition cost (currently generic sildenafil), unless clinically unsuitable, and give clear instructions on its use including how long between taking the dose and attempting sexual intercourse. Follow up within six weeks of starting treatment. Do not classify someone as a non-responder until they have trialed at least four (but preferably eight) doses of the highest tolerated dose with adequate sexual stimulation on each occasion. Consider trying a different PDE5 inhibitor in non-responders, as limited data suggests that some patients might respond better to one PDE5 inhibitor than to another. Generic tadalafil 10mg or 20mg tablets are currently the next least costly PDE5 inhibitor preparations after generic sildenafil tablets. Note that tadalafil 2.5mg strength tablets and Cialis® brand tablets are comparatively more costly PDE5 inhibitors. Consider advising on purchasing sildenafil or tadalafil over the counter if appropriate for the individual. 	Vacuum erection assistance devices (VEDs) <ul style="list-style-type: none"> Only patients who meet NHS criteria for treatment can receive VEDs and consumables on an NHS prescription. Those not meeting NHS criteria would need to purchase these products. VEDs are a potential first-line option for ED, particularly in well-informed patients with infrequent sexual intercourse and in patients with comorbidities requiring non-invasive, drug-free management. When developing pathways that include VEDs, consider factors to optimise the chance of successful treatment, for example the route of supply of VEDs and consumables, such as constrictor rings, and how people will be supported, such as with initial training and ongoing assistance if needed. Prescribing VEDs should be undertaken by a specialist with knowledge of the appliances and in line with the service level agreement for prescribing in primary or secondary care. Do not add the VED pump or the consumables to repeat prescriptions. Alprostadil <ul style="list-style-type: none"> Alprostadil treatments are a second-line option that may be considered where PDE5 inhibitors are contraindicated or ineffective and should only be initiated under a specialist. 	<p>Data is based on prescribing data from NHSBSA (May-Jul 23) and Public Health Scotland (Jan-Apr 23).</p> <p>Approximately £12million is spent annually on PDE5 inhibitors in England, Wales, Isle of Man, and Scotland.</p> <p>Generic sildenafil (25mg, 50mg and 100mg) and generic tadalafil (10mg and 20mg) all cost less than £1.50 per 28 days (based on for 4 doses per 28 days). Generic tadalafil 5mg daily costs £1.64 for 28 days treatment.¹</p> <p>All other PDE5 inhibitors are more costly, including generic tadalafil 2.5 mg daily (£29.69 for 28 days) and all branded products (up to £54.99 for 28 days).^{1,2}</p> <p>Switching more costly PDE5 inhibitors to a PDE5 inhibitor costing <£1.50 per 28 days treatment could save £4.6million annually which equates to £6,423 per 100,000 patients annually.</p> <p>Approximately £8.5million is spend annually on VEDs, and alprostadil in England, Wales, Isle of Man, and Scotland.</p> <p>Auditing the use of VEDS, dapoxetine and alprostadil to ensure that prescribing meets NHS prescribing criteria and licensed use, e.g. age criteria, and deprescribing in 10% of patients could save £845,698 annually or £1,178 per 100,00 population.</p>

References

1. NHS Business Services Authority. Drug Tariff November 2023. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>
2. NHS Prescription Services. dm&d browser, accessed 01/09/23 <https://services.nhsbsa.nhs.uk/dmd-browser/>

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

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://help.prescqipp.info>

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)