

Erectile Dysfunction

A library document for men who want a physician-led plan rather than a gas-station pill: what sildenafil and tadalafil do, when a compounded sublingual product is even a conversation, why PT-141 is off-label in men, and why low testosterone is not the same disease as ED.

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How to use this book

Erectile dysfunction is persistent difficulty getting or keeping an erection sufficient for satisfactory sex. It is common, usually multifactorial, and often a vascular headline wearing a bedroom costume.

This volume follows the live NovaGenix ED page. It does not invent shockwave, injections, or implants as in-house services. Those exist in urology; this clinic refers them.

About NovaGenix ED care

Offered after a physician consult (in-person, video, or phone — not a form-only script): sildenafil, tadalafil, compounded sublingual sildenafil/tadalafil options, and PT-141. Testosterone can be evaluated if desire or confirmed hypogonadism is part of the story. Evaluation does not guarantee a prescription.

Main page: novagenix.org/erectile-dysfunction.

1. What ED is — and is not

ED is not “getting older, deal with it,” and it is not automatically low T. Age raises prevalence because vessels, nerves, medications, sleep apnea, and diabetes accumulate. Persistent ED still deserves a cause list.

It is also not premature ejaculation, low desire, or Peyronie's disease — those can travel together and still need separate names.

2. Causes worth naming out loud

Physical

- Atherosclerosis, hypertension, endothelial dysfunction
- Diabetes (vessels and nerves)
- Obesity, metabolic syndrome, sleep apnea
- Neurologic disease
- Pelvic surgery or radiation
- Medications (SSRIs, antihypertensives, others)

Hormonal and contextual

- Confirmed testosterone deficiency — more about desire than rigidity
- Stress, performance anxiety, relationship strain
- Alcohol and other substances
- Thyroid or other endocrine disease when the history points there

New or worsening ED in a man with diabetes, smoking, high blood pressure, or high cholesterol is a cardiovascular conversation, not only a bedroom one. That does not mean every case of ED equals occult CAD. It means the question is allowed.

3. Workup: labs are optional for many ED prescriptions

NovaGenix's own FAQ: most ED treatment does not require blood work. Because this is a hormone clinic, testosterone testing is available when the question is real — desire, energy, confirmed symptoms of hypogonadism — not as a toll booth on every tadalafil request.

A physician still needs enough history to keep nitrates, unstable heart disease, and priapism risk off the script.

4. PDE5 inhibitors — first-line for a reason

	Sildenafil	Tadalafil
Brand lineage	Viagra	Cialis
Onset / duration (typical labeled pattern)	Shorter window; often taken as needed	Longer window; daily low-dose option exists on label
Food	High-fat meals can delay sildenafil	Less meal-sensitive
Clinic pages	Prescription sildenafil	Prescription tadalafil

They increase nitric-oxide–mediated blood flow into the penis. They do not create desire. They fail when the trial was underdosed, mistimed, taken after a heavy meal (sildenafil), or used without sexual stimulation. “It didn’t work” is often “it was never given a fair trial.”

AUA guidelines treat oral PDE5 inhibitors as first-line pharmacotherapy for most men after shared decision-making.

5. Compounded sublingual tablets

NovaGenix may use compounded sublingual sildenafil, tadalafil, or a combination when a physician decides an approved oral tablet is a poor fit (swallowing, timing, a specific combination). Compounded products are **not FDA-approved**. That is a quality and evidence difference, not a secret upgrade.

The clinic does not claim a compounded lozenge outperforms generic Viagra. Appropriateness is a consult decision.

6. PT-141 in men — different pathway, different label

Bremelanotide (PT-141) hits melanocortin receptors involved in desire. Vyleesi is FDA-approved only for acquired, generalized HSDD in premenopausal women. Use in men with ED is **off-label**. A compounded male PT-141 injection is not Vyleesi.

Why men ask: PDE5 drugs need a functioning vascular pathway and do nothing for “I don’t want to.” PT-141 is sometimes complementary, not a replacement for a first-line PDE5 in straightforward vasculogenic ED.

Expect nausea in a meaningful fraction of users. Blood pressure rises for a short window; heart rate may fall. Uncontrolled hypertension and relevant cardiovascular disease are not casual settings. See Volume 5 and [the PT-141 page](#).

7. Testosterone: desire is not rigidity

Men with confirmed hypogonadism often have lower libido and fewer spontaneous erections. Replacing testosterone can help those pieces. Many men with ED have normal testosterone. Many men whose T is corrected still need a PDE5 inhibitor.

Do not start TRT solely because of ED. Do not skip a nitrate history because someone wants “hormones instead of Viagra.”

Related: [low sex drive in men](#) · Volume 1 TRT.

8. Safety that is not fine print

Never combine a PDE5 inhibitor with nitrates (nitroglycerin, isosorbide, some poppers). The blood-pressure drop can be dangerous. Tell the physician about chest-pain medicines, recent heart events, and guanylate-cyclase stimulators such as riociguat.

