Essential information
for the supply of
Sidena
50 mg tablets
(sildenafil)

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Essential information

Who can use Sidena?

Only adult men aged 18 years or older who have erectile dysfunction (ED) can use the product.

The active ingredient in Sidena, sildenafil, is a part of the class of medicines known as Phosphodiesterase 5 Inhibitors (PDE5i) that are recommended as a first line treatment for ED by The European Association of Urology Guidelines.

Sidena is licenced for packs of 2, 4 and 8 tablets (not all sizes may be marketed).

There are a number of contraindications or special warnings which mean that in certain circumstances the product cannot be used by men with ED, see below.

Who must not use Sidena?

- Men aged under 18 years, as it not indicated for this age group. These men should be directed to their GP for follow up if they believe they have an issue relating to erectile function
- Women, as it is only indicated for men aged 18 years and over. For a woman interested in the product for their male partner, it is important to ask them to encourage their partner to visit the pharmacy or their doctor for additional advice
- Men who do not have ED. It is important that you establish that the man has a problem getting or keeping an erection which is satisfactory for sexual performance. Sidena will not enhance men's erections or sexual performance and it will not help problems such as premature ejaculation. Men in the latter group should be directed to their GP for further advice
- Men allergic to sildenafil or any other ingredient in the medicine.

Men with the following health problems must not use Sidena:

- Men with hypotension (<90/50 mm Hg) must not use Sidena. This is because the safety of sildenafil has not been studied in these sub-groups of patients, and its use is, therefore, contraindicated
- Men with previously diagnosed mild, moderate or severe hepatic impairment (e.g. liver cirrhosis), should be advised to talk with their GP about a suitable starting dose or alternative options for the treatment of ED. Men should be asked the questions included in the Pharmacy Consultation Guide (see Section 3) relating to those diagnosed with liver disease or liver problems. If they are under the care of a doctor for liver problems, they will be aware of this and answer 'yes'. As such, this means that you must not supply the product and refer them to their GP
- Men with previously diagnosed severe renal impairment. In most cases, patients with severe renal impairment will have some signs or symptoms of the underlying issues and will be under the care of a GP or renal specialist. A question is included in the Pharmacy Consultation Guide which asks the man whether he is suffering from severe kidney problems. If the answer to this is 'yes', then they should be advised to talk with their doctor about alternative options for the treatment of ED
- Sidena must not be used in patients with anatomical deformation of the penis

(such as angulation, cavernosal fibrosis or Peyronie's disease) or in patients with sickle cell anaemia, multiple myeloma or leukaemia. There is an increased risk of priapism with these patients and they should be directed to their GP for further advice

- Sildenafil is contraindicated in patients who have loss of vision in 1 eye because of non- arteritic anterior ischaemic optic neuropathy (NAION), regardless of whether this episode was in connection with previous PDE5i exposure or not
- Men who have an inherited eye disease such as retinitis pigmentosa (a minority of these patients have genetic disorders of retinal phosphodiesterases). This is because the safety of sildenafil has not been studied in these sub-groups of patients, and its use is therefore contraindicated
- Men who have any bleeding issues (e.g. haemophilia) or suffer from stomach ulcers must not use Sidena and should be directed to see their GP
- Rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose- galactose malabsorption must not take Sidena, because of the lactose contained within the tablet
- Men who have cardiovascular issues, see section below

Men with the following cardiovascular (CV) issues must not use Sidena:

- Men who get very breathless or experience chest pains with light or moderate physical activity, such as walking briskly for 20 minutes or climbing 2 flights of stairs should be referred to their GP[17]
- Men who have been advised against sexual activity because of a CV problem. This group of men are potentially at higher risk due to the burden of over activity on their heart and as such should be referred back to their GP
- Men with recent history (in the last 6 months) of stroke or myocardial infarction are also contraindicated from using Sidena and will need to follow up with their GP
- Patients with increased susceptibility to vasodilators include those with left ventricular outflow obstruction (e.g. aortic stenosis), or those with the rare syndrome of multiple system atrophy manifesting as severely impaired autonomic control of blood pressure. Men with these conditions must not use the product without consulting a doctor
- Patients previously diagnosed with the following must be advised to consult with their GP before resuming sexual activity:
  - uncontrolled hypertension
  - hypotension
  - unstable angina
  - moderate to severe valvular disease
  - left ventricular dysfunction
  - hypertrophic obstructive and other cardiomyopathies
  - significant arrhythmias
  - severe cardiac failure

Note: Some low-risk cardiovascular patients may be suitable for Sidena, as long as their doctor has advised they can resume sexual activity: those with asymptomatic controlled hypertension, mild valvular disease or who have had successful coronary artery bypass grafting, stenting or angioplasty.

