

## SUMMARY OF PRODUCT CHARACTERISTICS

### 1. NAME OF THE MEDICINAL PRODUCT

Desogestrel 75 microgram film-coated tablets

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 75 microgram of desogestrel

#### Excipients with known effect:

Lactose monohydrate 55 mg, soybean oil (maximum 0.026 mg).

For the full list of excipients, see section 6.1.

### 3. PHARMACEUTICAL FORM

Film-coated tablet.

White, round.

### 4. CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

Oral contraception

#### 4.2 Posology and method of administration

##### Posology

To achieve contraceptive effectiveness, Desogestrel 75 microgram film-coated tablets must be used as directed (see 'How to take Desogestrel 75 microgram film-coated tablets ' and 'How to start Desogestrel 75 microgram film-coated tablets').

##### Special populations

###### *Renal impairment*

No clinical studies have been performed in patients with renal impairment.

###### *Hepatic impairment*

No clinical studies have been performed in patients with hepatic insufficiency. Since the metabolism of steroid hormones might be impaired in patients with severe hepatic disease, the use of Desogestrel 75 microgram film-coated tablets in these women is not indicated as long as liver function values have not returned to normal (see section 4.3).

###### *Paediatric population*

The safety and efficacy of desogestrel in adolescents below 18 years has not been established. No data are available.

##### Method of administration

Oral use.

### **How to take Desogestrel 75 microgram film-coated tablets**

Tablets must be taken every day at about the same time so that the interval between two tablets always is 24 hours. The first tablet should be taken on the first day of menstrual bleeding. Thereafter one tablet each day is to be taken continuously, without taking any notice on possible bleeding. A new blister is started directly the day after the previous one.

### **How to start Desogestrel 75 microgram film-coated tablets**

#### No preceding hormonal contraceptive use [in the past month]

Tablet-taking has to start on day 1 of the woman's natural cycle (day 1 is the first day of her menstrual bleeding).

Starting on days 2-5 is allowed, but during the first cycle a barrier method is recommended for the first 7 days of tablet-taking.

#### Following first-trimester abortion:

After first-trimester abortion it is recommended to start immediately. In that case there is no need to use an additional method of contraception.

#### Following delivery or second-trimester abortion:

The woman should be advised to start any day between day 21 to 28 after delivery or second-trimester abortion. When starting later, she should be advised to additionally use a barrier method until completion of the first 7 days of tablet-taking. However, if intercourse has already occurred, pregnancy should be excluded before the actual start of Desogestrel 75 microgram film-coated tablets use or the woman has to wait for her first menstrual period.

For additional information for breastfeeding women see Section 4.6.

### **How to start Desogestrel 75 microgram film-coated tablets when changing from other contraceptive methods**

#### Changing from another combined oral contraceptive (combined hormonal contraceptive (COC), vaginal ring or transdermal patch)

The woman should start with Desogestrel 75 microgram film-coated tablets preferably on the day after the last active tablet (the last tablet containing the active substances) of her previous COC or on the day of removal of her vaginal ring or transdermal patch. In these cases, the use of an additional contraceptive is not necessary. Not all contraceptive methods may be available in all EU countries.

The woman may also start at the latest on the day following the usual tablet-free, patch-free, ring-free, or placebo tablet interval of her previous combined hormonal contraceptive, but during the first 7 days of tablet-taking an additional barrier method is recommended.

#### Changing from a progestogen-only method (minipill, injection, implant) or from a progestogen-releasing intrauterine system (IUS)

The woman may switch any day from the minipill (from an implant or the IUS on the day of its removal, from an injectable when the next injection would be due.

### **Management of missed tablets**

Contraceptive protection may be reduced if more than 36 hours have elapsed between two tablets. If the user is less than 12 hours late in taking any tablet, the missed tablet should be taken as soon as it is remembered and the next tablet should be taken at the usual time. If she is more than 12 hours late, she should use an additional method of contraception for the next 7 days. If tablets were missed in the first week after initiation of Desogestrel 75 microgram film-coated tablets and intercourse took place in the week before the tablets were missed, the possibility of a pregnancy should be considered.

### **Advice in case of gastrointestinal disturbances**

In case of severe gastrointestinal disturbance, absorption may not be complete and additional contraceptive measures should be taken.

If vomiting occurs within 3-4 hours after tablet taking absorption may not be complete. In such an event the advice concerning missed tablets as given in section 4.2 is applicable.

### **Treatment surveillance**

Before prescription, a thorough case history should be taken and a thorough gynaecological examination is recommended to exclude pregnancy. Bleeding disturbances, such as oligomenorrhoea and amenorrhoea should be investigated before prescription. The interval between check-ups depends on the circumstances in each individual case. If the prescribed product may conceivably influence latent or manifest disease (see section 4.4), the control examinations should be timed accordingly.

