

## DAPOXETINE tablets (Priligy®)

**The Pan Mersey Area Prescribing Committee recommends the prescribing of DAPOXETINE tablets (Priligy®) for the treatment of premature ejaculation when recommended by a psychosexual service or a specialist clinician with experience of treating psychosexual disorders. Treatment is restricted to three doses per month.**

### AMBER patient retained by specialist

Dapoxetine is indicated for the treatment of premature ejaculation (PE) in adult men aged 18 to 64 years of age who meet all of the following criteria<sup>1</sup>:

1. An intravaginal ejaculatory latency time (IELT) of less than two minutes; **and**
2. Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the patient wishes; **and**
3. Marked personal distress or interpersonal difficulty as a consequence of PE; **and**
4. Poor control over ejaculation; **and**
5. A history of PE in the majority of intercourse attempts over the prior 6 months.

The European Association of Urology (EAU) published [guidelines](#) on the management of PE in 2015.<sup>2</sup> PE can be lifelong or acquired. The two subsets of PE do not appear to respond to pharmacological intervention differently, but behavioural interventions should be considered ahead of introducing drug therapy in patients with acquired PE. Behavioural interventions may be trialled in lifelong PE if pharmacological therapy fails. This guideline recommends:

1. Erectile dysfunction, other sexual dysfunction or genitourinary infection should be treated first.
2. Pharmacotherapy should be given first line for lifelong PE.
3. Behavioural and sexological therapies have a role in the management of acquired PE, often in combination with pharmacological treatment.
4. Pharmacotherapy includes on-demand dapoxetine, or other off-label once daily antidepressant agents.
5. Topical anaesthetic agents can be considered as an alternative to oral treatments.

Patient preference should be considered when selecting a treatment option; some men may prefer to take a once-daily preparation rather than on-demand treatment. A careful appraisal of individual benefit vs. risk of dapoxetine should be performed by the initiating specialist after the first four weeks of treatment (or at least after 6 doses of treatment) to determine whether continuing treatment with dapoxetine is appropriate. The clinical need of continuing and the benefit risk balance of treatment should be re-evaluated at least every six months.

**Note:** Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

**This recommendation has been designated suitable for inclusion on the Pan Mersey APC static list and so will only be reviewed if significant new evidence becomes available**

**Version: 4.1**  
**STATIC**

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### Effectiveness<sup>3</sup>

Dapoxetine is a short-acting SSRI. A pooled analysis of 4 randomised controlled trials in men with PE evaluated the effect of 'on-demand' dapoxetine on IELT compared with placebo. This analysis demonstrated a statistically significant increase in IELT from baseline with 30mg and 60mg of dapoxetine compared with placebo (from 0.9 minutes in all groups to 1.9, 3.1 and 3.6 minutes respectively for placebo, dapoxetine 30mg and dapoxetine 60mg,  $p < 0.001$  for comparison with placebo).

It has been suggested that the minimum clinically important change in IELT appears to be about 1 minute; however, the minimum clinically important change in IELT has not been defined in clinical practice.

There are no head-to-head trials comparing 'on-demand' dapoxetine with daily use of SSRIs.

### Cost<sup>4</sup>

The incidence of premature ejaculation is poorly defined and it is unclear how many men will present for treatment and chose to take an 'on-demand' treatment, so cost per 100,000 patients cannot accurately be determined.

Dapoxetine is available in two strengths and two pack sizes for each strength:

- 30mg: x3, £14.71; x6, £26.48
- 60mg: x3, £19.21, x6, £34.42

Comparators (cost per month):

- EMLA cream: £2.25/5g tube
- Paroxetine 20-40mg daily: £1.04 to £17.03
- Sertraline 25-200mg daily: £0.41 to £2.16
- Fluoxetine 20-60mg daily: £0.93 to £6.53
- Clomipramine 25-50mg daily: £1.62 to £3.66

### Safety<sup>1</sup>

Contraindications to dapoxetine include significant pathological cardiac conditions (e.g. heart failure NYHA class II-IV, conduction abnormalities, significant ischaemic heart disease, significant valvular disease or history of syncope), a history of mania or severe depression, receiving concomitant therapy with, or recent use of, MAOIs, other serotonergic drugs/herbal products (e.g. St. John's Wort) or **potent inhibitors** of CYP3A4.

