

## Changes to prescribing legislation – Drugs used in the treatment of erectile dysfunction (ED)

The prescribing of drugs for ED was restricted nationally on the grounds of cost to the NHS. The consequence of Viagra® losing its patent and preparations of sildenafil (generic) being available more cost-effectively has therefore resulted in changes to prescribing legislation.

On August 1<sup>st</sup>, 2014, legislation came into effect removing prescription restrictions for generic sildenafil.

- **Where appropriate, men requiring treatment for ED should be prescribed sildenafil generically. Prescriptions do not need to be endorsed 'SLS'\* (selective list scheme).**
- **Generic sildenafil should be considered the first-line option for patients requiring drug treatment for ED.**
- **Prescribing restrictions are still in place for all 'in-patent' and branded ED treatments (including alprostadil, vardenafil, tadalafil, avanafil and sildenafil as Viagra®) – these should be endorsed with 'SLS'.**
- **Patients who have been prescribed sildenafil privately because they do not meet the 'SLS' eligibility criteria will now be able to have generic sildenafil at the expense of the NHS.**
- **When prescribing these products, please consider that they have a 'street value' and quantities should be agreed after a discussion with the patient assessing realistic needs.**
- **Patients who cannot tolerate sildenafil and do not fall within the category of patients eligible to have an alternative branded ED treatment - will not be able to have an alternative branded treatment at the expense of the NHS. However a private prescription can be provided. GPs are not entitled to charge for writing a private prescription for these drugs.**

*\*apomorphine hydrochloride, moxisylyte hydrochloride and thymoxamine hydrochloride have also had their prescribing restrictions removed.*

### Drugs prescribed for the treatment of ED – Department of Health Guidance

Prescribing of in patent and branded ED treatments on the NHS should only be made in men who:

- Have diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, single gene neurological disease, spina bifida or spinal cord injury.
- Are receiving dialysis for renal failure.
- Have had radical pelvic surgery, prostatectomy or kidney transplant.
- Were receiving Caverject, Erecnos, MUSE, Viagra or viridal for ED, at the expense of the NHS, on 14 September 1998.

**THE PRESCRIPTION MUST BE ENDORSED 'SLS' IN ALL OF THE ABOVE**

### Quantities to Be Prescribed

The Department of Health's original guidance on frequency of use advises that:

- **One treatment per week will be appropriate for most patients**
- **Therefore patients should be prescribed a maximum of 4 tablets per month**

### Cautions

All need to be prescribed with caution to men who have cardiovascular disease, anatomical deformation of the penis and in those with a predisposition to prolonged erection e.g. sickle-cell disease, multiple myeloma or leukaemia. They should be used with caution when taking other drugs that can cause hypotension such as nitrates. Please refer to individual summary of product characteristics for full warnings and side-effects.