Summary Flow Chart of Erectile Dysfunction (ED) Treatment Pathway

Confirm diagnosis of Erectile Dysfunction in adults over 18 years old
Assess for causative factors, offer lifestyle advice & assess cardiac risk.
Management of comorbidities should be optimised.

Prescribe generic Sildenafil or Tadalafil on FP10

Sildenafil:

- Usual starting dose is 50mg as required, increasing to 100mg if ineffective or decreasing to 25mg where clinically appropriate.
- Refer to SPC for full dosing information, contraindications, and drug interactions.
- Advice on recommended quantity to supply can be found in the section on quantity.
- Generic sildenafil does not require SLS endorsement to be prescribed on NHS.

Tadalafil:

- Usual starting dose is 10mg as required; increase to 20mg as required if ineffective.
- For men who prefer spontaneous (rather than planned) sexual activity, or who anticipate frequent sexual activity (at least twice a week), daily tadalafil 5mg can be considered.
- Refer to SPC for full dosing information contraindications, and drug interactions.
- Advice on recommended quantity to supply can be found in the section on quantity.
- Generic tadalafil does not require SLS endorsement to be prescribed on NHS.

Follow up after 6 to 8 weeks
Is treatment effective* and tolerated?
*(*A patient should receive 4-8 doses of a PDE-5 inhibitor at a maximum tolerated dose with sexual stimulation before treatment is classified as non-effective)*

Is treatment effective?

NO

YES → **Maintain generic sildenafil or tadalafil treatment on FP10**

Trial alternative PDE-5 inhibitor
A patient should trial at least two different PDE-5 inhibitors taken sequentially before being classed as a 'non-responder' (trialing each PDE-5 inhibitor for 4 to 8 doses at a maximum tolerated dose with sexual stimulation before switching to an alternative drug).
If treatment failure on 2 oral PDE-5 inhibitors, consider alternative therapy options.

Does patient fulfil SLS* criteria?

NO → Offer private prescription for alternative ED treatments.

YES

***Note**: All treatments for ED (except generic sildenafil and generic tadalafil) require an **SLS** endorsement to be prescribed on the NHS.

Seek specialist advice

PRIMARY CARE INITIATION
(following specialist recommendation)

Alprostadil transurethral application-Amber 1⁺:

- MUSE® urethral sticks
- Vitaros® cream

Vacuum erectile dysfunction pump-Amber 1⁺:
Initial pump training to be provided for the patient at the Acute Trust recommending the device. Training is provided by the supplier. Specialist recommending the initiation of the device must communicate clearly in writing to the patients GP what product is to be prescribed. Only devices included in the Drug Tariff are to be recommended for patients fulfilling SLS criteria. Patients who do not fulfil the SLS criteria will have to purchase the device privately.

SECONDARY CARE INITIATION
(or via specialist primary care services where available)
Injectable devices are to be initiated and supplied in secondary care. GPs can continue prescribing in primary care if treatment is deemed effective after 1 month. Initial sharps bin to be provided by secondary care, ongoing sharps bins can be provided in community.

Alprostadil intracavernosal injection-Amber 2⁺:

- Caverject® Dual Chamber: 10 & 20 microgram injections
- Viridal Duo®: 10, 20 & 40 microgram injections

Aviptadil with phentolamine mesylate-Amber 2⁺:

- Invicorp®**: 25micrograms/2mg/0.35ml solution for injection ampoules

**Treatment with Invicorp® is reserved for patients who cannot use intracavernosal alprostadil due to pain, OR supply issues OR no response from 40mcg alprostadil.

⁺Key:

AMBER 1: Recommendation by a specialist but is considered non urgent and therefore could be started in primary care.

AMBER 2: Initiation by a specialist, stabilisation for a specified time, then continuation in primary care under an individual management plan.