Men taking certain other medicines must not use Sidena

- Men taking nitrates (e.g. isosorbide mononitrate/dinitrate and glyceryl trinitrate), nitric oxide donors (e.g. nicorandil) or 'poppers' (e.g. amyl nitrate). Consistent with its known effects on the NO cGMP pathway, sildenafil has been shown to potentiate the hypotensive effects of nitrates, and it is contraindicated for use with nitric oxide donors, nitrates, amyl nitrite (known as the recreational drug 'poppers'), sodium nitroprusside and nicorandil. These men should be directed to their GP for further advice.
- The co-administration of sildenafil with guanylate cyclase stimulators, such as riociguat, is contraindicated as it may potentially lead to symptomatic hypotension. Again, these men will need to talk with a doctor for further advice
- Men taking ritonavir, a potent CYP3A4 inhibitor used in the treatment of HIV, are contraindicated due to the potential for increased blood levels of sildenafil in these patients. They should consult with their doctor for further guidance
- Men already being treated with another PDE5i or a higher or lower dose of sildenafil should not use Sidena. Men taking 50 mg of sildenafil can use the product providing they meet the criteria for pharmacy supply and do not exceed 50 mg as a daily dose
- Men taking CYP3A4 inhibitors or alpha-blockers (see Table 2 for examples). These patients should be advised to speak with their GP about a lower suitable starting dose which is available on prescription

Table 2: Examples of CYP3A4 inhibitors and alpha-blockers

Drug class	Drug name
Antibiotics	Erythromycin, clarithromycin, rifampicin
Antifungals	Itraconazole, ketoconazole
Calcium channel blockers	Diltiazem, verapamil
H2-antagonists	Cimetidine
HIV-protease inhibitors	Amprenavir, fosamprenavir, atazanavir, darunavir, indinavir, lopinavir, ritonavir, saquinavir, tipranavir
Alpha blockers	Phenoxybenzamine, phentolamine, tolazoline, trazodone, alfuzosin, doxazosin, tamsulosin, prazosin, terazosin

What is the Sidena Pharmacy Consultation Guide?

The Sidena Pharmacy Consultation Guide, included in this document, has been provided as an optional tool to help you when assessing men to accurately validate their suitability for treatment. It also provides information which will enable you to offer valuable health advice for men regardless of whether or not they are suitable for the product.

There is no mandatory requirement to use the Pharmacy Consultation Guide; it is your professional judgement to decide when and how to use as an aid in deciding whether to supply Sidena to the man. The recommendation, however, is to use the supplied questions as a framework to assess suitability. You may also wish to check the patient's medication record to check their concomitant conditions, such as hepatic disease or renal impairment, and medication intake, such as nitrate use.

The Sidena Pharmacy Consultation Guide includes an assessment of the man's overall fitness for sex, by determining if he gets out of breath or experiences chest pain when he undertakes physical activity. It is also important to understand if the man has any other medical issues that could mean the product is not suitable for him. These may include cardiovascular problems, such as a recent heart attack or stroke which would be revealed through questioning, so the following should be considered:

- There is a degree of cardiac risk associated with sexual activity, although the risk is small in those with stable CVD
- Checking the man's fitness for sex will help identify his CV risk; those with a low risk can be initiated on Sidena and reminded to follow up with their GP as soon as possible within 6 months
- It also helps identify men at higher risk of CV problems who would benefit from further investigation by their doctor, ideally as soon as possible

Those patients who do not receive the product should be provided with the reason for non-supply and advised to go to the doctor. A tear off piece is included at the bottom of the Pharmacy Consultation Guide for this purpose and contains a section to provide a written explanation of the reason for non-supply. The patient can then take the slip with them to the doctor to help start the conversation.

Sidena 50 mg Tablets (sildenafil)

Pharmacy Consultation Guide

The following has been created as a useful aide-memoire to help determine whether your patient is suitable for Sidena 50 mg tablets, or whether he should be seen by a doctor for further advice. Use of the Pharmacy Consultation Guide is optional, and you should use your professional judgement to decide when and how to use it. The Essential Information for the Supply of Sidena provides additional background information in relation to the supply of this product.