Despite the fact that Desogestrel 75 microgram film-coated tablets is taken regularly, bleeding disturbances may occur. If the bleeding is very frequent and irregular, another contraceptive method should be considered. If the symptoms persist, an organic cause should be ruled out.

Management of amenorrhoea during treatment depends on whether or not the tablets have been taken in accordance with the instructions and may include a pregnancy test.

The treatment should be stopped if a pregnancy occurs.

Women should be advised that Desogestrel 75 microgram film-coated tablets does not protect against HIV (AIDS) and other sexually transmitted diseases.

## **4.3 Contraindications**

- Active venous thromboembolic disorder.
- Presence or history of severe hepatic disease as long as liver function values have not returned to normal.
- Known or suspected sex-steroid sensitive malignancies.
- Undiagnosed vaginal bleeding.
- Hypersensitivity to the active substance, soya, peanut or to any of the excipients listed in section 6.1.

## **4.4 Special warnings and precautions for use**

If any of the conditions/risk factors mentioned below is present the benefits of progestogen use should be weighed against the possible risks for each individual woman and discussed with the woman before she decides to start Desogestrel 75 microgram film-coated tablets. In the event of aggravation, exacerbation, or first appearance of any of these conditions, the woman should contact her physician. The physician should then decide on whether the use of Desogestrel 75 microgram film-coated tablets should be discontinued.

The risk for breast cancer increases in general with increasing age. During the use of combined oral contraceptives (COCs) the risk for having breast cancer diagnosed is slightly increased. This increased risk disappears gradually within 10 years after discontinuation of COC use and is not related to the duration of use, but to the age of the woman when using the COC. The expected number of cases diagnosed per 10,000 women who use combined COCs (up to 10 years after stopping) relative to never users over the same period has been calculated for the respective age groups and is presented in the table below.

Age group	Expected cases COC-users	Expected cases non-users
16-19 years	4.5	4
20-24 years	17.5	16
25-29 years	48.7	44
30-34 years	110	100
35-39 years	180	160
40-44 years	260	230

The risk in users of progestogen-only contraceptives (POC), such as Desogestrel 75 microgram film-coated tablets, is possibly of similar magnitude as that associated with COCs. However, for POCs the evidence is less conclusive. Compared to the risk of getting breast cancer even in life, the increased risk associated with COCs is low. The cases of breast cancer diagnosed in COC users tend to be less advanced than in those who have not used COCs. The increased risk in COC users may be due to an earlier diagnosis, biological effects of the pill or a combination of both.

Since a biological effect of progestogens on liver cancer cannot be excluded an individual benefit/risk assessment should be made in women with liver cancer.

When acute or chronic disturbances of liver function occur, the woman should be referred to a specialist for examination and advice.

Epidemiological investigations have associated the use of COCs with an increased incidence of venous thromboembolism (VTE, deep venous thrombosis and pulmonary embolism). Although the clinical relevance of this finding for desogestrel used as a contraceptive in the absence of an oestrogenic component is unknown, Desogestrel 75 microgram film-coated tablets should be discontinued in the event of a thrombosis. Discontinuation of Desogestrel 75 microgram film-coated tablets should also be considered in case of long-term immobilisation due to surgery or illness. Women with a history of thrombo-embolic disorders should be made aware of the possibility of a recurrence.

Although progestogens may have an effect on peripheral insulin resistance and glucose tolerance, there is no evidence for a need to alter the therapeutic regimen in diabetics using progestogen-only pills. However, diabetic patients should be carefully observed during the first months of use.

If sustained hypertension develops during the use of Desogestrel 75 microgram film-coated tablets, or if a significant increase in blood pressure does not adequately respond to antihypertensive therapy, the discontinuation of Desogestrel 75 microgram film-coated tablets should be considered.

Treatment with Desogestrel 75 microgram film-coated tablets leads to decreased estradiol serum levels, to a level corresponding with the early follicular phase. It is as yet unknown whether the decrease has any clinically relevant effect on bone mineral density.

The protection with traditional progestogen-only pills against ectopic pregnancies is not as good as with combined oral contraceptives, which has been associated with the frequent occurrence of ovulations during the use of progestogen only pills. Despite the fact that Desogestrel 75 microgram film-coated tablets consistently inhibits ovulation, ectopic pregnancy should be taken into account in the differential diagnosis if the woman gets amenorrhoea or abdominal pain.

Chloasma may occasionally occur, especially in women with a history of chloasma gravidarum. Women with a tendency to chloasma should avoid exposure to the sun or ultraviolet radiation whilst taking Desogestrel 75 microgram film-coated tablets.

