**PROFESSIONAL INFORMATION**

**DYNAFIL RANGE**

**SCHEDULING STATUS**

S4

## 1. NAME OF THE MEDICINE

**DYNAFIL 25 mg** tablets

**DYNAFIL 50 mg** tablets

**DYNAFIL 100 mg** tablets

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

DYNAFIL 25 mg: Each tablet contains sildenafil citrate equivalent to 25 mg sildenafil.

DYNAFIL 50 mg: Each tablet contains sildenafil citrate equivalent to 50 mg sildenafil.

DYNAFIL 100 mg: Each tablet contains sildenafil citrate equivalent to 100 mg sildenafil.

DYNAFIL contains sugar (lactose monohydrate) in the following quantities: DYNAFIL 25 mg (62,38 mg), DYNAFIL 50 mg (124,76 mg), DYNAFIL 100 mg (249,52 mg).

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Film coated tablet.

DYNAFIL 25 mg: Blue, elliptical, biconvex, 10,0 x 5,0 mm film coated tablets, with SL25 engraved on one side.

DYNAFIL 50 mg: Blue, elliptical, biconvex, 13,0 x 6,5 mm film coated tablets, with SL50 engraved on one side.

DYNAFIL 100 mg: Blue, elliptical, biconvex, 17,0 x 8,5 mm film coated tablets, with SL100 engraved on one side.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

DYNAFIL is indicated only for the treatment of erectile dysfunction.

DYNAFIL IS NOT AN APHRODISIAC.

### 4.2 Posology and method of administration

**Posology**

**Adults**

The recommended oral dose is 50 mg, taken if needed once a day approximately one hour before sexual intercourse.

The dose may be increased depending on the efficacy and toleration to 100 mg, or decreased to 25 mg using another formulation. The maximum recommended dose is 100 mg. The maximum recommended dosing frequency is once per day.

**Special populations**

***Elderly and patients with impaired renal or hepatic function***

In patients with reduced clearance, increased DYNAFIL plasma levels and an increase in the incidence of adverse events may occur. A starting dose of 25 mg should be considered in the following patient groups:

- Age > 65 (40 % increase in AUC)
- Hepatic impairment (e.g. cirrhosis, 80 %)
- Severe renal impairment (creatinine clearance < 30 mL/min, 100 %).

Another formulation should be used for patients requiring a dose of 25 mg.

***Patients using potent CYP 3A4 inhibitors***

Given the extent of the interaction with patients receiving concomitant therapy with cytochrome P450 3A4 inhibitors (e.g. ritonavir, erythromycin, saquinavir, ketoconazole, itraconazole), DYNAFIL should not be used concomitantly with these medicines (see section 4.3).

***Patients receiving alpha-blocker treatment***

Patients should be haemodynamically stable on alpha-blocker therapy prior to initiating DYNAFIL treatment in order to minimise the potential of developing postural hypotension (see section 4.4). A starting dose of 25 mg of another formulation should be considered.

DYNAFIL administration is contraindicated in patients who use nitric oxide donors or nitrates in any form as it was shown to potentiate the hypotensive effects of nitrates (see section 4.3).

**Paediatric population**

DYNAFIL is not indicated for use in children.

**Method of administration**

For oral use.

**4.3 Contraindications**

- Hypersensitivity to sildenafil or to any of the ingredients of DYNAFIL.
- Consistent with its known effects on the nitric oxide / cGMP pathway (see PHARMACOLOGICAL PROPERTIES), DYNAFIL 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. Doctors should discuss the contraindication of DYNAFIL with concurrent organic nitrates with their patients. Although plasma levels of sildenafil at 24 hours post dose are much lower than at peak concentration, it is unknown whether nitrates can be safely co-administered at this time point.
- Patients with severe hepatic impairment (e.g. cirrhosis), severe impairment of renal function (creatine clearance < 30 mL/min) not on haemodialysis or continuous ambulatory peritoneal dialysis.
- Concomitant use of DYNAFIL with potent cytochrome P450 3A4 inhibitors (e.g. erythromycin, ritonavir, saquinavir, ketoconazole and itraconazole).