If the patient has previously been supplied with Sidena, he should be asked if anything has changed with respect to his health status or medicines usage. There is no need to repeat the questions below prior to resupply in that case. Remind the patient to make an appointment with his doctor as soon as he can within the first 6 months of starting to use Sidena, to ensure that their erection problems are not caused by any serious health condition. If any factors have changed, Sections 2–4 should be reviewed again. The repeat supply tear-off slip (below) can also be given to the man.

1. Who is Sidena for?

Sidena is only intended for men 18 years and older who are experiencing erectile dysfunction (ED) (i.e., difficulty in getting and/or maintaining an erection satisfactory for sexual performance).
This product must not be supplied to men who do not have ED.

It is important to confirm if the man is already receiving treatment for the condition. Men currently prescribed 50 mg of sildenafil can be supplied this product if they meet the criteria for pharmacy supply, provided they do not take more than 50 mg daily. If the man is using a different dose of sildenafil or another ED treatment, he should be referred to his doctor.

Additional advice

You should consider possible causes of erectile dysfunction, such as undiagnosed depression, anxiety, excessive alcohol use and taking certain medicines. Examples of classes of medicines that cause ED include diuretics, anti-hypertensives,

corticosteroids, anticonvulsants and recreational drugs.

Whilst it may be appropriate to supply the product, you should provide lifestyle advice and recommend a follow-up with a doctor.

2. Check patient's cardiovascular (CV) health

If the patient answers **YES** to any of the following: **do not supply the product** and refer to the doctor. If you have any reason to consider, based on physical status, the patient should not be using this product, refer to the doctor.

- Y N Has your doctor advised that you are not fit enough for any physical and/or sexual activity?
- Y N Do you feel very breathless or experience chest pain with light or moderate physical activity, such as walking briskly for 20 minutes or climbing two flights of stairs?
- Y N Have you had a heart attack or stroke within the last 6 months?
- Y N Do you have any other heart problems or are you under a doctor's care for any of the following:
  - Low blood pressure or uncontrolled high blood pressure
  - Unstable angina (chest pain), irregular heartbeat or palpitations (arrhythmia)
  - A problem with one of the valves in your heart (valvular heart disease)
  - A problem where the heart muscle becomes inflamed and does not work as well as it should (cardiomyopathy)
  - Heart problems causing blood flow issues (e.g. left ventricular outflow obstruction, aortic narrowing) or severe cardiac failure

3. Check concomitant medication use

Please check what other medicines the patient is taking.
If the patient answers **YES** to any of the following or if there is uncertainty around the patient's current medications: **do not supply the product** and refer to the doctor.

- Y N Are you taking nitrates (nicorandil or other nitric oxide donors e.g. glyceryl trinitrate, isosorbide mononitrate or isosorbide dinitrate) for chest pain?
- Y N Are you using drugs called 'poppers' for recreational purposes (e.g. amyl nitrite)?
- Y N Are you taking riociguat or other guanylate cyclase stimulators for lung problems?
- Y N Are you taking ritonavir (for HIV infection)?
- Y N Are you taking any CYP3A4 inhibitors, e.g. saquinavir (to treat HIV infection), cimetidine (a heartburn treatment), itraconazole or ketoconazole (to treat fungal infections), erythromycin or rifampicin (antibiotics) or diltiazem (for high blood pressure)?
- Y N Are you taking any alpha-blockers, such as alfuzosin, doxazosin or tamsulosin, which are medicines to treat urinary problems due to enlarged prostate (benign prostatic hyperplasia) or occasionally to treat high blood pressure?

4. Check concomitant conditions

If the patient answers **YES** to any of the following: **do not supply the product** and refer to the doctor.

- Y N Do you have Peyronie's disease or any other deformation of the penis?
- Y N Have ever had loss of vision because of damage to the optic nerve (such as non-arteritic anterior ischaemic optic neuropathy [NAION]) or have an inherited eye disease (such as retinitis pigmentosa)?
- Y N Do you have previously diagnosed hepatic (liver) disease (including cirrhosis of the liver) or severe renal (kidney) impairment?
- Y N Do you have any of the following: sickle cell anaemia, multiple myeloma or leukaemia?
- Y N Do you have any bleeding issues (e.g. haemophilia) or have active stomach ulcers?

Dear Doctor,

Please can you review this patient in relation to erectile dysfunction. We had a discussion in this pharmacy, but he was not suitable for supply of Sidena due to his [delete as appropriate] cardiovascular health/interacting medicines/other condition:

PHARMACY STAMP

Pharmacist signature: ..... Date: .....

