



## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1. NAME OF THE MEDICINAL PRODUCT**

- 1.1 Brand Name** : TADAFORCE  
**1.2 Generic Name** : Tadalafil Tablets USP  
**1.3 Strength** : 20 mg  
**1.4 Pharmaceutical Form:** Tablet

### **2. QUALITY AND QUANTITATIVE COMPOSITION**

Each film coated tablet contains:  
Tadalafil USP.....20 mg  
Colours : Yellow oxide of iron & Titanium Dioxide USP

### **3. PHARMACEUTICAL FORM VISUAL DESCRIPTION:**

Yellow coloured, round, biconvex, plain on both sides and film coated tablets.

### **4. CLINICAL PARTICULARS**

#### **4.1 THERAPEUTIC INDICATIONS:**

Treatment of erectile dysfunction in adult males.  
In order for tadalafil to be effective for the treatment of erectile dysfunction, sexual stimulation is required.

#### **4.2 POSOLOGY AND METHOD OF ADMINISTRATION**

##### *Posology*

##### *Erectile dysfunction in adult Men*

In general, the recommended dose is 10mg taken prior to anticipated sexual activity and with or without food. In those patients in whom tadalafil 10mg does not produce an adequate effect, 20mg might be tried. It may be taken at least 30 minutes prior to sexual activity.

The maximum dose frequency is once per day.

Tadalafil 10mg and 20mg is intended for use prior to anticipated sexual activity and it is not recommended for continuous daily use.

In patients who anticipate a frequent use of Tadalafil (i.e., at least twice weekly) a once daily regimen with the lowest doses of Tadalafil might be considered suitable, based on patient choice and the physician's judgement.

In these patients, the recommended dose is 5mg taken once a day at approximately the same time of day. The dose may be decreased to 2.5mg once a day based on individual tolerability. The appropriateness of continued use of the daily regimen should be reassessed periodically.

#### **4.3 CONTRAINDICATIONS**

Contraindicated in patients with a known hypersensitivity to the active substance or to any of the excipients.

Tadalafil must not be used in men with cardiac disease for whom sexual activity is inadvisable. Physicians should consider the potential cardiac risk of sexual activity in patients with pre-existing cardiovascular disease.

The following groups of patients with cardiovascular disease were not included in clinical trials and the use of tadalafil is therefore contraindicated:

- Patients with myocardial infarction within the last 90 days.
- Patients with unstable angina or angina occurring during sexual intercourse.
- Patients with uncontrolled arrhythmias, hypotension (<90/50mmHg), or uncontrolled hypertension.
- Patients with a stroke within the last 6 months.

Tadalafil is contraindicated in patients who have loss of vision in one eye because of non-arteritic anterior ischaemic optic neuropathy (NAION), regardless of whether this episode was in connection or not with previous PDE5 inhibitor exposure

#### 4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

##### *Before treatment with Tadalafil*

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

Prior to initiating any treatment for erectile dysfunction, physicians should consider the cardiovascular status of their patients, since there is a degree of cardiac risk associated with sexual activity. Tadalafil has vasodilator properties, resulting in mild and transient decreases in blood pressure, and as such potentiates the hypotensive effect of nitrates.

Prior to initiating treatment with tadalafil for benign prostatic hyperplasia patients should be examined to rule out the presence of carcinoma of the prostate and carefully assessed for cardiovascular conditions.

The evaluation of erectile dysfunction should include a determination of potential underlying causes and the identification of appropriate treatment following an appropriate medical assessment. 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, to sexual activity, or to a combination of these or other factors.

In patients who are taking  $\alpha_1$  blockers, concomitant administration of Tadalafil may lead to symptomatic hypotension in some patients. The combination of tadalafil and doxazosin is not recommended.

##### *Vision*

Visual defects and cases of NAION have been reported in connection with the intake of Tadalafil and other PDE5 inhibitors. The patient should be advised that in case of sudden visual defect, he should stop taking Tadalafil and consult a physician immediately.

*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.

There is limited clinical data on the safety of single-dose administration of Tadalafil in patients with severe hepatic insufficiency (Child-Pugh class C). Once-a-day administration either for the treatment of erectile dysfunction or benign prostatic hyperplasia has not been evaluated in patients with hepatic insufficiency. If Tadalafil is prescribed, a careful individual benefit/risk evaluation should be undertaken by the prescribing physician.