- The co-administration of PDE5 inhibitors, including DYNAFIL, with guanylate cyclase stimulators, such as riociguat, is contraindicated as it may potentially lead to symptomatic hypotension (see section 4.5).
- Medicines for the treatment of erectile dysfunction, including DYNAFIL, should not be used in men for whom sexual activity is inadvisable (e.g. patients with severe cardiovascular disorders such as unstable angina or severe cardiac failure).
- Patients with non-arteritic anterior ischaemic optic neuropathy with loss of vision (see section 4.4).
- The safety of DYNAFIL has not been studied in the following sub-groups of patients and its use is therefore contraindicated: hypotension (blood pressure < 90/50 mmHg), recent history of stroke or myocardial infarction and known hereditary degenerative retinal disorders such as retinitis pigmentosa (a minority of these patients have genetic disorders of retinal phosphodiesterases).

**4.4 Special warnings and precautions for use**

There is a potential of cardiac risk with sexual activity in patients with pre-existing cardiovascular disease. Therefore, treatments for erectile dysfunction, including DYNAFIL, should generally not be used in men for whom sexual activity is inadvisable because of their underlying cardiovascular status.

A thorough medical history and physical examination should be undertaken to diagnose erectile dysfunction, determine potential underlying causes, and identify appropriate treatment.

*Cardiovascular risk factors:*

DYNAFIL has systemic vasodilatory properties that resulted in transient decreases in supine blood pressure in healthy volunteers. Medical practitioners should carefully consider whether their patients

with underlying cardiovascular disease could be affected adversely by such vasodilatory effects, especially in combination with sexual activity. Patients with increased susceptibility to vasodilators include those with left ventricular outflow obstruction (e.g. aortic stenosis, hypertrophic obstructive cardiomyopathy), or those with the rare syndrome of multiple system atrophy manifesting as severely impaired autonomic control of blood pressure.

DYNAFIL potentiates the hypotensive effect of nitrates (see section 4.3).

Serious cardiovascular events, including myocardial infarction, unstable angina, sudden cardiac death, ventricular dysrhythmia, cerebrovascular haemorrhage, transient ischaemic attack, hypertension and hypotension have been reported post-marketing in temporal association with the use of DYNAFIL. Some 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 DYNAFIL without sexual activity.

*Priapism:*

Prolonged erections and priapism have been reported with DYNAFIL in post-marketing experience. Patients should seek immediate medical assistance in the event of an erection that persists longer than 4 hours. Priapism (painful erections longer than 6 hours) should be treated immediately, as penile tissue damage and permanent loss of potency could result.

DYNAFIL 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).

*Concomitant use with other PDE5 inhibitors or other treatments for erectile dysfunction:*

Combinations of DYNAFIL with other treatments for erectile dysfunction is not recommended as the safety and efficacy of such combinations have not been studied.

*Concomitant use with alpha-blockers:*

Caution is advised when DYNAFIL is co-administered to patients taking an alpha-blocker;

administration may lead to symptomatic hypotension (see section 4.5). This is most likely to occur within 4 hours post DYNAFIL dosing (see section 4.5).

In order to minimise the potential for developing postural hypotension, patients should be haemodynamically stable on alpha-blocker therapy prior to initiating DYNAFIL treatment. Initiation of DYNAFIL at a dose of 25 mg should be considered (see section 4.2). In addition, doctors should advise patients what to do in the event of postural hypotensive symptoms.

*Sensorineural deafness:*

A sudden unilateral or bilateral decrease or loss of hearing (sensorineural deafness) with or without associated vestibular symptoms has been reported with the use of PDE5 inhibitors, including DYNAFIL.

There is insufficient information regarding the reversibility of the hearing loss and the role of underlying risk factors for hearing loss in individual subjects (see section 4.8).