Please keep this slip and present to the Pharmacist when you next wish to purchase Sidena.

PHARMACY STAMP

Before resupplying your Pharmacist will need to assess you to ensure that there have been no changes in your health or medications since the last time you received the product.

Pharmacist signature: ..... Date: .....

Points for counselling and other information

Please follow these points to ensure that your patient is counselled appropriately whether they are supplied the product or not.

Advice for men who have not been supplied Sidena

Men who have not been supplied Sidena because of their cardiovascular health, interacting medicines or another concern must be told to see their GP as soon as they can within 6 months. The tear-off slip (below) can be filled in and given to the man to facilitate his discussion with the doctor.

Advice for men who have been supplied Sidena

Men should be advised:

- They should schedule a health check-up with their doctor as soon as possible within the first 6 months of starting to use Sidena to ensure that their erection problems are not caused by any serious health condition
- Sidena is only intended for men 18 years and older who have erectile dysfunction (ED). Men who do not have ED will not benefit from using this product
- Take one tablet approximately 1 hour before planning to have sexual intercourse. Sidena can start to work within 30 minutes
- Take with or without food, but Sidena may take longer to work after a high-fat meal
- Do not take with grapefruit or grapefruit juice, as it may affect the way the medicine works
- The maximum recommended dosing frequency is one 50 mg tablet per day
- They may need to take Sidena a number of times on different occasions (a maximum of one 50 mg tablet per day), before they can achieve a penile erection satisfactory for sexual activity. If, after several attempts on different dosing occasions, patients are still not able to achieve a penile erection sufficient for satisfactory sexual activity, they should be advised to consult a doctor.
- Medicines containing any nitrates (e.g. glyceryl trinitrate, isosorbide mononitrate, isosorbide dinitrate, amyl nitrite also known as 'poppers'), or nitric oxide donors (e.g. sodium nitroprusside or nicorandil), must NOT be used at the same time as Sidena as this combination may lead to a dangerous fall in blood pressure
- Men should tell their doctor that they have started taking Sidena, especially if they are started on any new medicines
- Remind patients about common side effects. These include: headache, flushing, dyspepsia, nasal congestion, dizziness, nausea, visual disturbance, cyanopsia (blue-tinted vision) and blurred vision.

Note: If any of these become a concern, advise the patient to talk with a pharmacist or doctor.

Men should be advised to STOP TAKING Sidena and seek medical attention IMMEDIATELY if they experience any of the following SERIOUS side effects. Side effects can be reported by patients or pharmacists via HPRA Pharmacovigilance. Website: www.hpra.ie. By reporting side effects, you can help provide more information on the safety of this medicine.

- Chest pains: If this occurs before, during or after intercourse, they should get into a semi-sitting position and try to relax. Nitrates must NOT be used to treat chest pains
- A persistent and sometimes painful erection lasting longer than 4 hours
- A sudden decrease or loss of vision
- An allergic reaction. Symptoms include sudden wheeziness, difficulty breathing or dizziness, swelling of the eyelids, face, lips or throat
- Serious skin reactions such as Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Syndrome (TEN). Symptoms may include severe peeling and swelling of the skin, blistering of the mouth, genitals and around the eyes, fever
- Seizures or fits

Follow up advice for all men

- ED can be associated with a number of contributing conditions, e.g. hypertension, diabetes mellitus, hypercholesterolaemia or cardiovascular disease. As a result, all men with ED should be advised to consult their doctor within 6 months for a clinical review of potential underlying conditions and risk factors associated with ED
- Provide appropriate advice on lifestyle factors and general healthy living, including:
  - Losing weight
  - Giving up smoking
  - Cutting back on alcohol/recreational drugs
  - Exercising regularly
  - Reducing stress
- You may also want to check if the man is buying products from unregulated sources. It is important to explain these products are not tested for their safety or effectiveness, may not contain the ingredients listed within them and are therefore potentially dangerous, unlike product sourced from a pharmacy and medicines obtained via prescription from the doctor

Your Pharmacist has supplied you with Sidena today for your personal use.

Please make an appointment to see your GP as soon as you can within 6 months of the date of first receiving Sidena (see date on reverse) to check for underlying medical problems that can sometimes be associated with erectile dysfunction.

You have not been provided with Sidena for ED today as it may not be suitable for you to take without consulting your doctor. You should go to see your doctor to discuss other suitable options.