*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, 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 to patients using potent CYP3A4 inhibitors (ritonavir, saquinavir, ketoconazole, itraconazole, and erythromycin), as increased tadalafil exposure (AUC) has been observed if the medicinal products are combined.

*Tadalafil and other treatments for erectile dysfunction*

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

#### 4.5 INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTIONS

Interaction studies were conducted with 10mg and/or 20mg tadalafil, as indicated below. With regard to those interaction studies where only the 10mg tadalafil dose was used, clinically relevant interactions at higher doses cannot be completely ruled out.

##### *Effects of Other Substances on Tadalafil*

##### *Cytochrome P450 inhibitors*

Tadalafil is principally metabolised by CYP3A4. A selective inhibitor of CYP3A4, ketoconazole (200mg daily), increased tadalafil (10mg) exposure (AUC) 2-fold and  $C_{max}$  by 15%, relative to the AUC and  $C_{max}$  values for tadalafil alone. Ketoconazole (400mg daily) increased tadalafil (20mg) exposure (AUC) 4-fold and  $C_{max}$  by 22%. Ritonavir, a protease inhibitor (200mg twice daily), which is an inhibitor of CYP3A4, CYP2C9, CYP2C19, and CYP2D6, increased tadalafil (20mg) exposure (AUC) 2-fold with no change in  $C_{max}$ . Although specific interactions have not been studied, other 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. Consequently, the incidence of the adverse reactions 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 drug interactions mediated by inhibition of transporters.

##### *Cytochrome P450 inducers*

A CYP3A4 inducer, rifampicin, reduced tadalafil AUC by 88%, relative to the AUC values for tadalafil alone (10mg). This reduced exposure can be anticipated to decrease the efficacy of tadalafil; the magnitude of decreased efficacy is unknown. Other inducers of CYP3A4, such as phenobarbital, phenytoin, and carbamazepine, may also decrease plasma concentrations of tadalafil.

#### *Effects of Tadalafil on Other Medicinal Products*

##### *Nitrates*

In clinical studies, tadalafil (5mg, 10mg and 20mg) 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. Based on the results of a clinical study in which 150 subjects received daily doses of tadalafil 20mg for 7 days and 0.4mg 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 (2.5mg - 20mg), 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 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)*

The co-administration of doxazosin (4 and 8mg daily) and tadalafil (5mg daily dose and 20mg 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. Therefore, this combination is not recommended.

In interaction studies performed in a limited number of healthy volunteers, these effects were not reported with alfuzosin or tamsulosin. However, caution should be exercised when using tadalafil in patients treated with any alpha-blockers, and notably in the elderly. Treatments should be initiated at minimal dosage and progressively adjusted.

In clinical pharmacology studies, the potential for tadalafil to augment the hypotensive effects of antihypertensive medicinal products was examined. Major classes of antihypertensive medicinal products were studied, 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 (10mg, except for studies with angiotensin II receptor blockers and amlodipine in which a 20mg dose was applied) had no clinically significant interaction with any of these classes. In another clinical pharmacology study, tadalafil (20mg) 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. In study subjects whose blood pressure was not controlled, the reduction was greater, although this reduction was not associated with hypotensive symptoms in the majority of subjects. In patients receiving concomitant antihypertensive medicinal products, tadalafil 20mg may induce a blood pressure decrease, which (with the exception of alpha-blockers - see above) is, in general, minor and not likely to be clinically relevant. Analysis of Phase 3 clinical trial data showed no difference in adverse events in patients taking tadalafil with or without antihypertensive medicinal products. However, appropriate clinical advice should be given to patients regarding a possible decrease in blood pressure when they are treated with antihypertensive medicinal products.

#### *5- alpha reductase inhibitors*

In a clinical trial that compared tadalafil 5 mg coadministered with finasteride 5 mg to placebo plus finasteride 5 mg in the relief of BPH symptoms, no new adverse reactions were identified. However, as a formal drug-drug 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.

*CYP1A2 substrates (e.g. theophylline)*

When tadalafil 10mg was administered with theophylline (a non-selective phosphodiesterase inhibitor) in a clinical pharmacology study, there was no pharmacokinetic interaction. The only pharmacodynamic effect was a small (3.5 bpm) increase in heart rate. Although this effect is minor and was of no clinical significance in this study, it should be considered when co-administering these medicinal products.