*Effects on vision:*

Non-arteritic anterior ischaemic optic neuropathy (NAION) with some loss of vision or irreversible blindness has been reported with the use of selective phosphodiesterase type-5 inhibitors including sildenafil (contained in DYNAFIL). NAION appears to be a class effect of these medicines. Most of these patients had risk factors such as low cup to disc ratio (“crowded disc”), age over 50, diabetes, hypertension, coronary artery disease, hyperlipidaemia and smoking. Patients should be advised that in the event of any sudden visual defect they should stop taking DYNAFIL and consult their doctor immediately.

*Concomitant use with ritonavir:*

Co-administration of DYNAFIL with ritonavir is not advised (see section 4.5).

*Effect on bleeding:*

There are no controlled clinical data on the safety or efficacy of DYNAFIL in patients with bleeding

disorders or active peptic ulceration, therefore, DYNAFIL should be administered with caution.

DYNAFIL has no effect on bleeding time, including during co-administration with aspirin.

***Doctors should counsel patients on the following:***

DYNAFIL offers no protection against sexually transmitted diseases. Counselling of patients about the protective measures necessary to guard against sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV), may be considered.

The use of DYNAFIL could increase the risk for unwanted pregnancy and suitable contraceptive measures should be taken.

The potential of prolonged erections greater than 4 hours and priapism, the contraindication of DYNAFIL with regular and/or intermittent use of organic nitrates.

*Lactose:*

DYNAFIL contains lactose. Patients with the rare hereditary conditions of galactose intolerance, e.g. galactosaemia, Lapp lactase deficiency or glucose-galactose malabsorption should not take DYNAFIL.

DYNAFIL contains lactose which may have an effect on the glycaemic control of patients with diabetes mellitus.

*Women:*

DYNAFIL is not indicated for use by women.

**4.5 Interaction with other medicines and other forms of interaction**

Sildenafil may potentiate the hypotensive effect of acute and chronic nitrates. Therefore, the concomitant use of DYNAFIL and nitrates or nitric oxide donors is contraindicated (see section 4.3).

Ritonavir increases the plasma concentration of sildenafil significantly and such combinations should not be given (see section 4.4).

Preclinical studies showed additive systemic blood pressure lowering effect when PDE5 inhibitors were combined with riociguat. Concomitant use of riociguat with PDE5 inhibitors, including sildenafil, is contraindicated (see section 4.3).

**Effects of other medicines on DYNAFIL**

Inhibitors of cytochrome P450 (CYP) isoforms 3A4 (major route of sildenafil) and 2C9 (minor route of sildenafil) which may reduce sildenafil clearance, include the following: cimetidine, erythromycin, itraconazole, ketoconazole, mibefradil, HIV-protease inhibitors such as saquinavir.
Inducers of cytochrome P450 (CYP) isoform 3A4 may increase the metabolism and clearance of sildenafil such as rifampicin.

Nicorandil is a hybrid of potassium channel activator and nitrate. Due to the nitrate component it has the potential to result in a serious interaction with sildenafil as in DYNAFIL.
No effect of concomitant medication on sildenafil pharmacokinetics acting as CYP2C9 inhibitors (such as tolbutamide, warfarin), CYP2D6 inhibitors (such as selective serotonin reuptake inhibitors, tricyclic antidepressants), thiazide and related diuretics, loop and potassium sparing diuretics, ACE inhibitors, calcium channel blockers, beta-adrenoreceptor antagonists.

**Effects of DYNAFIL on other medicines**

Concomitant use of DYNAFIL and other antihypertensive medicines may potentiate the antihypertensive effect of these medicines. A mean additional reduction in supine blood pressure (systolic, 8 mmHg; diastolic, 7 mmHg) was observed in concomitant use of sildenafil and amlodipine (see sections 4.2 and 4.4).

Concomitant administration of DYNAFIL to patients taking alpha-blocker therapy may lead to symptomatic hypotension in a few susceptible individuals. This is most likely to occur within 4 hours post sildenafil dosing (see sections 4.2 and 4.4). When sildenafil and doxazosin were administered simultaneously to patients stabilized on doxazosin therapy, there were infrequent reports of patients

who experienced symptomatic postural hypotension. These reports included dizziness and light-headedness, but not syncope.