Please make an appointment to see your GP as soon as you can within the next 6 months and present this slip.

Advice for men who are suitable for Sidena

Advise patients:

- The product is only for men aged 18 years and over who have ED. Men who do not have ED will not benefit from this product
- To avoid taking nitrates (e.g. glyceryl trinitrate, isosorbide mononitrate, isosorbide dinitrate), nitric oxide donors (e.g. sodium nitroprusside or nicorandil) or amyl nitrite ("poppers") as these can cause a dangerous drop in blood pressure when used in combination with Sidena
- During any interaction with their doctor men should tell their doctor that they have started taking Sidena, especially if they are started on any new medicines
- Men should not take after excessive drinking as Sidena may be less effective. Excessive alcohol consumption can impact sexual function, as it acts as a central nervous system depressant and can impair motor and cognitive function
- How to take Sidena:
  - Take 1 tablet approximately 1 hour before planning to have sexual intercourse or to masturbate
  - Swallow the tablet whole, with water
  - Do not take more than 1 tablet per day
  - Sidena can start to work within 30 minutes, but men are still able to obtain an erection in response to sexual stimulation for up to 4 hours post-dose
  - Sidena can be taken with or without food but may take longer to work after a high-fat meal
  - Avoid grapefruit juice as this may increase sildenafil levels in the blood
- For most men, Sidena will work the first or second time they try it. For men who have not been able to have sexual intercourse for some time, it can take additional attempts to obtain maximum benefit. 74% of men will respond to Sidena (sildenafil 50 mg).[15] If after several attempts (up to 8 separate dosing occasions) on different dosing occasions, patients are still not able to achieve a penile erection sufficient for satisfactory sexual activity, they should be advised to consult their doctor.
- One Sidena tablet can be taken daily, men should be advised to visit their doctor as soon as possible within 6 months of starting the product for a general health check-up. Once reviewed by their doctor, they can continue using the product, providing there is no change in their circumstances (health or medication).
- If they experience any of the serious side effects detailed in the Side Effect section below, they should stop taking Sidena and seek IMMEDIATE medical advice.

What if a patient takes more than the recommended dose of Sidena?

Data show that at doses 16 times the Sidena dosage, adverse reactions were similar to those seen at lower doses, but the incidence rates and severities were increased. If you are concerned a patient has taken an overdose, refer them immediately to the nearest Hospital Emergency Department or their on-call GP.

Are there any side effects associated with Sidena?

Sildenafil is generally well tolerated and side effects reported in association with its use are usually transient and mild-to-moderate in intensity.

Patients who experience any of the following after taking Sidena should be advised to STOP TAKING Sidena and seek IMMEDIATE medical advice:

- Chest pain, dizziness, feeling of faintness or nausea during or after sex. Nitrates must NOT be used to treat chest pains
- A persistent and sometimes painful erection that lasts more than 4 hours
- A sudden decrease in vision or hearing
- Allergic reaction including sudden wheeziness, difficulty breathing, dizziness or swelling of eyelids, face, lips and throat

A full list of side effects experienced with Sidena can be found in the SmPC which is available on www.hpra.ie.

The most commonly reported side effects in the use of Sidena are:

- Headache
- Facial flushing, hot flush
- Dyspepsia
- Nausea
- Nasal congestion
- Dizziness
- Visual disturbance, blurred vision and blue-tinted vision (cyanopsia)

Advice for men who are not suitable for Sidena

- Temporary change in colour vision

Please see Section 1 for men who must not take Sidena.

If unsuitable for Sidena, it is important to advise the man of the reason they are not suitable (e.g. it may be a contraindication or that he doesn't have ED). All men with ED should be referred to their GP to explore other suitable options and advised that they should do this as soon as possible within 6 months. Men should be encouraged to seek advice from their doctor for two reasons – because ED may be a symptom of other conditions that need medical attention and because, although Sidena is not suitable for them, the doctor may be able to prescribe medicines which are suitable.

Advice for all men

ED can be associated with a number of underlying conditions, e.g. hypertension, diabetes mellitus, hypercholesterolaemia or cardiovascular disease. As a result, all men with ED should be advised to consult their doctor within 6 months for a clinical review of potential underlying conditions and risk factors associated with ED.

Lifestyle advice and guidance should be provided to all men, as it can help to reduce the risk factors for ED:

- Weight management
- Healthy eating
- Regular exercise
- Reducing stress
- Quitting smoking
- Moderating alcohol consumption
- Avoiding recreational drugs

As well as helping to improve ED, these changes can also improve general health and may help to reduce the risk of CVD.