Cautions include patients with epilepsy.

The adverse effects of dapoxetine are similar to those of other SSRIs. The most common adverse effects experienced are nausea, dry mouth, headaches, dizziness and vomiting. Adverse effects are more common with the 60mg dose. Consult the [SPC](#) for full, up to date prescribing information.

### Patient factors<sup>1</sup>

**Renal impairment:** cautioned in patients with mild to moderate renal impairment; not recommended in severe renal impairment ( $\text{CrCl} < 30\text{mL/min}$ ).

**Hepatic impairment:** contraindicated in patients with moderate and severe hepatic impairment (Childs-Pugh class B or C).

**Paediatric/elderly patients:** there is no data regarding use in the paediatric (<18 years) or elderly population (>64 years).

**Drug interactions:** the dose of dapoxetine should not exceed 30mg daily with concomitant use of **moderate inhibitors** of CYP3A4. Caution is recommended if increasing the dose to 60mg in patients receiving potent CYP2D6 inhibitors, or in known CYP2D6 poor metabolisers. Dapoxetine should not be taken with alcohol, and avoid grapefruit juice in prior 24 hours. Do not use in combination with PDE-5 inhibitors.

### Prescribing information<sup>1</sup>

The recommended starting dose is 30mg, taken approximately 1-3 hours before sexual activity, with at least a full glass of water. It is not recommended for continuous daily dosing and should only be taken when sexual activity is anticipated. It should not be used more than once in any 24 hour period. Orthostatic tests (blood pressure and pulse rate (supine and standing) should be performed before prescribing. Counsel patients about the risk of prodromal symptoms (e.g. light-headedness after standing) and risk of syncope. If the response to 30mg is insufficient and the patient has not experienced moderate or severe adverse reactions or prodromal symptoms suggestive of syncope, the dose may be increased to a maximum of 60mg. If patient experienced orthostatic reactions on 30mg, no dose escalation should be trialled.

Treatment should be reviewed after 4 weeks (or after at least 6 doses) to determine whether continuing treatment is appropriate. Data regarding efficacy and safety beyond 24 weeks are limited. Treatment should be re-evaluated every 6 months as tachyphylaxis (decreasing response to a drug following chronic administration) may occur.<sup>2</sup>

### Implementation notes

Treatment should be restricted to a maximum of 3 doses per month. It is more cost-effective to supply 2 months' treatment per prescription (i.e. one box of 6 tablets).

### References

## SUPPORTING INFORMATION

1. A. Menarini Farmaceutica Internazionale SRL. Summary of Product Characteristics, Priligy 30mg and 60mg film coated tablets. 28<sup>th</sup> March 2019. Accessed 15 April 2019 at: <https://www.medicines.org.uk/emc/product/1269/smpc>
2. Hatzimouratidis K (chair) et al. Guidelines on male sexual dysfunction:erectile dysfunction and premature ejaculation. European Association of Urology 2015. Accessed 15 April 2019 at: [http://uroweb.org/wp-content/uploads/14-Male-Sexual-Dysfunction\\_LR1.pdf](http://uroweb.org/wp-content/uploads/14-Male-Sexual-Dysfunction_LR1.pdf)
3. NICE ESNM40: Premature ejaculation; dapoxetine. 14<sup>th</sup> May 2014. Accessed 15 April 2019 at: <https://www.nice.org.uk/advice/esnm40/chapter/Full-evidence-summary>
4. NHS Business Services Authority. dm+d browser. Accessed 15 April 2019 at: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd>