

Daily tadalafil tablets (Cialis®) Position Statement

Daily tadalafil tablets are not recommended by the NCL Joint Formulary Committee for any indication.

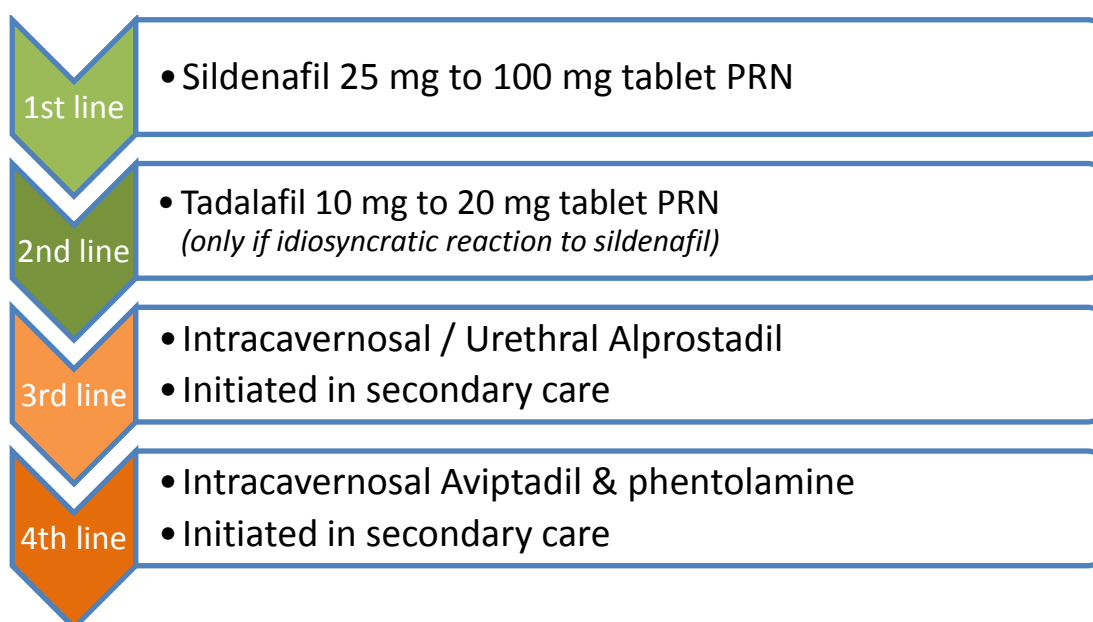
No new patients should be initiated on daily tadalafil tablets.

Patients currently prescribed daily tadalafil should have their prescription reviewed.

In NCL we spend £241,000 on daily tadalafil tablets per annum (2.5 mg and 5 mg tablets).

Erectile dysfunction (ED)

- This was discussed at JFC in [November 2014](#) and [January 2015](#)
- Patients receiving daily tadalafil for ED should have their prescription changed to PRN sildenafil tablets. If they have experienced an idiosyncratic reaction to sildenafil, PRN tadalafil can be prescribed.
- Sildenafil, tadalafil and vardenafil have similar efficacy for treatment of ED, therefore the PDE5i with the lowest acquisition cost should be selected first line. Sildenafil tablets currently have the lowest acquisition cost.
- Tadalafil PRN was identified as a suitable second line PDE5i for treatment of ED. All PDE5i have a similar mechanism of action, therefore a second PDE5i is included on the formulary in case patients experience **an idiosyncratic reaction** to PRN sildenafil.



Nerve-sparing radical prostatectomy (NSRP)

- This was discussed at JFC in [November 2014](#) and [January 2015](#)
- Patients prescribed any PDE5i in primary care for NSRP should be referred back to their urologist to review need for ongoing prescribing.
- The JFC evaluated use of daily PDE5i following nerve-sparing radical prostatectomy (NSRP) and determined that it should be limited to a maximum of 3 months following surgery.
- The full course of sildenafil once daily (off label) will be prescribed by the hospital specialist for this indication.

Benign prostatic hyperplasia

- Patients receiving daily tadalafil for BPH should be referred back to the specialist who initiated it for review and change of treatment.
- NCL JFC has not reviewed daily tadalafil for this indication.
- The patient should be advised that daily tadalafil is not available on the NCL formulary for prescribing either by a specialist or a GP, therefore an alternative treatment option will be identified by the specialist.
- NICE CG 97 (Lower urinary tract symptoms in men: management) recommends that prescribers do **not** offer PDE5 inhibitors solely for the purpose of treating lower urinary tract symptoms in men, except as part of a randomised controlled trial. This is due to a lack of evidence of its efficacy in the treatment of BPH in the absence of ED. [1]

Medicine	Once weekly requirement	Twice weekly requirement
Sildenafil 25 mg PRN	£10	£20
Sildenafil 50 mg PRN	£10	£20
Sildenafil 100 mg PRN	£11	£21
Tadalafil 10 mg PRN	£375	£751
Tadalafil 20 mg PRN	£375	£751
Tadalafil 5 mg daily	£717 (Daily use)	£717 (Daily use)

Comparison of annual costs of PDE5 inhibitors used for ED. Prices from dm+d browser October 2017

References

[1] National Institute of Health and Care Excellence. CG97. Lower urinary tract symptoms in men: management. Last updated: June 2015. <https://www.nice.org.uk/guidance/cg97> [Accessed: 24/7/17]

Groups / Individuals who have overseen the development of this guidance:	JFC Support Pharmacists
Groups which were consulted and have given approval:	NCL Formulary Pharmacists, NCL Heads of Medicines Management
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