Essential information

Product Name: Sidena 50 mg tablet.
Composition: One tablet contains 50 mg sildenafil (as citrate).
Description: Light blue, round, slightly dotted tablet with cross breaking notch on one side and an imprint of "50" on the other side.
Indication(s): Erectile dysfunction in adult men.
Dosage: *Adults:* Recommended dose is one 50 mg tablet taken with water approximately one hour before sexual activity. Maximum recommended dosing frequency is once per day. If Sidena is taken with food, the onset of activity may be delayed compared to the fasted state.
Patients should be advised that they may need to take Sidena a number of times on different occasions (a maximum of one 50 mg tablet per day), before they can achieve a penile erection satisfactory for sexual activity. If after several attempts on different dosing occasions patients are still not able to achieve a penile erection sufficient for satisfactory sexual activity, they should be advised to consult a doctor. *Elderly:* Dosage adjustments are not required in elderly patients (> 65 years old). *Renal Impairment:* No dosage adjustments are required for patients with mild to moderate renal impairment. However, since sildenafil clearance is reduced in individuals with severe renal impairment (creatinine clearance <30ml/min), individuals previously diagnosed with severe renal impairment must be advised to consult their doctor before taking Sidena, since a 25 mg tablet may be more suitable for them (see Warnings and Precautions). *Hepatic Impairment:* Sildenafil clearance is reduced in individuals with hepatic impairment (e.g. cirrhosis). Individuals previously diagnosed with mild to moderate hepatic impairment must be advised to consult their

doctor before taking Sidena, since a 25 mg tablet may be more suitable for them (see Warnings and Precautions). The safety of sildenafil has not been studied in patients with severe hepatic impairment, and its use is therefore contraindicated (see Contraindications). *Use in patients taking other medicinal products:* Pharmacokinetic analysis of clinical trial data indicated a reduction in sildenafil clearance when co-administered with CYP3A4 inhibitors (such as ritonavir, ketoconazole, itraconazole, erythromycin, cimetidine). With the exception of ritonavir, for which co- administration with sildenafil is contraindicated (see Contraindications), individuals receiving concomitant treatment with CYP3A4 inhibitors must be advised to consult their doctor before taking Sidena, since a 25 mg tablet may be more suitable for them (see Warnings and Precautions). In order to minimise the potential of developing postural hypotension in patients receiving alpha blocker treatment (e.g. alfuzosin, doxazosin or tamsulosin), patients should be stabilised on alpha blocker therapy prior to initiating sildenafil treatment. Thus, patients taking alpha blockers must be advised to consult their doctor before taking Sidena, since a 25 mg tablet may be more suitable for them (see Warnings and Precautions).

Contraindications: Hypersensitivity to the active substance or to any of the excipients. Consistent with its known effects on the nitric oxide/cyclic guanosine monophosphate (cGMP) pathway, sildenafil was shown to potentiate the hypotensive effects of nitrates, and its co-administration with nitric oxide donors (such as amyl nitrite) or nitrates in any form is therefore contraindicated. Co- administration of Sidena with ritonavir (a highly potent P450 enzyme inhibitor) is contraindicated. The co-administration of phosphodiesterase type 5 (PDE5) inhibitors, including sildenafil, with guanylate cyclase stimulators, such as riociguat, is contraindicated as it may potentially lead to symptomatic hypotension. Agents for the treatment of erectile dysfunction, including sildenafil, should not be used by those men for whom sexual activity may be inadvisable, and these patients should be referred to their doctor. This includes patients with severe cardiovascular disorders such as a recent (6 months) acute myocardial infarction (AMI) or stroke, unstable angina or severe cardiac failure. Sildenafil should not be used in patients with severe hepatic impairment, hypotension (blood pressure < 90/50 mmHg) and known hereditary degenerative retinal disorders such as retinitis pigmentosa (a minority of these patients have genetic disorders of retinal phosphodiesterases). This is because the safety of sildenafil has not been studied in these sub-groups of patients, and its use is therefore contraindicated. Sildenafil 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. Sidena should not be used in patients with anatomical deformation of the penis (such as angulation, cavernosal fibrosis or Peyronie's disease). Sidena is not indicated for use by women. The product is not intended for men without erectile dysfunction. This product is not intended for men under 18 years of age.

