

Clinical Guideline: Primary care prescribing of phosphodiesterase-5 (PDE-5) Inhibitors for Erectile Dysfunction (ED)

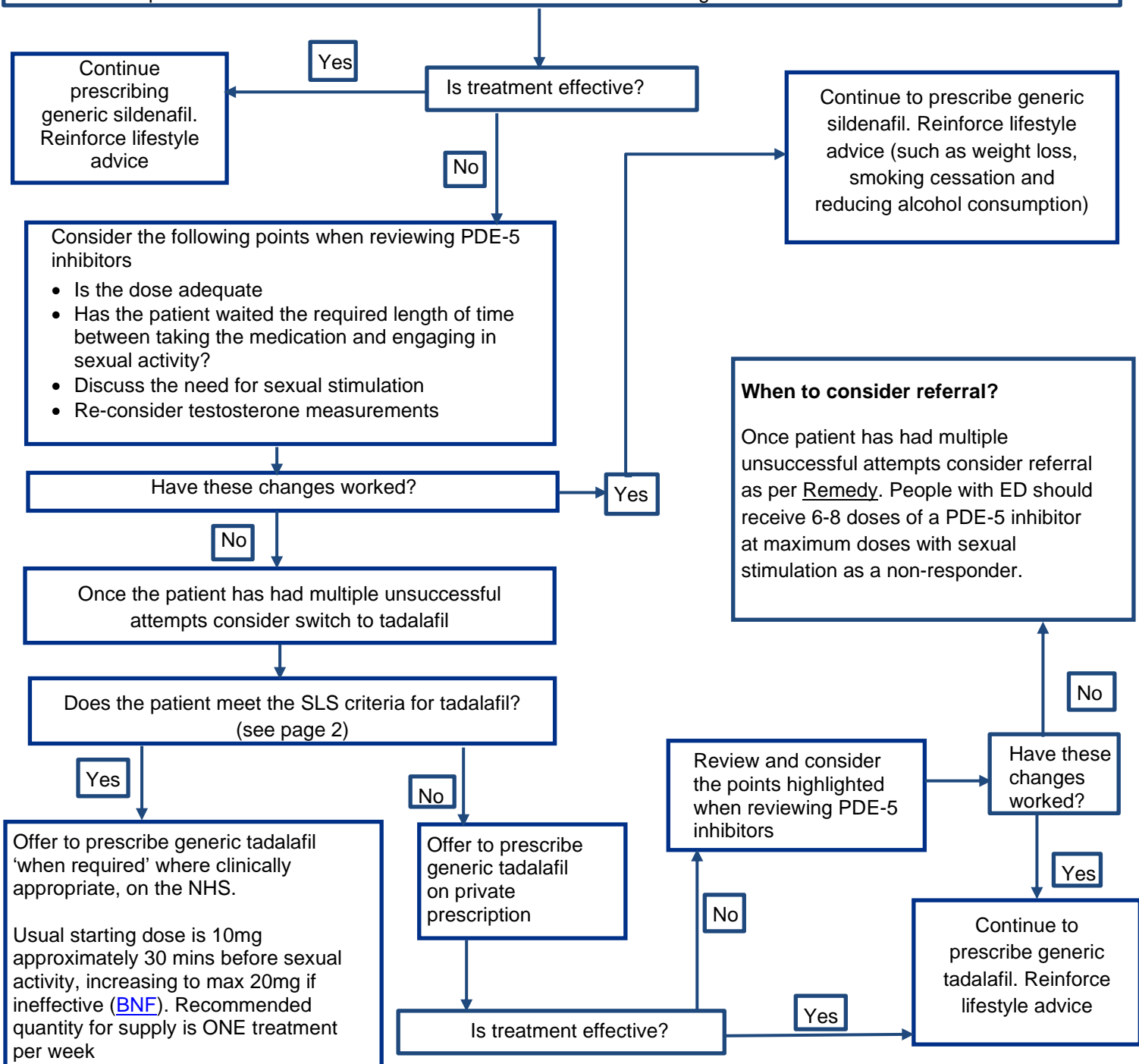
Setting: Primary Care

For staff: General Practitioners, Independent Prescribers

Lifestyle changes and risk factor modification must precede or accompany treatment with a PDE-5 inhibitor and PDE-5 inhibitors are not initiators of erection but require sexual stimulation in order to facilitate erection. Before prescribing complete a cardiac risk assessment, such as QRisk, including a blood pressure check and ED blood screen on ICE. It is important to note that ED may have [organic, psychogenic causes and/or be drug-induced](#). ED is a marker for cardiovascular disease and is included in QRisk3

Offer to prescribe generic sildenafil (unless contraindicated) when required, on the NHS, for all patients as the first line treatment where clinically appropriate. Generic sildenafil tablets can be prescribed on the NHS to ANY patient with ED regardless of cause. Usual starting dose is 50mg approximately 1hour before sexual activity, increasing to 100mg if ineffective or decreasing to 25mg if necessary (BNF). Recommended quantity for supply is ONE treatment per week.

N.B: If patients eGFR is <30 mL/minute/1.73 m², mild to moderate hepatic impairment or with concurrent use of moderate to potent CYP3A4 inhibitors. then the initial dose should be 25mg.



Ensure all patients with type 2 diabetes are screened for ED on an annual basis and offered treatment as appropriate

Private prescriptions for generic sildenafil are not necessary or appropriate as sildenafil is available on an FP10 (NHS prescription). Over the counter (OTC) Viagra is available as Viagra Connect 50mg only.

Erectile dysfunction treatments are widely counterfeited, ensure patients obtaining from legitimate sources if purchasing.

Do not prescribe sildenafil or tadalafil by brand (Viagra or Cialis) this incurs significant cost with no extra benefit.

Quantity on FP10