*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*

Alcohol concentrations (mean maximum blood concentration 0.08%) were not affected by co-administration with tadalafil (10mg or 20mg). In addition, no changes in tadalafil concentrations were seen 3 hours after co-administration with alcohol. Alcohol was administered in a manner to maximise the rate of alcohol absorption (overnight fast with no food until 2 hours after alcohol). Tadalafil (20mg) did not augment the mean blood pressure decrease produced by alcohol (0.7g/kg or approximately 180ml of 40% alcohol [vodka] in an 80 kg male) but, in some subjects, postural dizziness and orthostatic hypotension were observed. When tadalafil was administered with lower doses of alcohol (0.6g/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 (10mg).

*Cytochrome P450 metabolised medicinal products*

Tadalafil is not expected to cause clinically significant inhibition or induction of the clearance of medicinal products metabolised by CYP450 isoforms. Studies have confirmed



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

*CYP2C9 substrates (e.g. R-warfarin)*

Tadalafil (10mg and 20mg) 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 (10mg and 20mg) did not potentiate the increase in bleeding time caused by acetylsalicylic acid.

*Antidiabetic medicinal products*

Specific interaction studies with antidiabetic medicinal products were not conducted.

#### **4.6 PREGNANCY AND LACTATION**

Tadalafil is not indicated for use by women.

*Pregnancy*

There are limited data from the use of tadalafil in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development. As a precautionary measure, it is preferable to avoid the use of Tadalafil during pregnancy.

*Breastfeeding*

Available pharmacodynamic/toxicological data in animals have shown excretion of tadalafil in milk. A risk to the suckling child cannot be excluded. Tadalafil should not be used during breast feeding.

*Fertility*

Effects were seen in dogs that might indicate impairment of fertility. Two subsequent clinical studies suggest that this effect is unlikely in humans, although a decrease in sperm concentration was seen in some men

#### 4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINE

Tadalafil has negligible influence on the ability to drive or use machines. Although the frequency of reports of dizziness in placebo and tadalafil arms in clinical trials was similar, patients should be aware of how they react to Tadalafil 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 or benign prostatic hyperplasia 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 summary of adverse reactions*

The table below lists the adverse reactions observed from spontaneous reporting and in placebo-controlled clinical trials (comprising a total of 7116 patients on Tadalafil and 3718 patients on placebo) for on-demand and once-a-day treatment of erectile dysfunction and the once-a-day treatment of benign prostatic hyperplasia.

*Frequency convention:* Very common ( $\geq 1/10$ ), Common ( $\geq 1/100$  to  $< 1/10$ ), Uncommon ( $\geq 1/1000$  to  $< 1/100$ ), Rare ( $\geq 1/10,000$  to  $< 1/1000$ ), Very Rare ( $< 1/10,000$ ) and Not known (cannot be estimated from the available data).

Very common	Common	Uncommon	Rare
<i>Immune system disorders</i>			
		Hypersensitivity reactions	Angioedema <sup>2</sup>
<i>Nervous system disorders</i>			
	Headache	Dizziness	Stroke <sup>1</sup> (including haemorrhagic events), Syncope, Transient ischaemic attacks <sup>1</sup> ,

			Migraine <sup>2</sup> , Seizures, Transient amnesia
<i>Eye disorders</i>			
		Blurred vision, Sensations described as eye pain	Visual field defect, Swelling of eyelids, Conjunctival hyperaemia, Non-arteritic anterior ischaemic optic neuropathy (NAION) <sup>2</sup> , Retinal vascular occlusion <sup>2</sup>
<i>Ear and labyrinth disorders</i>			
		Tinnitus	Sudden hearing loss
<i>Cardiac disorders<sup>1</sup></i>			
		Tachycardia, Palpitations	Myocardial infarction, Unstable angina pectoris <sup>3</sup> , Ventricular arrhythmia <sup>3</sup>
<i>Vascular disorders</i>			
	Flushing	Hypotension <sup>3</sup> , Hypertension	
<i>Respiratory, thoracic and mediastinal disorders</i>			
	Nasal congestion	Dyspnoea, Epistaxis	
<i>Gastrointestinal disorders</i>			
	Dyspepsia, Gastro- oesophageal reflux	Abdominal pain	
<i>Skin and subcutaneous tissue disorders</i>			
		Rash, Hyperhidrosis (sweating)	Urticaria, Stevens- Johnson syndrome <sup>2</sup> , Exfoliative dermatitis <sup>2</sup>
<i>Renal and urinary disorders</i>			
		Haematuria	
<i>Musculoskeletal, connective tissue and bone disorders</i>			
	Back pain, Myalgia, Pain in extremity		
<i>Reproductive system and breast disorders</i>			

