APPROVED PROFESSIONAL INFORMATION

SCHEDULING STATUS

S4

1. NAME OF THE MEDICINE

TADALAFIL 5 mg DYNA film coated tablets

TADALAFIL 20 mg DYNA film coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each TADALAFIL 5 mg DYNA film coated tablet contains 5 mg tadalafil.

Each TADALAFIL 20 mg DYNA film coated tablet contains 20 mg tadalafil.

Contains lactose:

Each 5 mg film coated tablet contains 73,01 mg lactose (as monohydrate)

Each 20 mg film coated tablet contains 158,70 mg lactose (as monohydrate).

Each 5 mg film coated tablet contains 9,0 mg sodium (as sodium lauryl sulfate).

Each 20 mg film coated tablet contains 20,0 mg sodium (as sodium lauryl sulfate).

For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Film coated tablets.

TADALAFIL 5 mg DYNA film coated tablets are yellow, almond-shaped, biconvex, film-coated tablets engraved with “T5” on one side and plain on the other side.

TADALAFIL 20 mg DYNA film coated tablets are yellow, almond-shaped, biconvex, film-coated tablets engraved with “T20” on one side and plain on the other side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

TADALAFIL DYNA is indicated for the treatment of erectile dysfunction. In order for TADALAFIL DYNA to be effective, sexual stimulation is required.

4.2 Posology and method of administration

Posology

In adult men:

The recommended dose 5 mg taken once a day at approximately the same time of day.

The recommended maximum dose of TADALAFIL DYNA is 20 mg taken prior to anticipated sexual activity and without regard to food.

TADALAFIL DYNA can be taken up to 36 hours and as early as 16 minutes prior to sexual activity.

Patients may initiate sexual activity at varying time points relative to dosing in order to determine their own optimal window of responsiveness.

The maximum recommended dosing frequency of TADALAFIL DYNA is once per day.

Special populations

Renal impairment

Dosage adjustments are not required in patients with mild or moderate renal impairment. Once -a-day dosing of TADALAFIL DYNA is not recommended in patients with severe renal impairment.

Paediatric population

TADALAFIL DYNA is not indicated for children under the age of 18 years.

Method of administration

For oral use.

4.3 Contraindications

- hypersensitivity to tadalafil or to any of the ingredients of TADALAFIL DYNA (see section 6.1)
- administration of TADALAFIL DYNA to patients who are using any form of organic nitrate
- patients with severe hepatic insufficiency (Child-Pugh Class C)
- loss of vision in one or both eyes because on non-arteritic anterior ischaemic optic neuropathy (NAION) regardless of whether this episode was in connection or not with previous PDE5 inhibitor exposure (see section 4.4)
- previous experience of unilateral or bilateral decrease or loss of hearing with or without associated vesicular symptoms.
- patients with myocardial infarction within the last 90 days
- patients with unstable angina or angina occurring during sexual intercourse
- patients with New York Heart Association Class 2 or greater heart failure in the last 6 months
- patients with uncontrolled dysrhythmias, hypotension (< 90/50 mm Hg), or uncontrolled hypertension
- patients with a stroke within the last 6 months
- concomitant therapy with guanylate cyclase stimulators, such as riociguat due to the possibility

of symptomatic hypotension (see section 4.5).

4.4 Special warnings and precautions for use

Before treatment with TADALAFIL DYNA:

A medical history and physical examination should be undertaken to diagnose erectile dysfunction determine potential underlying causes, before pharmacological treatment is considered.

Sexual activity carries a potential cardiac risk for patients with pre-existing cardiovascular disease. Prior to initiating any treatment for erectile dysfunction, medical practitioners should consider the cardiovascular status of their patients. Tadalafil has vasodilator properties, resulting in mild and transient decreases in blood pressure (see section 5.1) and as such potentiates the hypotensive effect of nitrates (see section 4.3). TADALAFIL DYNA should not be used in men with cardiac disease for whom sexual activity is inadvisable.

It is not known if tadalafil is effective in patients who have undergone pelvic surgery or radical non-nerve-sparing prostatectomy.

Cardiovascular:

Serious cardiovascular events, including myocardial infarction, sudden cardiac death, unstable angina pectoris, ventricular arrhythmia, stroke, transient ischaemic attacks, chest pain, palpitations and tachycardia, have been reported either post marketing and/or in clinical trials. Most of the patients in whom these events have been reported had pre-existing cardiovascular risk factors. However, it is not possible to definitively determine whether these events are related directly to these risk factors, to TADALAFIL DYNA, to sexual activity, or to a combination of these or other factors.

