



## Interface Prescribing & New Therapies Subgroup



December 2013

### **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 17<sup>th</sup> December 2013. The recommendation of this subgroup is as follows:\*

The New Therapies Subgroup of the GMMM 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 effective<sup>1</sup>.

*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

<sup>1</sup>prices 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\* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.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.