Warnings and Precautions for Use: Erectile dysfunction can be associated with a number of contributing conditions, e.g. hypertension, diabetes mellitus, hypercholesterolaemia or cardiovascular disease. As a result, all men with erectile dysfunction should be advised to consult their doctor within 6 months for a clinical review of potential underlying conditions and risk factors associated with erectile dysfunction (ED). If symptoms of ED have not improved after taking Sidena on several consecutive occasions, or if their erectile dysfunction worsens, the patient should be advised to consult their doctor. *Cardiovascular risk factors:* Since there is a degree of cardiac risk associated with sexual activity, the cardiovascular status of men should be considered prior to initiation of therapy. Agents for the treatment of erectile dysfunction, including sildenafil, are not recommended to be used by those men who with light or moderate physical activity, such as walking briskly for 20 minutes or climbing 2 flights of stairs, feel very breathless or experience chest pain. *The following patients are considered at low cardiovascular risk from sexual activity:* patients who have been successfully revascularised (e.g. via coronary artery bypass grafting, stenting, or angioplasty), patients with asymptomatic controlled hypertension, and those with mild valvular disease. These patients may be suitable for treatment

but should consult a doctor before resuming sexual activity. *Patients previously diagnosed with the following must be advised to consult with their doctor before resuming sexual activity:* uncontrolled hypertension, moderate to severe valvular disease, left ventricular dysfunction, hypertrophic obstructive and other cardiomyopathies, or significant arrhythmias. Sildenafil has vasodilator properties, resulting in mild and transient decreases in blood pressure. Patients with increased susceptibility to vasodilators include those with left ventricular outflow obstruction (e.g. aortic stenosis), or those with the rare syndrome of multiple system atrophy manifesting as severely impaired autonomic control of blood pressure. Men with these conditions must not use the product without consulting a doctor. Sildenafil potentiates the hypotensive effect of nitrates (see Contraindications). Serious cardiovascular events, including myocardial infarction, unstable angina, sudden cardiac death, ventricular arrhythmia, cerebrovascular haemorrhage, transient ischaemic attack, hypertension and hypotension have been reported post-marketing in temporal association with the use of sildenafil. Most, but not all, of these patients had pre-existing cardiovascular risk factors. Many events were reported to occur during or shortly after sexual intercourse and a few were reported to occur shortly after the use of sildenafil without sexual activity. It is not possible to determine whether these events are related directly to these factors or to other factors. *Priapism:* Patients who have conditions which may predispose them to priapism (such as sickle cell anaemia, multiple myeloma or leukaemia), should consult a doctor before using agents for the treatment of erectile dysfunction, including sildenafil. Prolonged erections and priapism have been occasionally reported with sildenafil in post- marketing experience. In the event of an erection that persists longer than 4 hours, the patient should seek immediate medical assistance. If priapism is not treated immediately, penile tissue damage and permanent loss of potency could result**.** *Concomitant use with other treatments for erectile dysfunction:* The safety and efficacy of combinations of sildenafil with other treatments for erectile dysfunction have not been studied. Therefore, the use of such combinations is not recommended. *Effects on vision:* Cases of visual defects have been reported spontaneously in connection with the intake of sildenafil and other PDE5 inhibitors (see Side Effects). Cases of non-arteritic anterior ischaemic optic neuropathy, a rare condition, have been reported spontaneously and in an observational study in connection with the intake of sildenafil and other PDE5 inhibitors (see Side Effects). Patients should be advised that in the event of any sudden visual defect, they should stop taking Sidena and consult a physician immediately. *Concomitant use with CYP3A4 inhibitors:* Pharmacokinetic analysis of clinical trial data indicated a reduction in sildenafil clearance when co-administered with CYP3A4 inhibitors (such as ketoconazole, itraconazole, erythromycin, cimetidine). Although, no increased incidence of adverse events was observed in these patients, they should be advised to consult a doctor before taking Sidena as a 25 mg tablet may be more suitable for them. *Concomitant use with alpha-blockers*: Caution is advised when sildenafil is administered to patients taking an alpha-blocker, as the co-administration may lead to symptomatic hypotension in a few susceptible individuals. This is most likely to occur within 4 hours post sildenafil dosing. In order to minimise the potential for developing postural hypotension, patients should be hemodynamically stable on alpha-blocker therapy prior to initiating sildenafil treatment. Thus, patients taking alpha blockers should be advised to consult their doctor before taking Sidena as a 25 mg tablet may be more suitable for them. Treatment should be stopped if symptoms of postural hypotension occur, and patients should seek advice from their doctor on what to do. *Effect on bleeding:* Studies with human platelets indicate that sildenafil potentiates the antiaggregatory effect of sodium nitroprusside in vitro. There is no safety information on the administration of sildenafil to patients with bleeding disorders or active peptic ulceration. Therefore, the use of sildenafil is not recommended in those patients with history of bleeding disorders or active peptic ulceration and should only be administered after consultation with a doctor. *Hepatic impairment:* Patients with hepatic impairment must be advised to consult their doctor before taking Sidena, since a 25 mg tablet may be more suitable for them. *Renal impairment:* Patients with severe renal impairment (creatinine clearance <30