		Penile haemorrhage, Haemospermia	Prolonged erections, Priapism <sup>2</sup>
<i>General disorders and administration site conditions</i>			
		Chest pain <sup>1</sup>	Facial oedema <sup>2</sup> , Sudden cardiac death <sup>1,2</sup>

<sup>1</sup> Most of the patients had pre-existing cardiovascular risk factors.

<sup>2</sup> Postmarketing surveillance reported adverse reactions not observed in placebo-controlled clinical trials.

<sup>3</sup> More commonly reported when tadalafil is given to patients who are already taking antihypertensive medicinal products.

#### *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.

#### *Other special populations*

Data in patients over 65 years of age receiving tadalafil in clinical trials, either for the treatment of erectile dysfunction or the treatment of benign prostatic hyperplasia, are limited. In clinical trials with tadalafil 5mg 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.

## 4.9 OVERDOSE:

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

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

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 PHARMACODYNAMICS PROPERTIES

*Pharmacotherapeutic group:* Urologicals, Drugs used in erectile dysfunction. *ATC code:* G04BE08.

#### *Mechanism of action*

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 treatment of erectile dysfunction in the absence of sexual stimulation.

The effect of PDE5 inhibition on cGMP concentration in the corpus cavernosum is also observed in the smooth muscle of the prostate, the bladder and their vascular supply. The resulting vascular relaxation increases blood perfusion which may be the mechanism by which symptoms of benign prostatic hyperplasia are reduced. These vascular effects may be complemented by inhibition of bladder afferent nerve activity and smooth muscle relaxation of the prostate and bladder.

#### *Pharmacodynamic effects*

Studies *in vitro* 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. Tadalafil is >10,000-fold more potent for PDE5 than for PDE1, PDE2, and PDE4, enzymes which are found in the heart, brain, blood vessels, liver, and other organs. Tadalafil is >10,000-fold more potent for PDE5 than for PDE3, an enzyme found in the heart and blood vessels. This selectivity for PDE5 over PDE3 is important because PDE3 is an enzyme involved in cardiac contractility. 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 readily absorbed after oral administration and the mean maximum observed plasma concentration ( $C_{max}$ ) is achieved at a median time of 2 hours after dosing. Absolute bioavailability of tadalafil following oral dosing has not been determined.

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) had no clinically relevant effects on the rate and extent of absorption.

### *Distribution*

The mean volume of distribution is approximately 63 litres, indicating that tadalafil is distributed into tissues. At therapeutic concentrations, 94% of tadalafil in plasma is bound to proteins. Protein binding is not affected by impaired renal function.

Less than 0.0005% of the administered dose appeared in the semen of healthy subjects.

### *Biotransformation*

Tadalafil is predominantly metabolised by the cytochrome P450 (CYP) 3A4 isoform. The major circulating metabolite is the methylcatechol glucuronide. This metabolite is at least 13,000-fold less potent than tadalafil for PDE5. Consequently, it is not expected to be clinically active at observed metabolite concentrations.

### *Elimination*

The mean oral clearance for tadalafil is 2.5 l/h and the mean half-life is 17.5 hours in healthy subjects.

Tadalafil is excreted predominantly as inactive metabolites, mainly in the faeces (approximately 61% of the dose) and to a lesser extent in the urine (approximately 36% of the dose).

*Linearity/Non-Linearity*

Tadalafil pharmacokinetics in healthy subjects are linear with respect to time and dose. Over a dose range of 2.5mg to 20mg, exposure (AUC) increases proportionally with dose. Steady-state plasma concentrations are attained within 5 days of once daily dosing.