Tadalafil has systemic vasodilatory properties that may result in transient decreases in blood pressure. Prior to prescribing TADALAFIL DYNA, physicians should carefully consider whether their patients with underlying cardiovascular disease could be affected adversely by such vasodilatory effects.

- In patients receiving concomitant antihypertensive medicinal products, tadalafil may induce a blood pressure decrease. When initiating daily treatment with tadalafil, appropriate clinical considerations should be given to a possible dose adjustment of the antihypertensive therapy.

In patients who are taking alpha-1 blockers, such as prazosin and doxazosin, concomitant administration of TADALAFIL DYNA may lead to systematic hypotension in some patients (see section 4.5). The combination of tadalafil and doxazosin is not recommended as an augmentation of the blood-pressure-lowering effect of doxazosin was observed during concomitant administration (4 to 8 mg doxazosin daily) in healthy subjects. In a clinical pharmacology study of 18 healthy volunteers who received a single dose of tadalafil no symptomatic hypotension was observed with simultaneous administration of tamsulosin, an α-[1A] blocker (see section 4.5).

Patients who experience symptoms of cardiac disease upon initiation of sexual activity should be advised to refrain from further sexual activity and should report the episode to their medical practitioner.

Vision:

Non-arteritic anterior ischaemic optic neuropathy (NAION) is a cause of decreased vision including permanent loss of vision. Visual defects and cases of NAION have been reported in connection with

the intake of TADALAFIL DYNA and other PDE5 inhibitors. Analyses of observational data suggest an increased risk of acute NAION in men with erectile dysfunction following exposure to tadalafil or other PDE5 inhibitors. As this may be relevant for all patients exposed to tadalafil, the patient should be advised that in case of sudden visual defect, he should stop taking TADALAFIL DYNA and consult a medical practitioner immediately (see section 4.3).
Individuals who have already experienced NAION should be advised to not use TADALAFIL DYNA or other PDE5 inhibitors again (see section 4.3).

Decreased or sudden loss of hearing:
Cases of sudden hearing loss have been reported after the use of tadalafil. Patients should be advised to stop taking TADALAFIL DYNA and seek prompt medical attention in the event of sudden decrease or loss of hearing. These events may be accompanied by tinnitus and dizziness.
It is not possible to determine whether these events are related
directly to the use of PDE5 inhibitors or to other factors (see section 4.8).

Renal and hepatic impairment:
Due to increased tadalafil exposure (AUC), limited clinical experience and the lack of ability to influence clearance by dialysis, once-a-day dosing of tadalafil is not recommended in patients with severe renal impairment.
Clinical study results with tadalafil indicate that patients with moderate renal failure (creatinine clearance = 31 to 50 mL/min) was less well tolerated in terms of back pain than in patients with mild renal failure (creatinine clearance = 51 to 80 mL/min) and healthy subjects.

There is limited clinical data on the safety of single-dose administration of TADALAFIL DYNA in patients with severe hepatic insufficiency (Child-Pugh Class C). It is therefore contraindicated in patients with severe hepatic insufficiency (see section 4.3).

Priapism and anatomical deformation of the penis:

Patients who experience erections lasting 4 hours or more should be instructed to seek immediate medical assistance. If priapism is not treated immediately, penile tissue damage and permanent loss of potency may result.

TADALAFIL DYNA should be used with caution in patients with anatomical deformation of the penis (such as angulation, cavernosal fibrosis, or Peyronie's disease) or in patients who have conditions which may predispose them to priapism (such as sickle cell anaemia,
multiple myeloma or leukaemia).

Use with CYP3A4 inhibitors:

Caution should be exercised when prescribing TADALAFIL DYNA to patients using potent CYP3A4 inhibitors (ritonavir, saquinavir, ketoconazole, itraconazole, and erythromycin), as increased tadalafil exposure (AUC) has been observed if the medicines are combined (see section 4.5).

TADALAFIL DYNA and other treatments for erectile dysfunction

The safety and efficacy of combinations of TADALAFIL DYNA and other PDE5 inhibitors or other treatments for erectile dysfunction have not been studied. The patients should be informed not to take TADALAFIL DYNA in such combinations.

