

## Berkshire West Area Prescribing Committee Policy Statement

<b>Drug Name</b>	Erectile dysfunction treatments
<b>Indication under review</b>	Erectile dysfunction
<b>Policy No:</b>	APC 121 (TVPC 34)
<b>Date of Issue:</b>	January 2016
<b>Review Date:</b>	January 2019
<b>Policy Statement:</b> See attached TVPC 34 policy	
<b>Traffic Light Status</b>	<b>Green</b>
<b>Key Points considered:</b>	
<ul style="list-style-type: none"> <li>• See attached TVPC 34 policy</li> </ul>	
<b>Date taken to APC:</b>	6 <sup>th</sup> January 2016
<b>Date Ratified by MMC on Behalf of the Board:</b>	20 <sup>th</sup> January 2016

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Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

<b>Brown</b>	<b>Green</b>	<b>Amber</b>	<b>Red</b>
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only



**Aylesbury Vale Clinical Commissioning Group**  
**Bracknell and Ascot Clinical Commissioning Group**  
**Chiltern Clinical Commissioning Group**  
**Newbury and District Clinical Commissioning Group**  
**North and West Reading Clinical Commissioning Group**  
**Oxfordshire Clinical Commissioning Group**  
**South Reading Clinical Commissioning Group**  
**Slough Clinical Commissioning Group**  
**Windsor, Ascot and Maidenhead Clinical Commissioning Group**  
**Wokingham Clinical Commissioning Group**

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No.** TVPC34                      **Erectile Dysfunction**

**Recommendation made by**  
**the Priorities Committee:**            **November 2015**

**Date of issue:**                            **20<sup>th</sup> January 2016**

The Thames valley Priorities Committee has considered the evidence of clinical and cost effectiveness of treatments for erectile dysfunction in adult patients. The publication of the updated Statutory Instrument 2014/1625<sup>1</sup> was taken into account in making the following recommendations:

1. Funding for treatment with the phosphodiesterase type-5 inhibitor, generic sildenafil, at the minimum effective dose is **recommended** for any man presenting with erectile dysfunction with a frequency of dosing of four times per month.
2. Funding for all other phosphodiesterase type-5 inhibitors (vardenafil, tadalafil and avanafil) is **recommended** only for patients who meet the SLS criteria AND where generic sildenafil is ineffective, with a frequency of dosing of two times per month using the drug with the lowest acquisition cost.
3. Funding for treatment with prostaglandin E1 intracavernosal injections and intraurethral instillations is **recommended** only for patients who meet the SLS criteria AND only if oral phosphodiesterase type-5 inhibitors are contraindicated or ineffective. The maximum frequency of dosing should be two times per month using the drug with the lowest acquisition cost.
4. Treatment with Alprostadil cream is **not normally funded** in view of limited evidence for clinical and cost effectiveness.
5. Treatment with vacuum erection devices is **not normally funded** in view of limited evidence for clinical and cost effectiveness.
6. Treatment with penile implants is **not normally funded** in view of limited evidence for clinical and cost effectiveness and the high complication rate.
7. Treatment with psychosocial interventions is **not normally funded** in view of limited evidence for clinical and cost effectiveness.

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Phosphodiesterase type-5 inhibitors (sildenafil, vardenafil and tadalafil) are oral drugs that enable a penile erection with sexual stimulation. There is evidence for the effectiveness of these drugs in men with erectile dysfunction of varying causes. The effectiveness of individual drugs is comparable and generic sildenafil has been shown to be cost-effective. The SLS restrictions set out in Statutory Instrument 1999/1627<sup>2</sup> apply to all phosphodiesterase type-5 inhibitors except generic sildenafil.

Prostaglandin E1 is used in the treatment of erectile dysfunction when delivered locally into penile tissues. There is evidence for the effectiveness of intra-cavernosal injections of prostaglandin E1 in those unresponsive to oral drugs.

Psychosexual interventions such as counselling and psychotherapy comprise a group of techniques with limited evidence for effectiveness and no evidence of cost-effectiveness.

Vacuum erection devices are mechanical devices for producing an erection that is sustained with the placement of a constricting band across the base of the penis. There is limited evidence for the effectiveness of these devices and no evidence of cost-effectiveness.

Penile implants can be surgically inserted into the penis for treating erectile dysfunction. There is limited evidence of effectiveness with a high proportion of patients having major complications.

**NOTES:**

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements>

<sup>1</sup> [http://www.legislation.gov.uk/uk/si/2014/1625/pdfs/ukSI\\_20141625\\_en.pdf](http://www.legislation.gov.uk/uk/si/2014/1625/pdfs/ukSI_20141625_en.pdf)

<sup>2</sup> [http://www.legislation.gov.uk/uk/si/1999/1627/pdfs/ukSI\\_19991627\\_en.pdf](http://www.legislation.gov.uk/uk/si/1999/1627/pdfs/ukSI_19991627_en.pdf)

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