

# Avarante 10 mg film-coated tablets (tadalafil)

## Checklist

This short checklist is designed to help you and your pharmacist discuss Avarante and decide whether it is right for you. It should be completed as accurately as possible so that the pharmacist can give you the most appropriate advice and/or treatment. Please answer all of the questions by ticking the box that applies. The answers are needed to ensure that Avarante can be supplied appropriately, as it may not be suitable for you if you are taking certain medications or have certain medical conditions. The pharmacist will discuss the questions and your answers with you so any notes you make will help with this. If the pharmacist supplies Avarante to you, please read the leaflet carefully.

**Erectile dysfunction (ED) is a condition where men have trouble getting or keeping an erection hard enough to have satisfactory sexual activity. Avarante only treats ED in men who are 18 years of age or older.** If this does not describe you, please speak to the pharmacist for further advice.

Question	Answer
Do you have, or have you ever had a heart problem (including any problems with your heart, blood pressure, feeling dizzy, blurred vision or a stroke)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you feel very breathless or get chest pain if you walk fast for 20 minutes or climb 2 flights of stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever been prescribed any nitrate medicine used to treat or prevent chest pain (angina), heart attack or heart failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you using any recreational drugs (such as, but not limited to, 'poppers' [amyl nitrite] or cannabis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you taking any other regular medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have any health conditions? For example: <ul style="list-style-type: none"><li>• problems with your liver or kidneys</li><li>• blood diseases (e.g. leukaemia, sickle cell anaemia, multiple myeloma)</li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever had loss of vision because of damage to your optic nerve (known as NAION) or do you have an inherited eye disease (e.g. retinitis pigmentosa)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have Peyronie's disease or any other condition causing a change in the shape of your penis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have any allergies or intolerances (e.g. lactose intolerance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever experienced a sudden decrease or loss of hearing after taking a medicine for erectile problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Is there anything else you would like to tell the pharmacist about your health or medication?

Local version MM/YYYY

This RMM fulfils the conditions of the Marketing authorization for tadalafil non-prescription and has been approved by the MHRA on DD-MMM-YYYY