

QIPP Detail Aid

Providing support for quality in prescribing

SILDENAFIL- a generic opportunity

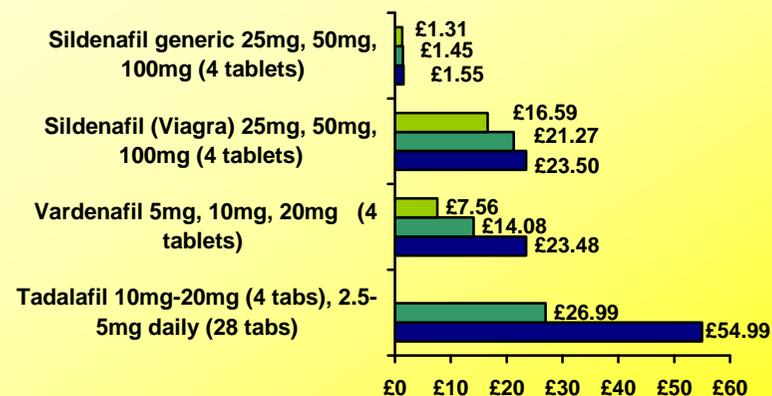
WHAT IS THE PROBLEM?

- Within the Barnsley area, £435k was spent on oral phosphodiesterase type-5 (PDE5) inhibitors for erectile dysfunction in 2012-13. Approximately 53% of this spend was for sildenafil, and 43% for tadalafil with just 4% for vardenafil.
- Sildenafil came off patent in June 2013 and the cost of generic tablets has fallen dramatically with prices in October 2013 drug tariff being 25mg x 4 £1.31, 50mg x 4 £1.45 and 100mg x 4 £1.55.
- This will lead to a saving of approximately £191k in the South Yorkshire area if prescribing rates stay the same, provided all scripts are written generically. A further approximately £195k could be saved if all PDE5 inhibitor prescribing was switched to generic sildenafil.

WHAT IS THE EVIDENCE?

- There are no head-to-head studies between the three oral PDE5 inhibitors. A systematic review in 2009 found no differences between the drugs in efficacy or adverse effects.
- There are some differences between agents in how they are taken and licensed indications. They are taken either 60 minutes (sildenafil), 25-60 minutes (vardenafil) or at least 30 minutes (tadalafil) before anticipated sexual activity. Tadalafil has a longer serum half life than the other agents and thus has a longer duration of effectiveness (up to 36 hours) compared with 4-5 hours for sildenafil. This may be of benefit for some, but not all patients.
- Tadalafil is licensed for daily dosing, however this is very expensive and in many areas is considered non-formulary. Dept of Health guidance recommends one treatment per week at NHS expense for the majority of patients.
- The prescribing of treatments for erectile dysfunction (ED), in terms of who is eligible, is restricted under the NHS. Prescribers should ensure that any underlying conditions, for example drug-induced ED or diabetes are identified in patients who present for the first time with ED. In some cases, treating the underlying condition can lead to resolution of ED. The British Society for Sexual Medicine have produced guidance on investigations that might be undertaken in men newly presenting with ED and provides a list of drugs known to cause ED.

WHAT ARE THE COSTS?



Costs from MIMS/ Drug Tariff October 2013
Doses given are a guide only and are based on licensed doses.

KEY MESSAGES

- Sildenafil came off patent in June 2013 and the cost of generic tablets has fallen dramatically. Ensure that all prescriptions for sildenafil are written generically.
- Consider switching appropriate patients taking tadalafil or vardenafil to generic sildenafil. Daily tadalafil is expensive and is not recommended.
- Prescribing of treatments for erectile dysfunction on the NHS is still based on Dept Health guidance (1999), which restricts who can receive treatment and recommends one treatment per week for the majority of patients.
- Generic sildenafil should be the first line option for all new patients if prescribing is considered appropriate after full investigation of underlying causes.

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References:

1. Treatment for Impotence HSC 1999/115 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012070.pdf
2. BSSM Guidelines on the management of erectile dysfunction http://www.bssm.org.uk/downloads/BSSM_ED_Management_Guidelines_2009.pdf

Endorsed by the Area Prescribing Committee November 2013