Grapefruit juice is a weak inhibitor of CYP3A4 gut wall metabolism and may give rise to modest increases in plasma levels of sildenafil.

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

No significant interactions were shown between DYNAFIL and tolbutamide (250 mg) or warfarin (40 mg), both being metabolised by CYP2C9 isoenzyme. Sildenafil (50 mg) did not potentiate the hypotensive effects of alcohol in healthy volunteers with mean maximum blood alcohol levels of 80 mg/dl.

In healthy male volunteers, sildenafil at steady state (80 mg t.i.d.) resulted in a 49,8 % increase in bosentan AUC and a 42 % increase in bosentan $C_{max}$ (125 mg b.i.d.).

**4.6 Fertility, pregnancy and lactation**

DYNAFIL is not indicated for use in women. DYNAFIL was not found to be carcinogenic, teratogenic, embryotoxic or fetotoxic in animal studies. Single 100 mg oral doses of sildenafil did not impair sperm motility or morphology.

**4.7 Effects on ability to drive and use machines**

DYNAFIL can lead to dizziness and altered vision.

Patients should be advised not to drive or operate hazardous machinery or perform hazardous tasks, until they know how DYNAFIL affects them.

**4.8 Undesirable effects**

**Summary of the safety profile**

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 blurred vision.

**Tabulated list of adverse effects**

| System Organ Class | Frequency | Side effects |
|---|---|---|
| Infections and Infestations | Frequent<br>Less frequent | Flu syndrome<br>Respiratory tract infection, herpes simplex, pharyngitis, bronchitis, sinusitis, urinary tract infection, laryngitis |
| Blood and lymphatic system disorders | Less frequent | Anaemia, leukopenia |
| Immune system disorders | Less frequent<br>Frequency unknown | Allergic reaction<br>Hypersensitivity (including skin reactions)* |
| Metabolism and nutrition disorders | Less frequent | Thirst, oedema, gout, unstable diabetes, hyperglycaemia, hyperuricaemia, hypoglycaemic reaction, hypernatraemia |
| Psychiatric disorders | Less frequent | Depression, abnormal dreams |
| Nervous system disorders | Frequent<br>Less frequent | Insomnia,<br>headache, dizziness, pyrexia<br>Ataxia, hypertonia, neuralgia, neuropathy, paraesthesia, tremor, vertigo, somnolence, migraine, decreased reflexes, hypoaesthesia |

| | | |
|---|---|---|
| | Frequency unknown | Seizure*, seizure recurrence* |
| Eye disorders | Frequent<br><br><br><br><br><br>Less frequent | Abnormal vision (increased perception of light, blurred vision), chromatopsia (mild and transient, predominantly colour tinge to vision)<br>Conjunctivitis, photophobia, dry eyes, eye haemorrhage, eye pain, cataract, ocular redness*, mydriasis*, diplopia*, temporary vision loss/decreased vision*, lacrimation disorders*, photopsia*, ocular hyperaemia*, non-arteritic anterior ischaemic optic neuropathy (NAION)*, retinal vascular occlusion*, retinal haemorrhage*, arteriosclerotic retinopathy*, retinal disorder*, glaucoma*, visual field defect*, visual acuity reduced*, myopia*, asthenopia*, vitreous floaters*, iris disorder*, halo vision*, eye oedema*, eye swelling*, eye disorder*, conjunctival hyperaemia*, eye irritation*, abnormal sensation in eye*, eyelid oedema*, scleral discolouration* |
| Gastrointestinal disorders | Frequent<br>Less frequent | Dyspepsia<br>Vomiting, glossitis, colitis, dysphagia, gastritis, gastroenteritis, oesophagitis, |

