ABHB has agreed that:

Drugs for the treatment of erectile dysfunction should only be prescribed on the NHS for men meeting the conditions specified by the Department of Health.

GPs should adhere to the Department of Health guidance and prescribe a maximum of one treatment per week

What this means for patients is:-

• The Department of Health has issued guidance on the criteria that must be met for NHS prescribing of erectile dysfunction drugs, if patients do not meet the criteria to have drugs for the treatment of erectile dysfunction provided on the NHS then GP’s may issue them with private prescriptions.

• The Department of Health advises that 1 treatment per week (4 doses per month) is appropriate for most patients with erectile dysfunction. (This is in accordance with research evidence which found that the average frequency of sexual intercourse in the 40-60 age range is once a week).

Practice Points
Practices wishing to review this area of prescribing can contact their local medicines management team to audit their prescribing practice. A Standard Operating Procedure has been developed to identify patients who do not fit into defined SLS prescribing categories or those patients who are receiving excessive quantities of medication. Changes can be actioned after agreement has been reached with prescribers, the locality medicines management teams will support practices in answering patient queries regarding this prescribing initiative.

Currently Vardenafil offers Aneurin Bevan Health Board the most cost effective PDE5 Inhibitor option in treatment of erectile dysfunction in appropriate adults.

<table>
<thead>
<tr>
<th>Sildenafil (4 tablets)</th>
<th>Vardenafil (4 tablets)</th>
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<tbody>
<tr>
<td>25mg</td>
<td>£16.59</td>
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<tr>
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<tr>
<td>20mg</td>
<td>£23.48</td>
</tr>
</tbody>
</table>

NICE Guidance for the treatment of erectile dysfunction in type 2 diabetes suggests that all the PDE5 Inhibitors were effective and that there was little evidence to distinguish between these medicines.

(NICE Clinical Guideline 66)
Treatment of Oral Thrush

The table shows the comparative costs of the most common treatments for oral candidiasis throughout Aneurin Bevan Health Board, there has recently been a dramatic rise in the price of generic Nystatin Suspension, which has resulted in £9K increase in monthly spend.

CKS: Candidia—oral management advice for localised, mild candidal infection. Prescribe topical treatment for 7 days and advise patient to continue treatment for 2 days after symptoms resolve.

Miconazole gel (NB. Off label use in children < 4 months) and Nystatin suspension (off label use in neonates) are options for treatment in otherwise healthy adults and children. Nystatin can be used if miconazole gel is unsuitable e.g. if the child has liver dysfunction or is taking medicines extensively metabolised by the liver.

Test your drug safety knowledge

The following questions are taken from the MHRA’s Drug Safety Update

1. Use of which proton pump inhibitors with clopidogrel should be discouraged unless considered essential?
   a) Esomeprazole; b) Lansoprazole; c) Omeprazole; d) Pantoprazole; e) Rabeprazole

2. Quinine is not a routine treatment for nocturnal leg cramps. When should it be considered?

Answers

1.a) Esomeprazole, c) Omeprazole


2. Quinine should only be considered when: cramps cause regular disruption of sleep; cramps are very painful or frequent; other treatable causes have been ruled out; and when non-pharmacological measures (eg, passive stretching exercises) have not worked.

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