



Date of original recommendation: 26th May 2009

Date Re-reviewed: 20th January 2015

Tadalafil 2.5mg/5mg once daily for erectile dysfunction
(Cialis Once Daily®)

The New Therapies Subgroup discussed the above drug at a meeting on the 20th January 2015. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of Tadalafil 2.5mg/5mg once daily for erectile dysfunction (Cialis Once Daily®).

The group does not recommend the use of tadalafil once daily tablets for the above indication.

There is no convincing evidence that any one PDE-5 inhibitor is safer or more effective than any other, therefore generic sildenafil should remain the first line treatment choice. For those patients who have no response to generic sildenafil and meet the 'SLS' requirements then avanafil once weekly is currently cheaper than both vardenafil and tadalafil.

One year's treatment costs with tadalafil once daily are £714.87 compared to £15.54 and £250.96 for sildenafil 100mg once a week and avanafil 200mg once a week.

According to set criteria tadalafil once daily was deemed to be a low priority for funding.

Review date: May 2018

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

Further information / commissioning implications for CCGs

Spend within Greater Manchester on oral PDE-5 inhibitors for erectile dysfunction is now flat following the availability of generic sildenafil

Recommendation

The recommendation is that this drug is a low priority for funding.

Formulary and Interface considerations

Tadalafil is being proposed for removal from GM Formulary [see separate Formulary report] and is proposed for the DNP [Do not prescribe] list as it is no longer a cost-effective use of NHS resources.

As a re-review, this is not a new drug; oral PDE-5 inhibitors are considered “green” and suitable for initiation in primary care.

Summary of impact

Cost savings are likely if this recommendation is adopted and followed. There are no other commissioning implications.