Lactose:

Patients with the rare hereditary conditions of galactose intolerance, total lactase deficiency, glucose-galactose malabsorption should not take TADALAFIL DYNA.

Sodium:

This medicine contains less than 1 mmol sodium (23 mg) per film coated tablet, 5 and 20 mg, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicines and other forms of interaction

Effect of other medicines on tadalafil

Cytochrome P450 inhibitors

TADALAFIL DYNA is principally metabolised by CYP3A4. A selective inhibitor of CYP3A4, ketoconazole (200 mg daily), increased tadalafil (10 mg) exposure (AUC) 2-fold and C_{max} by 15 %, relative to the AUC and C_{max} values for tadalafil alone. Ketoconazole (400 mg daily), increased tadalafil 20 mg single-dose exposure (AUC) 4-fold and C_{max} by 22 %.

Ritonavir (200 mg twice daily) an inhibitor of CYP3A4, 2C9, 2C19 and 2D6, increased tadalafil single-dose exposure (AUC) by 124 % with no change in C_{max}. Although specific interactions have not been studied, other HIV protease inhibitors, such as saquinavir, and other CYP3A4 inhibitors such as erythromycin clarithromycin, itraconazole and grapefruit juice, should be co-administered with caution, as they would be expected to increase plasma concentrations of tadalafil (see section 4.4). Consequently, the incidence of the adverse reactions listed in section 4.8 might be increased.

Transporters

The role of transporters (for example, p-glycoprotein) in the disposition of tadalafil is not known. Therefore, there is the potential of medicine interactions mediated by inhibition of transporters.

Cytochrome P450 inducers

A selective CYP3A4 inducer, rifampicin (rifampicin, 600 mg daily), reduced tadalafil single-dose exposure (AUC) by 88 % and C_{max} by
46 %, relative to the AUC and C_{max} values for tadalafil alone. This reduced exposure can be anticipated to decrease the efficacy of tadalafil; the magnitude of decreased efficacy is unknown. It can be expected that concomitant administration of other CYP3A4 inducers, such as phenobarbitone, phenytoin and carbamazepine may also decrease plasma concentrations of tadalafil.

Antacids

Simultaneous administration of an antacid (magnesium hydroxide/aluminium hydroxide) and tadalafil reduced the apparent rate of absorption of tadalafil without altering exposure (AUC) to tadalafil.

H2-antagonists

An increase in gastric pH resulting from administration of nizatidine,
an H_2 antagonist, had no significant effect on tadalafil pharmacokinetics.

Effects of tadalafil on other medicines

Nitrates

In clinical studies, tadalafil was shown to augment the hypotensive effects of nitrates. Therefore, administration of tadalafil to patients who are using any form of organic nitrate is contraindicated (see section 4.3).

Based on the results of a clinical study in which 150 subjects receiving daily doses of tadalafil 20 mg for 7 days and 0,4 mg sublingual nitroglycerin at various times, this interaction lasted for more than 24 hours and was no longer detectable when 48 hours had elapsed after the last tadalafil dose.

Thus, in a patient prescribed any dose of TADALAFIL DYNA (5 mg or 20 mg), where nitrate administration is deemed medically necessary in a life-threatening situation, at least 48 hours should have elapsed after the last dose of TADALAFIL DYNA before nitrate administration is considered. In such circumstances, nitrates should only be administered under close medical supervision with appropriate

haemodynamic monitoring.

Anti-hypertensives (including calcium channel blockers)

Tadalafil has systemic vasodilatory properties and may augment the blood pressure lowering effects of antihypertensive medicines including calcium channel blockers (amlodipine), angiotensin converting enzyme (ACE) inhibitors (enalapril), beta-adrenergic receptor blockers (metoprolol), thiazide diuretics (bendrofluazide), and angiotensin II receptor blockers (various types and doses, alone or in

combination with thiazides, calcium channel blockers, beta-blockers, and/or alpha-blockers).

Tadalafil (10 mg except for studies with angiotensin II receptor blockers and amlodipine in which a 20 mg dose was applied) had no clinically significant interaction with any of these classes. In another clinical pharmacology study tadalafil (20 mg) was studied in combination with up to 4 classes of

antihypertensives. In subjects taking multiple antihypertensives, the ambulatory-blood-pressure changes appeared to relate to the degree of blood-pressure control. In this regard, study subjects whose blood pressure was well controlled, the reduction was minimal and similar to that seen in healthy subjects.