The following conditions have been reported both during pregnancy and during sex steroid use, but an association with the use of progestogens has not been established: jaundice and/or pruritus related to cholestasis; gallstone formation; porphyria; systemic lupus erythematosus; haemolytic uraemic syndrome; Sydenham's chorea; herpes gestations; otosclerosis-related hearing loss; (hereditary) angioedema.

Depressed mood and depression are well-known undesirable effects of hormonal contraceptive use (see section 4.8). Depression can be serious and is a well-known risk factor for suicidal behaviour and suicide. Women should be advised to contact their physician in case of mood changes and depressive symptoms, including shortly after initiating the treatment.

The efficacy of Desogestrel 75 microgram film-coated tablets may be reduced in the event of missed tablets (Section 4.2), gastro-intestinal disturbances (Section 4.2), or concomitant medications that decrease the plasma concentration of etonogestrel, the active metabolite of desogestrel (Section 4.5).

Each tablet of this medicinal product contains 55 mg of lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal.

#### Laboratory tests

Data obtained with COCs have shown that contraceptive steroids may influence the results of certain laboratory tests, including biochemical parameters of liver, thyroid, adrenal and renal function, serum levels of (carrier) proteins, e.g. corticosteroid binding globulin and lipid/lipoprotein fractions, parameters of carbohydrate metabolism and parameters of coagulation and fibrinolysis. The changes generally remain within the normal range. To what extent this also applies to progestogen-only contraceptives is not known.

## **4.5 Interaction with other medicinal products and other forms of interaction**

## **Interactions**

Note: The prescribing information of concomitant medications should be consulted to identify potential interactions.

***Effect of other medicinal products on Desogestrel 75 microgram film-coated tablets.*** Interactions can occur with medicinal products that induce microsomal enzymes, which can result in increased clearance of sex hormones and may lead to breakthrough bleeding and/or contraceptive failure.

### *Management*

Enzyme induction can occur after a few days of treatment. Maximum enzyme induction is generally observed within a few weeks. After drug therapy is discontinued, enzyme induction can last for about 4 weeks.

### *Short-term treatment*

Women on treatment with hepatic enzyme-inducing medicinal or herbal products should be advised that the efficacy of Desogestrel 75 microgram film-coated tablets may be reduced. A barrier contraceptive method should be used in addition to Desogestrel 75 microgram film-coated tablets. The barrier method must be used during the whole time of concomitant drug therapy and for 28 days after discontinuation of the hepatic enzyme-inducing medicinal product.

### *Long-term treatment*

For women on long-term treatment with enzyme-inducing medicinal products, an alternative method of contraception unaffected by enzyme-inducing medicinal products should be considered.

***Substances increasing the clearance of contraceptive hormones (diminished contraceptive efficacy by enzyme induction) e.g.:***

Barbiturates, bosentan, carbamazepine, phenytoin, primidone, rifampicin, efavirenz and possibly also felbamate, griseofulvin, oxcarbazepine, topiramate, rifabutin and products containing the herbal remedy St. John's Wort (*hypericum perforatum*).

***Substances with variable effects on the clearance of contraceptive hormones:***

When co-administered with hormonal contraceptives, many combinations of HIV protease inhibitors (e.g. ritonavir, nelfinavir) and non-nucleoside reverse transcriptase inhibitors (e.g. nevirapine) and/or combinations with Hepatitis C virus (HCV) medicinal products (e.g. boceprevir, telaprevir), can increase or decrease plasma concentrations of progestins. The net effect of these changes may be clinically relevant in some cases.

Therefore, the prescribing information of concomitant HIV/HCV medications should be consulted to identify potential interactions and any related recommendations. In case of any doubt, an additional barrier contraceptive method should be used by women on protease inhibitor or non-nucleoside reverse transcriptase inhibitor therapy.

***Substances decreasing the clearance of contraceptive hormones (enzyme inhibitors):***

Concomitant administration of strong (e.g. ketoconazole, itraconazole, clarithromycin) or moderate (e.g. fluconazole, diltiazem, erythromycin) CYP3A4 inhibitors may increase the serum concentrations of progestins, including etonogestrel, the active metabolite of desogestrel.

***Effects of Desogestrel 75 microgram film-coated tablets on other medicinal products:***

Hormonal contraceptives may interfere with the metabolism of other drugs. Accordingly, plasma and tissue concentrations of other active substances may either increase (e.g. ciclosporine) or decrease (e.g. lamotrigine).

## 4.6 Fertility, pregnancy and lactation

### Pregnancy

Desogestrel 75 microgram film-coated tablets is not indicated during pregnancy. When pregnancy occurs during treatment with Desogestrel 75 microgram film-coated tablets, further intake should be stopped.

Animal studies have shown that very high doses of progestagenic substances might cause masculinisation of female foetuses.

