Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC34	**Erectile Dysfunction**
Recommendation made by the Priorities Committee:	**November 2015; reviewed January 2019[1]**
Date of Issue (v3.0):	**July 2023 – Amendments approved by BOB APC (changes not reviewed by TVPC)**
Date of issue (v2.1):	**January 2019**
Date of issue (v2.0):	**July 2017**
Date of issue (v1.0):	**July 2016**

[1] No changes have been made to this policy.

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[1] 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 only recommended for patients who meet the Government Selected List Scheme (SLS) criteria[1,2] AND where generic sildenafil is ineffective. Tadalafil can be prescribed with a frequency of four doses per month and should be the second line choice. Vardenafil and avanafil would be 3rd and 4th line choice respectively with a frequency of dosing of two times per month.

3. Funding for treatment with prostaglandin E1 intracavernosal injections and intraurethral instillations is only recommended for patients who meet the SLS criteria[1,2] 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. Funding for the treatment with Invicorp® (Aviptadil with phentolamine) is only recommended for patients who meet the SLS criteria[1,2] who have not responded to oral phosphodiesterase type-5 inhibitors or are contraindicated AND alprostadil injections are contraindicated, ineffective or cause significant pain. The maximum frequency of dosing should be two times per month.

5. Treatment with Alprostadil cream is **not normally funded** in view of limited evidence for clinical and cost effectiveness.

6. Treatment with vacuum erection devices is **not normally funded** in view of limited evidence for clinical and cost effectiveness.

7. Treatment with penile implants is not normally funded by the ICB. Penile Prosthesis surgery for end stage erectile dysfunction is commissioned by NHS England, please see NHS England Clinical Commissioning policy (2016)

8. Treatment with psychosexual interventions is **not normally funded** in view of limited evidence for clinical and cost effectiveness.

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[2] 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 the ICB 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, eg, from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/

[1] http://www.legislation.gov.uk/uksi/2014/1625/pdfs/uksi_20141625_en.pdf
[2] http://www.legislation.gov.uk/uksi/1999/1627/pdfs/uksi_19991627_en.pdf