Additionally, in patients taking multiple antihypertensive medicines whose hypertension was not well controlled, greater reductions in blood pressure were observed. These reductions were not associated with hypotensive symptoms in the vast majority of patients. Appropriate clinical advice should be given to patients when they are treated with antihypertensive medications and tadalafil.

Tadalafil had no clinically significant effect on blood pressure changes due to tamsulosin, an α-adrenergic receptor blocking agent.

The co-administration of doxazosin (4 and 8 mg daily) and tadalafil
(5 mg daily dose and 20 mg as a single dose) increases the blood pressure-lowering effect of this alpha-blocker in a significant manner. This effect lasts at least twelve hours and may be symptomatic, including syncope. Some patients experienced dizziness. Therefore, this combination is not recommended (see section 4.4).

CYP1A2 substrates

Tadalafil had no clinically significant effect on the pharmacokinetics or pharmacodynamics of theophylline, a CYP1A2 substrate.

Ethinylestradiol and terbutaline

Tadalafil has been demonstrated to produce an increase in the oral bioavailability of ethinylestradiol; a similar increase may be expected with oral administration of terbutaline, although the clinical consequence of this is uncertain.

Alcohol

Tadalafil did not affect alcohol concentrations and alcohol did not affect tadalafil concentrations. At high doses of alcohol (0,7 g/kg), the addition of tadalafil did not induce statistically significant mean blood pressure decreases. In some subjects, postural dizziness and orthostatic hypotension were observed. When tadalafil was administered with lower doses of alcohol (0,6 g/kg), hypotension was not observed, and dizziness occurred with similar frequency to alcohol alone.
The effect of alcohol on cognitive function was not augmented by tadalafil (10 mg).

Cytochrome P450 metabolised medicines

Tadalafil does not inhibit or induce CYP450 isoforms, including CYP1A2, CYP3A4, CYP2C9, CYP2C19, CYP2D6 and CYP2E1.

CYP2C9 substrates (e.g. R-warfarin)

Tadalafil had no clinically significant effect on exposure (AUC) to S-warfarin or R-warfarin (CYP2C9 substrate), nor did tadalafil affect changes in prothrombin time induced by warfarin.

Aspirin

Tadalafil did not potentiate the increase in bleeding time caused by aspirin.

Antidiabetic medicinal products

Specific interaction studies with antidiabetic medicinal products were not conducted.

Riociguat

Studies have shown an additive systemic blood pressure lowering effect when PDE5 inhibitors were combined with riociguat. Riociguat has been shown to augment the hypotensive effects of PDE5 inhibitors. There was no evidence of favourable clinical effect of the combination. Concomitant use of riociguat with PDE5 inhibitors, including tadalafil, is contraindicated (see section 4.3).

5- alpha reductase inhibitors

No new adverse reactions were identified when tadalafil was co-administered with finasteride. However, as a formal interaction study evaluating the effects of tadalafil and 5-alpha reductase inhibitors (5-ARIs) has not been performed, caution should be exercised when tadalafil is co-administered with 5-ARIs.

4.6 Fertility, pregnancy and lactation

TADALAFIL DYNA is not indicated for use by women.

Safety and efficacy of TADALAFIL DYNA in pregnancy and lactation have not been established.

Pregnancy

TADALAFIL DYNA should not be used during pregnancy.

Breastfeeding

TADALAFIL DYNA should not be used during breastfeeding.

Fertility

Although animal studies indicate impairment of fertility, subsequent clinical studies suggest this is unlikely in humans. A decrease in sperm concentration has however, been seen in some men (see section 5.3).

4.7 Effects on ability to drive and use machines

TADALAFIL DYNA has a negligible influence on the ability to drive or use machines. However, there have been reports of dizziness, therefore patients should be aware of how they react to TADALAFIL DYNA before driving or using machines.

4.8 Undesirable effects

Summary of the safety profile

The most commonly reported adverse reactions in patients taking tadalafil for the treatment of erectile dysfunction were headache, dyspepsia, back pain and myalgia, in which the incidences increase with increasing dose of tadalafil. The adverse reactions reported were transient, and generally mild or moderate. The majority of headaches reported with tadalafil once-a-day dosing are experienced within the first 10 to 30 days of starting treatment.