mL/min), must be advised to consult their doctor before taking Sidena, since a 25 mg tablet may be more suitable for them. *Sodium:* This medicinal product contains less than 1 mmol sodium (23 mg) per tablet. Patients on low sodium diets can be informed that this medicinal product is essentially 'sodium-free'. *Use with alcohol:* Drinking excessive alcohol can temporarily reduce a man's ability to get an erection. Men should be advised not to drink large amounts of alcohol before sexual activity.

Pregnancy and Lactation: Contraindicated for use in woman.

Ability to Drive and Use Machinery: As dizziness and altered vision were reported in clinical trials with sildenafil, patients should be aware of how they react to sildenafil, before driving or operating machinery.

Undesirable Effects: The most commonly reported adverse reactions in clinical studies among sildenafil treated patients were headache, flushing, dyspepsia, nasal congestion, dizziness, nausea, hot flush, visual disturbance, cyanopsia and vision blurred. Adverse reactions from post-marketing surveillance have been gathered covering an estimated period >10 years. Because not all adverse reactions are reported to the Marketing Authorisation Holder and included in the safety database, the frequencies of these reactions cannot be reliably determined. *Very Common* (≥ 1/10): Headache. *Common* (≥ 1/100 and <1/10): Dizziness, Visual colour distortions (Chloropsia, Chromatopsia, Cyanopsia, Erythropsia and Xanthopsia), Visual disturbance, Vision blurred, Flushing, Hot flush, Nasal congestion, Nausea, Dyspepsia. *Uncommon* (≥ 1/1,000 and <1/100): Rhinitis, Hypersensitivity; Somnolence; Hypoaesthesia, Lacrimation disorders (Dry eye, Lacrimal disorder and Lacrimation increased), Eye pain, Photophobia, Photopsia, Ocular hyperaemia, Visual brightness, Conjunctivitis, Vertigo, Tinnitus, Tachycardia, Palpitations, Hypertension, Hypotension, Epistaxis, Sinus congestion, Gastro Oesophageal reflux disease, Vomiting, Abdominal pain upper, Dry mouth, Rash, Myalgia, Pain in extremity, Haematuria, Chest pain, Fatigue, Feeling hot, Heart rate increased. *Rare* (≥ 1/10,000 and <1/1,000): Cerebrovascular accident, Transient ischaemic attack, Seizure, Seizure recurrence, Syncope, Non-arteritic anterior ischaemic optic neuropathy (NAION), Retinal vascular occlusion, Retinal haemorrhage, Arteriosclerotic retinopathy, Retinal disorder, Glaucoma, Visual field defect, Diplopia, Visual acuity reduced, Myopia, Asthenopia, Vitreous floaters, Iris disorder, Mydriasis, Halo vision, Eye oedema, Eye swelling, Eye disorder, Conjunctival hyperaemia, Eye irritation, Abnormal sensation in eye, Eyelid oedema, Scleral discoloration, Deafness, Sudden cardiac death, Myocardial infarction, Ventricular arrhythmia, Atrial fibrillation, Unstable angina, Throat tightness, Nasal oedema, Nasal dryness, Hypoaesthesia oral, Stevens-Johnson Syndrome (SJS), Toxic Epidermal Necrolysis (TEN), Penile haemorrhage, Priapism, Haematospermia, Erection increased, Irritability.

Marketing Authorisation Holder: Rowex Ltd., Bantry, Co. Cork.

Marketing Authorisation Number: PA 0711/170/002. Further information and SPC are available from: Rowex Ltd., Bantry, Co. Cork. Freephone: 1800 304 400 Fax: 027 50417
E-mail: rowex@rowa-pharma.ie

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Adverse events should be reported. Reporting forms and information can be found on the HPRA website (www.hpra.ie) or by emailing Rowex pv@rowa-pharma.ie