Pharmacokinetics determined with a population approach in patients with erectile dysfunction are similar to pharmacokinetics in subjects without erectile dysfunction.

*Special Populations**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 to 45 years. This effect of age is not clinically significant and does not warrant a dose adjustment.

*Renal Insufficiency*

In clinical pharmacology studies using single dose tadalafil (5mg-20mg), tadalafil exposure (AUC) approximately doubled in subjects with mild (creatinine clearance 51 to 80ml/min) or moderate (creatinine clearance 31 to 50ml/min) renal impairment and in subjects with end-stage renal disease on dialysis. In haemodialysis patients,  $C_{max}$  was 41% higher than that observed in healthy subjects. Haemodialysis contributes negligibly to tadalafil elimination.

*Hepatic Insufficiency*

Tadalafil exposure (AUC) in subjects with mild and moderate hepatic impairment (Child-Pugh class A and B) is comparable to exposure in healthy subjects when a dose of 10mg is administered. There is limited clinical data on the safety of Tadalafil in patients with severe hepatic insufficiency (Child-Pugh class C). If Tadalafil is prescribed, a careful individual benefit/risk evaluation should be undertaken by the prescribing physician. There are no available data about the administration of doses higher than 10mg of tadalafil to patients with hepatic impairment. There are no available data about the administration of once-a-day dosing of tadalafil to patients with hepatic impairment. If Tadalafil is prescribed once-a-day, a careful individual benefit/risk evaluation should be undertaken by the prescribing physician.

*Patients with Diabetes*



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

### **5.3 PRECLINICAL SAFETY DATA**

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, and toxicity to reproduction.

There was no evidence of teratogenicity, embryotoxicity, or foetotoxicity in rats or mice that received up to 1000mg/kg/day tadalafil. In a rat prenatal and postnatal development study, the no observed effect dose was 30mg/kg/day. In the pregnant rat the AUC for calculated free drug at this dose was approximately 18-times the human AUC at a 20mg dose.

There was no impairment of fertility in male and female rats. In dogs given tadalafil daily for 6 to 12 months at doses of 25mg/kg/day (resulting in at least a 3-fold greater exposure [range 3.7-18.6] than seen in humans given a single 20mg dose) and above, there was regression of the seminiferous tubular epithelium that resulted in a decrease in spermatogenesis in some dogs.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 LIST OF EXCIPIENTS**

Lactose Monohydrate USP  
Ac-Di-Sol  
Hydroxypropyl Cellulose USP  
Polysorbate 80 USP  
Sodium Lauryl sulphate USP  
Magnesium Stearate USP  
Akoat 512  
Colour yellow oxide of iron USNF  
Purified Water USP

**AKUMS DRUGS & PHARMACEUTICALS LIMITED**



**TADAFORCE (Tadalafil Tablets USP)**

**MODULE 1: ADMINISTRATIVE INFORMATION AND PRODUCT INFORMATION**

**6.2 INCOMPATIBILITIES**

Not applicable

**6.3 SHELF LIFE**

36 Months

**6.4 SPECIAL PRECAUTIONS FOR STORAGE**

Store below 30<sup>0</sup>C. Protect from light and moisture.

**6.5 NATURE AND CONTENTS OF CONTAINER**

1 x 4 tablets of blister

**6.6 SPECIAL PRECAUTION FOR DISPOSAL**

None

**7. MARKETING AUTHORIZATION HOLDER**

Name : UNOSOURCE PHARMA LTD

Address : Unit : 503-504, 5<sup>th</sup> floor Hubtown Solaris  
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E-mail : haseeb@unosourcepharma.com

**8. MARKETING AUTHORIZATION NUMBERS**

Not Applicable

**AKUMS DRUGS & PHARMACEUTICALS LIMITED**



**TADAFORCE (Tadalafil Tablets USP)**

**MODULE 1: ADMINISTRATIVE INFORMATION AND PRODUCT INFORMATION**

**9. DATE OF FIRST AUTHORIZATION/RENEWAL OF THE AUTHORIZATION**

Not applicable.

**10. DATE OF REVISION OF THE TEXT**

Not applicable

**11. NAME AND ADDRESS OF THE MANUFACTURER**

Name : **AKUMS DRUGS & PHARMACEUTICALS LTD.**  
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