Tabulated list of adverse effects

System Organ Class	Frequency	Side effects
Immune system disorders	Less frequent	Hypersensitivity reactions, angioedema[2]
Nervous system disorders	Frequent Less frequent	Headache Dizziness, stroke[1] (including haemorrhagic events), syncope, transient ischaemic attacks[1], migraine[2], seizures, transient amnesia
Eye disorders	Less frequent Frequency unknown	Blurred vision, sensations described as eye pain, visual field defect, swelling of eyelids, conjunctival hyperaemia, non-arteritic anterior, Ischaemic optic neuropathy (NAION)[2], retinal vascular occlusion[2] Central serous chorioretinopathy
Ear and labyrinth disorders	Less frequent	Tinnitus, sudden hearing loss
Cardiac disorders[1]	Less frequent	Tachycardia, palpitations, myocardial infarction, unstable angina pectoris[2], ventricular dysrythmia[2]
Vascular disorders	Frequent Less frequent	Flushing Hypotension[3], hypertension
Respiratory, thoracic and mediastinal disorders	Frequent Less frequent	Nasal congestion Dyspnoea, epistaxis

Gastrointestinal disorders	Frequent Less frequent	Dyspepsia Abdominal pain, vomiting, nausea, gastro-oesophageal reflux
Skin and subcutaneous tissue disorders	Less frequent Frequency unknown	Rash, urticaria, Stevens-Johnson syndrome[2], exfoliative dermatitis[2], hyperhidrosis (sweating)
Musculoskeletal, connective tissue and bone disorders	Frequent	Back pain, myalgia, pain in extremity
Renal and urinary disorders	Less frequent	Haematuria
Reproductive system and breast disorders	Less frequent	Prolonged erections, priapism, penile haemorrhage, haematospermia
General disorders and administrative site conditions	Less frequent	Chest pain[1], Peripheral oedema, fatigue Facial oedema[2], sudden cardiac death[1,2]

[1] Most of the patients had pre-existing cardiovascular risk factors (see Section 4.4).

[2] Post marketing surveillance reported adverse reactions not observed in placebo controlled clinical trials.

[3] More commonly reported when tadalafil is given to patients who are already taking antihypertensive medicinal products.

a. Description of selected adverse reactions

A slightly higher incidence of ECG abnormalities, primarily sinus bradycardia, has been reported in patients treated with tadalafil once a day as compared with placebo. Most of these ECG abnormalities were not associated with adverse reactions.

b. Other special populations

Although there is limited data in patients over 65 years of age, in clinical trials with tadalafil taken on

demand for the treatment of erectile dysfunction, diarrhoea was reported more frequently in patients over 65 years of age.

In clinical trials with tadalafil 5 mg, taken once a day for the treatment of benign prostatic hyperplasia, dizziness and diarrhoea were reported more frequently in patients over 75 years of age.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.

An email can be sent directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

4.9 Overdose

Signs and symptoms:

Single doses of up to 500 mg have been given to healthy subjects and multiple daily doses up to 100 mg have been given to patients. Adverse events were similar to those seen at lower doses.

Management of overdose:

In cases of overdose, standard supportive measures should be adopted as required. Haemodialysis contributes negligibly to tadalafil elimination.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Urologicals, Drugs used in erectile dysfunction.

ATC code: G04BE08.

Pharmacological classification: A.7.1.5 Vasodilators - peripheral.

Mechanism of action

Tadalafil improves impaired erectile function by increasing blood flow to the penis, in response to sexual stimulation.

Tadalafil is a selective, reversible inhibitor of cyclic guanosine monophosphate (cGMP) – specific phosphodiesterase type 5 (PDE5). When sexual stimulation causes the local release of nitric oxide, inhibition of PDE5 by tadalafil produces increased levels of cGMP in the corpus cavernosum. This results in smooth muscle relaxation and inflow of blood into the penile tissues, thereby producing an erection. Tadalafil has no effect in the absence of sexual stimulation.

Pharmacodynamic effects:

Studies have shown that tadalafil is a selective inhibitor of PDE5. PDE5 is an enzyme found in corpus cavernosum smooth muscle, vascular and visceral smooth muscle, skeletal muscle, platelets, kidney, lung and cerebellum. The effect of tadalafil is more potent on PDE5 than on other phosphodiesterases.

Additionally, tadalafil is approximately 700-fold more potent for PDE5 than for PDE6, an enzyme which

is found in the retina and is responsible for phototransduction. Tadalafil is also > 10 000-fold more potent for PDE5 than for PDE7 through PDE10.

