

South Central Priorities Committees
(Milton Keynes, Oxfordshire, Berkshire East, Berkshire West and Buckinghamshire)

Policy Recommendation 47a: Treatments for erectile dysfunction

Date of Issue: May 2011, Amended August 2011

The South Central Priorities Committee (Milton Keynes, Oxfordshire, Berkshire East, Berkshire West and Buckinghamshire) has considered the evidence of clinical and cost-effectiveness, and the financial impact on the health economy of treatment for erectile dysfunction in adult patients and made the following recommendations:

1. Funding for treatment with phosphodiesterase type-5 inhibitors in the minimum effective dose is **RECOMMENDED** for the groups of patients identified in HSC 1999/148 and HSC 1999/177 with a frequency of dosing of two times per month using the drug with the lowest acquisition cost.
2. Funding for treatment with psychosexual interventions is **LOW PRIORITY** in view of limited evidence for effectiveness and cost-effectiveness.
3. Funding for treatment with vacuum erection devices is **LOW PRIORITY** in view of limited evidence for effectiveness and cost effectiveness.
4. Funding for treatment with prostaglandin E1 intracavernosal injections and intra-urethral instillations is **RECOMMENDED** only for groups of patients identified in HSC 1999/148 and HSC 1999/177 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.
5. Funding for treatment with penile implants is **LOW PRIORITY** in view of limited evidence for effectiveness and cost effectiveness and the high complication rate.

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 sildenafil has been shown to be cost-effective.

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.

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.

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:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*
3. *South Central policies can be viewed at <http://www.sph.nhs.uk/priorities/policy-statements>*