

QIPP Detail Aid

Providing support for quality in prescribing

SILDENADIL- a generic opportunity

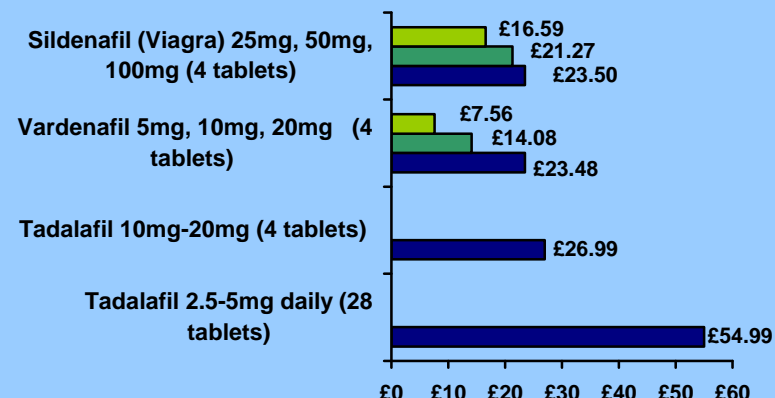
WHAT IS THE PROBLEM?

- Within the East Midlands, £6 million was spent on oral phosphodiesterase Type-5 (PDE5) inhibitors in 2012. Approximately half of this spend was for sildenafil and half for tadalafil with a small amount on vardenafil.
- Sildenafil will come off patent in June 2013; generic tablets are expected soon afterwards and the cost of generic sildenafil is predicted to fall.
- If the pattern follows other generic launches the price could drop by at least 50%. This would lead to a potential saving of £1.5million in the East Midlands if all scripts are written generically. A further £1.6million could be saved if all PDE5 prescribing was switched to generic sildenafil if the price falls as expected.
- **ADD LOCAL DATA HERE**

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 of the East Midlands 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 March 2013

Doses given are a guide only and are based on licensed doses.

KEY MESSAGES

- **Sildenafil will come off patent in June 2013. 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

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