BNSSG CCG supports the department of health & social care (DHSC) recommendations on quantity –one PRN treatment per week. Any deviation on clinical grounds should be clearly documented in the patients notes.

Non-Formulary Tadalafil Once Daily

Daily use of tadalafil is non formulary within BNSSG. NHS England concluded that there is not enough evidence to routinely recommend once daily tadalafil preparations in preference “to when required” tadalafil preparations⁵ and should not be prescribed in primary care.

Comparison of product characteristics

	Sildenafil	Tadalafil
Formulary Status	Green first line	Blue second line
Time taken before actual sexual activity	1 hour	At least 30 minutes
Time to maximum plasma concentration	30 – 120 minutes (median 60 mins)	2 hours (median)
Time to onset of effect	25 minutes (range 12–37 minutes)	16 minutes–36 hours
Duration of action	4-5 hours	Up to 36 hours
Effect of food intake	Rate of absorption reduced by mean 60 minutes when consumed with food	Not affected

NHS Selected List Scheme (SLS) Criteria (Drug Tariff part XVIII B)

Diabetes	Spina bifida
Multiple sclerosis	Spinal cord injury
Parkinson’s disease	Treatment for renal failure by renal dialysis
Poliomyelitis	Prostatectomy
Prostate cancer	Radical pelvic surgery
Severe pelvic injury	Renal failure treated by transplant
Single gene neurological disorder	

References

1. Male sexual dysfunction. PrescQipp Bulletin 73 (2015). Available online at [index \(prescqipp.info\)](http://index.prescqipp.info)
2. Treatment for impotence, Health Service Circular:NHS Executive (1999).
3. NHS Drug Tariff Nov 2021. Available online at: Drug Tariff | NHSBSA
4. Erectile Dysfunction, Clinical Knowledge Summaries (2020). Available online at: <https://cks.nice.org.uk/topics/erectile-dysfunction/>
5. NHS England. Items which should not be routinely prescribed in primary care: Guidance for CCGs. August 2019. Available online at NHS England » Items which should not be routinely prescribed in primary care: Guidance for CCGs