Dapoxetine (Priligy®▼) for the on-demand treatment of Premature Ejaculation (PE)

The Interface Prescribing and New Therapies Subgroup discussed the above at its meeting on the 17th December 2013. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of dapoxetine (Priligy®▼) for treatment of premature ejaculation.

The group does not recommend the use of dapoxetine (Priligy®▼) due to a limited evidence of efficacy compared to other SSRIs, unknown long-term safety outcomes (> 24 weeks) and no data on cost effectiveness.

The group recommends that the underlying cause of PE be treated prior to considering pharmacological therapy, particularly for acquired PE.

Dapoxetine (Priligy®▼) may be of use in patients whose condition is medically related or as part of a fertility programme however other more cost effective options should be considered first. Dapoxetine is over ten times the cost of daily paroxetine but is not as effective1.

*NB. Paroxetine is not licensed for use in premature ejaculation but use in PE is common place.*

Further information that can be used to discuss options with patients can be found here http://www.patient.co.uk/doctor/premature-ejaculation

According to set criteria dapoxetine was deemed to be a low priority for funding.

Review date: December 2015

1prices correct at time of publication

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.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