Other labeled issues: vision or hearing changes (stop and call), priapism lasting more than four hours (emergency), caution in some anatomical penile deformities, and alpha-blocker interactions that need a plan rather than a surprise.

FDA has warned for years that “herbal Viagra” and gas-station tablets are often adulterated with undeclared PDE5 drugs. That is how men on nitrates get hurt without thinking they took a prescription.

9. What this clinic does not do — and will refer

- Intracavernosal injection therapy (alprostadil and combinations)

- Vacuum erection devices
- Penile implants
- Shockwave therapy as an in-house product

Those are real tools. When oral and appropriate adjuncts fail, a urologist is the next competent stop. NovaGenix says so on the ED page instead of improvising a device menu.

10. Lifestyle that actually moves ED

Stopping smoking, moving the body, losing weight when obesity is part of the picture, and tightening diabetes control help some men because they help the vessels. They are not a moral prerequisite for a first prescription, and they are not a reason to withhold a PDE5 inhibitor from a man who needs one this month.

11. Premature ejaculation is a different diagnosis

Ejaculation sooner than the man or partner wants — often within minutes of penetration — is PE, not ED. The two feed each other through anxiety. NovaGenix evaluates both. Do not treat PE by stacking more erection drug.

12. How a visit works

1. Physician consult — video, phone, or Jupiter office. No script from a web form alone.
2. History: onset, rigidity vs desire, morning erections, meds, nitrates, heart, diabetes, surgery, partner context, PE.
3. Optional labs if hypogonadism is on the table.
4. Match tool: PDE5 first for most vasculogenic ED; compounded sublingual when a specific gap exists; PT-141 only with eyes open about the label; TRT only for documented deficiency.
5. Follow-up on whether the trial was fair before declaring failure.

NovaGenix pages

ED cluster

[ED treatment overview](#)

[Sildenafil](#)

[Tadalafil](#)

[PT-141](#)

Hormone overlap

[TRT overview](#)

[Low sex drive in men](#)

[TRT labs](#)

When hormones are the driver

[Low testosterone testing](#)

[What should my testosterone levels be?](#)

[Does testosterone improve sex drive?](#)

[Testosterone and sleep](#)

[TRT and fertility](#)

Getting seen

[Online care in Florida](#)

[Schedule a consultation](#)

[Dr. Timothy Mackey, D.O.](#)

[About NovaGenix](#)

[All NovaGenix articles](#)

Guidelines, labels, and research

- AUA guideline on erectile dysfunction — oral PDE5 inhibitors as first-line pharmacotherapy; shared decision-making; cardiovascular risk review
- Sildenafil and tadalafil U.S. prescribing information — nitrate contraindication, priapism, visual/hearing warnings
- Vyleesi (bremelanotide) prescribing information — approved HSDD indication in premenopausal women; BP/HR effects

- FDA consumer warnings on undeclared PDE5 ingredients in “herbal” sexual-enhancement products
- Princeton / cardiovascular consensus documents on sexual activity and PDE5 use after cardiac events (use current version at time of care)

Institutes

Societies

[American Urological Association](#)

[Sexual Medicine Society of North America](#)

[International Society for Sexual Medicine](#)

Explainers

[Mayo Clinic: ED](#)

[Cleveland Clinic: ED](#)

[MedlinePlus: ED](#)

Other clinics and brands — comparison, not endorsement

National ED telehealth brands can be a legitimate PDE5 source. Compare whether a physician actually speaks to the patient, whether nitrates are screened, and whether “boosters” are unregulated tablets. Urologic referral remains the right move for implant-level disease or Peyronie’s.

FAQ

▼ Is ED just aging?

It becomes more common with age. It is not a reason to skip treatable vascular, metabolic, medication, or hormonal causes.

▼ Does low T always cause ED?

No. Many men with ED have normal testosterone. Low T is more tightly tied to desire.

▼ What if Viagra fails?

Check dose, timing, food, stimulation, and diagnosis first. Then another PDE5, a compounded option, PT-141 in selected men, or urologic referral.

▼ Do I have to come in?

Eligible Florida patients can start by video or phone. Prescriptions are not issued from an unreviewed form.

Glossary

- **PDE5** — phosphodiesterase type 5, the enzyme sildenafil and tadalafil inhibit.
- **Priapism** — erection lasting too long; after four hours, emergency care.
- **HSDD** — hypoactive sexual desire disorder (the labeled job of Vyleesi in premenopausal women).
- **Off-label** — a lawful prescription of an approved drug (or a compounded preparation) for a use not on the FDA label.

Disclaimer

Education only. ED medicines interact with nitrates and some heart drugs. Chest pain after a PDE5 inhibitor is an emergency. [Medical disclaimer](#).

Florida 72-hour advertising notice applies to free/discounted exam offers.