| | | |
|---|---|---|
| | | stomatitis, dry mouth, diarrhoea, nausea, abdominal pain, gingivitis, rectal haemorrhage, gastro-oesophagael reflux disease (GORD) |
| Ear and labyrinth disorders | Less frequent | Tinnitus, deafness, ear pain |
| Cardiac disorders | Frequent<br>Less frequent | Palpitations<br>Myocardial infarction*, sudden cardiac death*, ventricular dysrhythmia*, cerebrovascular haemorrhage, transient ischaemic attack, tachycardia, angina pectoris, unstable angina, AV block, cardiac arrest, heart failure, abnormal electrocardiogram, cardiomyopathy |
| Vascular disorders | Frequent<br>Less frequent | Vasodilation, flushing, hot flushes<br>Hypotension, hypertension, syncope, postural hypotension, epistaxis |
| Respiratory, thoracic and mediastinal disorders | Frequent<br>Less frequent | Nasal congestion, rhinitis<br>Respiratory disorders, dyspnoea, asthma, cough increased, sputum increased, throat tightness, nasal oedema, nasal dryness |
| Hepato-biliary disorders | Less frequent | Liver function tests abnormal |
| Skin and subcutaneous tissue disorders | Frequent<br>Less frequent | Flushing, erythema<br>Urticaria, pruritus, sweating, skin ulcer, contact dermatitis, exfoliative |

| | | |
|---|---|---|
| | | dermatitis, photosensitivity reaction Stevens Johnson Syndrome*, toxic Epidermal Necrolysis (TEN)* |
| Musculoskeletal, connective tissue and bone disorders | Less frequent | Arthralgia, myalgia, back pain, tenosynovitis, synovitis, arthritis, tendon rupture, arthrosis, bone pain, myasthenia |
| Renal and urinary disorders | Less frequent | Cystitis, nocturia, urinary frequency/incontinence, haematuria |
| Reproductive system and breast disorders | Less frequent | Priapism*, gynaecomastia, abnormal ejaculation, prostatic disorder, genital oedema, penile haemorrhage, haematospermia, anorgasmia |
| General disorders and administrative site conditions | Less frequent | Face oedema, shock, asthenia, pain, chest pain, chills, peripheral oedema |
| Injury and poisoning | Less frequent | Accidental injury/fall |

*****Reported during post-marketing surveillance only

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 providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications:

https://www.sahpra.org.za/Publications/Index/8

**4.9 Overdose**

Signs and symptoms:

In studies with healthy volunteers, of single doses up to 800 mg, adverse events were similar to those

seen at lower doses but incidence rates were increased.

Doses of 200 mg did not result in increased efficacy but the incidence of adverse reactions (headache, flushing, dizziness, dyspepsia, nasal congestion, altered vision) was increased.

Management of overdose:

Supportive measures should be adopted as required, in the event of an overdose. Renal dialysis is not expected to accelerate clearance as sildenafil is highly bound to plasma proteins and not eliminated in the urine.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Urologicals; Drugs used in erectile dysfunction.

ATC code: G04B E03

Pharmacological classification: A 7.1.5 Vasodilators – peripheral

*Mechanism of action:*

Sildenafil is a selective phosphodiesterase type 5 (PDE5) inhibitor, an enzyme responsible for degrading cyclic guanosine monophosphate (cGMP) in the corpus cavernosum.

Sildenafil facilitates the effect of nitric oxide on the corpus cavernosum tissue during sexual stimulation with increased cGMP levels, the smooth muscle is relaxed and blood flows into the corpus cavernosum producing an erection. Without sexual stimulation, sildenafil has no effect on erections.

Sildenafil increases blood flow to the penis in response to sexual stimulation, and thereby restores impaired erectile function.

### 5.2 Pharmacokinetic properties

**Absorption:**

Sildenafil is rapidly absorbed after an oral dose with a bioavailability of about 40 % (range 25 - 63 %). Peak plasma concentrations are reached within 30 to 120 minutes (median 60 minutes) of oral dosing

in the fasted state. The oral pharmacokinetics of sildenafil are proportional over the recommended dose range (25 – 100 mg). A high fat meal reduces absorption of sildenafil as shown by reducing the maximum plasma concentration ($C_{max}$) by 29 % and delaying time to peak concentration ($T_{max}$) by 60 minutes.