5.2 Pharmacokinetic properties

Absorption:

Tadalafil is rapidly absorbed after oral administration and the mean maximum observed plasma concentration (C_{max}) is achieved at a median time of 2 hours after dosing.

The rate and extent of absorption of tadalafil are not influenced by food. Thus, tadalafil may be taken with or without food. The time of dosing (morning versus evening) has no clinically relevant effect on the rate and extent of absorption.

Distribution:

The mean volume of distribution is approximately 63 L. At therapeutic concentrations, 94 % of tadalafil in plasma is bound to proteins.

Less than 0,0005 % of the administered dose appeared in the semen of healthy subjects.

Biotransformation:

Tadalafil is predominantly metabolised by the cytochrome P450 CYP3A4 isoform.

The major circulating metabolite is the methylcatechol glucuronide. This metabolite is at least 13000-fold less potent than tadalafil for PDE5. Consequently, it is not expected to be clinically active at observed metabolite concentrations.

Elimination:

The mean half-life is 17,5 hours in healthy subjects. Tadalafil is excreted predominantly as metabolites, mainly in the faeces (approximately 61 % of the administered dose) and to a lesser extent in the urine (approximately 36 % of the administered dose).

Linearity/non-linearity:

Tadalafil pharmacokinetics in healthy subjects are linear with respect to time and dose. Over a dose range of 5 to 20 mg, exposure (AUC) increases proportionally with dose. Steady-state plasma concentrations are attained within 5 days of once-daily dosing.

Pharmacokinetics in special patient groups

Elderly

Healthy elderly subjects (65 years or over), had a lower oral clearance of tadalafil, resulting in 25 % higher exposure (AUC) relative to healthy subjects aged 19- 45 years. This effect of age is not clinically significant and does not warrant a dose adjustment.

Renal impairment

In subjects with mild (creatinine clearance 51 to 80 mL/min) or moderate (creatinine clearance 31 to 50 mL/min) renal impairment, tadalafil exposure (AUC) was higher than in healthy subjects. In subjects with renal insufficiency, including those on haemodialysis, tadalafil exposure AUC was higher than in healthy subjects.

Hepatic impairment

Tadalafil exposure (AUC) in subjects with mild and moderate hepatic impairment (child Pugh Class A and B) is comparable to exposure in healthy subjects. No dose adjustment is required in these patients. No data are available in patients with severe hepatic impairment (Child Pugh Class C).
It is therefore contraindicated in patients with severe hepatic insufficiency (see section 4.3). There are no available data about the administration of doses higher than 10 mg of tadalafil to patients with hepatic impairment.

Patients with diabetes:

Tadalafil exposure (AUC) in patients with diabetes was approximately 19 % lower than the AUC value for healthy subjects. The difference in exposure does not warrant a dose adjustment.

5.3 Preclinical safety data

Not applicable

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core:

Croscarmellose sodium

Lactose monohydrate

Magnesium stearate

Microcrystalline cellulose

Poloxamer 407

Sodium lauryl sulfate

Film-coat:

Hydroxypropyl cellulose

Hydroxypropyl methylcellulose

Yellow ferric oxide NF

Polyethylene Glycol 8000

Titanium dioxide

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months

6.4 Special precautions for storage

Store at or below 30°C in a cool, dry place.

Do not take tablets from the blisters until time for administration.

Keep blisters in carton until required for use.

6.5 Nature and contents of container

TADALAFIL 5 mg DYNA tablets are packed in PVC/Aclar clear film and aluminum foil, blisters of 10 tablets, then placed in an outer carton. Each carton contains 30 film-coated tablets.

TADALAFIL 20 mg DYNA tablets are packed in PVC/Aclar clear film and aluminium foil, blister of 1 or

4 tablets, then packed in an outer carton. Each carton contains 2 or 4 film-coated tablets.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION

Pharma Dynamics (Pty) Ltd

1st Floor, Grapevine House, Steenberg Office Park

Silverwood Close

Westlake, 7945

Cape Town, South Africa

Tel: +27 21 707 7000

or 0860-PHARMA (742 762)

8. REGISTRATION NUMBER(S)

Tadalafil 5 mg Dyna: A49/7.1.5/0285

Tadalafil 20 mg Dyna: A49/7.1.5/0286

9. DATE OF FIRST AUTHORISATION

August 2022

10. DATE OF REVISION OF THE TEXT

27 February 2025