

SHIP8 Clinical Commissioning Groups Priorities Committee

Policy title Number/version	Policy 63: Treatments for Erectile Dysfunction and Penile Rehabilitation following Radical Prostatectomy Version 1 (2020) <i>This policy is amalgamated with the updated policy 63: Treatments for erectile dysfunction (March 2020) and replaces policy recommendation 137, Penile Rehabilitation following Prostate Surgery (2012)</i>
Policy position	Criteria Based Access
Date of Committee recommendation	30/07/2020
Date of CCG issue	
Update	This policy will be updated as per 3 year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

Erectile Dysfunction

The Priorities Committee reviewed national guidance and evidence for treatments of erectile dysfunction.

Treatments for erectile dysfunction will be funded taking into account the following:

- The first line pharmacological treatment is the oral phosphodiesterase-5 (PDE5) inhibitors. Generic sildenafil or a PDE5 inhibitor of the lowest acquisition cost is preferred.
- Primary care prescribers should not initiate once daily PDE5 inhibitors in new patients and should be supported in stopping once daily prescriptions in existing patients and ensure relevant services facilitate this change.
- The use of vacuum erection devices in those who are eligible* is supported following specialist assessment and appropriate counselling and training on use.
- Psychosexual counselling may be of benefit as part of an integrated strategy.
- The use of penile implants is under the remit of NHS England Specialised Commissioning and therefore outside the remit of the Committee.

Penile rehabilitation following radical prostatectomy

The goal of penile rehabilitation is to moderate the destructive processes that occur after radical prostatectomy in order to preserve erectile function, through spontaneous or assisted means.

The Committee has considered the evidence of clinical and cost effectiveness for interventions supporting penile rehabilitation following radical prostatectomy. NHS funding for the **early on-demand use** of erectile dysfunction treatments, such as PDE5 inhibitors, aprostadil products and vacuum erection devices, for the purpose of penile rehabilitation in patients with prostate cancer after radical prostatectomy, **is supported**. Patients must be carefully counselled in finding the most appropriate and optimal rehabilitation treatment.

NHS funding for **early regular use of any form of erectile dysfunction treatment** for penile rehabilitation, including daily PDE5 inhibitors, is **NOT NORMALLY FUNDED**, due to inadequate evidence of clinical effectiveness and lack of evidence of cost effectiveness.

*The Committee are fully supportive of the current advice from the District and Area Prescribing Committees including the imperative to use regimens with the lowest acquisition costs and in line with SLS (Selected List Scheme) criteria as follows. The prescription must be endorsed with "SLS".

Vacuum pumps and constriction rings may be prescribed on the NHS only if the patient fits one of the following descriptions: A man who is suffering from any of the following:

- (a) diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, single gene neurological disease, spina bifida, spinal cord injury; or*
- (b) a man who is receiving treatment for renal failure by dialysis; or*
- (c) a man who has had the following surgery –prostatectomy, radical pelvic surgery, renal failure treated by transplant.*

Clinical coding:

There are no OCPS codes associated with these interventions.