**Distribution:**

The mean steady state volume of distribution ($V_{ss}$) for sildenafil is 105 litres, indicating distribution into the tissues. Sildenafil and its major circulating N-desmethyl metabolite exhibit very high percentage (96 %) plasma protein binding, independent of total medicine concentrations. Less than 0,002 % (average 188 ng) of sildenafil remained in the semen of healthy volunteers at 90 minutes after dosing.

**Biotransformation:**

Hepatic metabolism of sildenafil is predominantly by the CYP3A4 (major route) and CYP2C9 (minor route) hepatic microsomal isoenzymes. Sildenafil is converted by N-demethylation to an active metabolite with a PDE selectivity profile similar to sildenafil and an in vitro potency for PDE5 approximately 50 % that of the parent compound. Plasma concentrations of this metabolite are approximately 40 % of those seen for sildenafil. The N-desmethyl metabolite is further metabolised, with a terminal half-life of approximately 4 hours.

**Elimination:**

The total body clearance of sildenafil is 41 L/h with a resultant terminal phase half-life of 3 – 5 hours. After either oral or intravenous administration, sildenafil is excreted as metabolites mainly in the faeces (approximately 80 % of administered oral dose) and to a lesser extent in the urine (approximately 13 % of administered oral dose).

**Pharmacokinetics in special patient groups**

***Elderly***

Healthy elderly volunteers 65 years or over cleared sildenafil less effectively from the plasma than did

healthy volunteers 18 to 45 years of age as shown by a 40 % increase of AUC in older adults.

***Renal Insufficiency***

Sildenafil clearance was reduced in volunteers with severe renal impairment with creatinine clearance values of $CL_{cr}$ ≤ 30 mL/min, resulting in increases in AUC (100 %) and $C_{max}$ (88 %) compared to age-matched volunteers with no renal impairment (see section 4.2). The pharmacokinetics of sildenafil were not altered in persons with mild to moderate renal impairment.

***Hepatic Insufficiency***

Sildenafil clearance was reduced in volunteers with hepatic cirrhosis (Child-Pugh A and B), resulting in increases in AUC by 84 % and $C_{max}$ by 47 % compared to age-matched volunteers with no hepatic impairment (see section 4.2).

**5.3 Preclinical safety data**

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

**6. PHARMACEUTICAL PARTICULARS**

**6.1 List of excipients**

*Cores:*

Croscarmellose sodium

Lactose monohydrate

magnesium stearate

microcrystalline cellulose

povidone.

*Coating - Opadry blue*

Hypromellose 6cP

Indigo carmine aluminium lake

Macrogol 6000

Titanium dioxide

**6.2 Incompatibilities**

Not applicable.

**6.3 Shelf life**

36 months

**6.4 Special precautions for storage**

Store at or below 25 °C. Protect from light and moisture.

Do not remove from outer carton until required for use.

**6.5 Nature and contents of container**

DYNAFIL 25 mg is packed into hard, silver-coloured aluminium foil / transparent PVC/PVDC film blister strips, containing 2 or 4 tablets each. Each outer carton contains 1 blister strip.

DYNAFIL 50 mg is packed into hard, silver-coloured aluminium foil / transparent PVC/PVDC film blister strips, containing 2 or 4 tablets each. Each outer carton contains 1 blister strip.

DYNAFIL 100 mg is packed into hard, silver-coloured aluminium foil / transparent PVC/PVDC film blister strips, containing 2 or 4 tablets each. Each outer carton contains 1 blister strip.

**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, Cape Town

7945, South Africa

## 8. REGISTRATION NUMBER(S)

DYNAFIL 25 mg: 42/7.1.5/1070*

DYNAFIL 50 mg: 42/7.1.5/1071

DYNAFIL 100 mg: 42/7.1.5/1072

*DYNAFIL 25 mg is currently not marketed in South Africa. Please use an alternative formulation if required.

## 9. DATE OF FIRST AUTHORISATION

Date of registration: 14 September 2012

## 10. DATE OF REVISION OF THE TEXT

15 March 2021

DYNAFIL 50 mg: NAM: NS2 13/7.1.5/0086

DYNAFIL 100 mg: NAM: NS2 13/7.1.5/0087