



# Response to the Department of Health consultation on Proposed Changes to NHS Availability of Erectile Dysfunction Treatments

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## Introduction

PSNC welcomes the opportunity to respond to proposals to change NHS Availability of Erectile Dysfunction Treatments.

We have commented on the individual questions, using the same numbering, as set out below. If any points arise, please do not hesitate to contact me.

## Response

### Question 1

Yes.

### Question 2.

As cost is no longer a significant factor, the continuation of the restriction is not justified.

### Question 3.

In part.

### Question 4.

The estimated savings presume that GPs will prescribe the generic form of sildenafil for existing and new patients who do not satisfy the restrictions. Patients who receive Viagra under the current arrangements may exert pressure on their GP to continue to prescribe Viagra, particularly as the product will remain as a restricted availability product listed in the Drug Tariff. It may be better for the NHS to remove Viagra from Part XVIII B and include it in the 'blacklist' Part XVIII A – in this way, like all the other 'blacklisted' items, it will continue to be available privately, but will not impose a burden on the NHS. This will also be simpler for prescribers, because having a brand in the SLS list and the generic product exempted from that list will, we believe, lead to prescriptions being erroneously issued without the SLS endorsement for the branded prescriptions.

We also believe that the estimates of increased use are too modest. There will be great demand for the generic product for recreational use, by patients who do not actually suffer from ED. The health benefits identified in the consultation may still be worth pursuing for this cohort of patients, but the 'cost' of making the product more available will not only be purely financial, it will increase the burden on prescribers to prescribe for recreational purposes which are outside of the licensed indications. We also believe that there will be significant increase in patients with ED who will come forward for treatment, and we conclude that the anticipated doubling of demand in the impact assessment will turn out to be too low.

We also rely on our experience of the pricing of generics to say that one cannot assume that the generic price will always be as low as it is currently. We have seen situations where manufacturers have adopted pricing policies that remove competition with subsequent price rises. We do not suggest that the manufacturers of generic sildenafil are likely to manipulate prices in such a way, we only make the point that it is dangerous to rely on generic prices being held down by competition.

### Question 5.

Yes, with reservations.

### Question 6.

We agree that measures that reduce the public's attraction to non-regulated supplies and encourage them to consult a healthcare professional will improve patient safety. We mentioned in our reply above, that there are likely to be many potential patients who do not have ED who will request prescriptions from their GP. We are keen that there should be accurate estimates of the demands in any impact assessment.

We would be concerned if a prescriber was to succumb to requests for a prescription in circumstances that are blatantly outside the terms of the licence. Pharmacists are not privy to the details of the consultation, and so if a prescription is presented at a pharmacy for sildenafil, the pharmacist should not be expected to second guess whether the prescriber has exercised his clinical judgment appropriately.

Question 6&7 (should be 7 and 8)

We have no particular concerns over the proposal to produce prescribing guidelines. We are, though, concerned that whether guidelines are produced or not, the current obligations on pharmacists to dispense any legally valid prescription must not be undermined by a prescriber not following good practice guidance – in other words, a pharmacist should be able to take at face value, the legitimacy of a prescription that has been issued for generic sildenafil, without being required to inquire whether guidance has been followed.