Extensive epidemiological studies have revealed neither an increased risk of birth defects in children born to women who used COCs before pregnancy, nor a teratogenic effect when COCs were taken inadvertently during early pregnancy. Pharmacovigilance data collected with various desogestrel-containing combined COCs also do not indicate an increased risk.

### Breast-feeding

Based on clinical study data, Desogestrel 75 microgram film-coated tablets does not appear to influence the production or the quality (protein, lactose, or fat concentrations) of breast milk. However, there have been infrequent postmarketing reports of a decrease in breast milk production while using Desogestrel 75 microgram film-coated tablets. Small amounts of etonogestrel are excreted in the breast milk. As a result, 0.01 - 0.05 microgram etonogestrel per kg body weight per day might be ingested by the child (based on an estimated milk ingestion of 150 ml/kg/day). Like other progestogen-only pills, Desogestrel 75 microgram film-coated tablets can be used during breast feeding.

Limited long-term follow up data are available on children, whose mothers started using Desogestrel 75 microgram film-coated tablets during the 4<sup>th</sup> to 8<sup>th</sup> weeks post-partum. They were breast-fed for 7 months and followed up to 1.5 years (n=32) or to 2.5 years (n=14) of age. Evaluation of growth and physical and psychomotor development did not indicate any differences compared with nursing infants, whose mother used a copper IUD. Based on the available data Desogestrel 75 microgram film-coated tablets may be used during lactation. The development and growth of a nursing infant, whose mother uses Desogestrel 75 microgram film-coated tablets, should however, be carefully observed.

### Fertility

Desogestrel 75 microgram film-coated tablets is indicated for the prevention of pregnancy. For information on return to fertility (ovulation), see section 5.1.

## 4.7 Effects on ability to drive and use machines

Desogestrel 75 microgram film-coated tablets has no or negligible influence on the ability to drive and use machines.

## 4.8 Undesirable effects

The most commonly reported undesirable effect in the clinical trials is bleeding irregularity. Some kind of bleeding irregularity has been reported in up to 50% of women using Desogestrel 75 microgram film-coated tablets. Since Desogestrel 75 microgram film-coated tablets causes ovulation inhibition close to 100%, in contrast to other progestogen-only pills, irregular bleeding is more common than with other progestogen-only pills. In 20 - 30% of the women, bleeding may become

more frequent, whereas in another 20% bleeding may become less frequent or totally absent. Vaginal bleeding may also be of longer duration. After a couple of months of treatment, bleedings tend to become less frequent. Information, counselling and a bleeding diary can improve the woman's acceptance of the bleeding pattern.

The most commonly reported other side effects in the clinical trials with Desogestrel 75 microgram film-coated tablets (> 2.5%) were acne, mood changes, breast pain, nausea and weight increase. The undesirable effects are mentioned in the table below.

All undesirable effects are listed by organ system class and frequency; common ( $\geq 1/100$ ), uncommon (1/1,000 to  $< 1/100$ ), and rare ( $< 1/1,000$ ).

System Organ Class (MedDRA)*	Frequency of adverse reactions		
	Common	Uncommon	Rare
Infections and infestations		vaginal infection	
Psychiatric disorders	mood altered, depressed mood, libido decreased		
Nervous system disorders	headache		
Eye disorders		contact lens intolerance	
Gastrointestinal disorders	nausea	vomiting	
Skin and subcutaneous tissue disorders	acne	alopecia	rash, urticaria, erythema nodosum
Reproductive system and breast disorders	breast pain, menstruation irregular, amenorrhoea	dysmenorrhoea, ovarian cyst	
General disorders and administration site conditions		fatigue	
Investigations	weight increased		

\* MedDRA version 9.0

Breast discharge may occur during use of Desogestrel 75 microgram film-coated tablets. On rare occasions, ectopic pregnancies have been reported (see section 4.4). In addition, (aggravation of) angioedema and/or aggravation of hereditary angioedema may occur (see section 4.4).

In women using (combined) oral contraceptives a number of (serious) undesirable effects have been reported. These include venous thromboembolic disorders, arterial thromboembolic disorders, hormone-dependent tumours (e.g. liver tumours, breast cancer) and chloasma some of which are discussed in more detail in section 4.4.

Breakthrough bleeding and/or contraceptive failure may result from interactions of other drugs (enzyme inducers) with hormonal contraceptives (see section 4.5).

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store.



## 4.9 Overdose

There have been no reports of serious adverse effects from overdose. Symptoms that may be caused by overdose are nausea, vomiting and, in young girls, slight vaginal bleeding. There are no antidotes and the treatment is symptomatic.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: hormonal contraceptives for systemic use,  
ATC code: G03AC09.

#### Mechanism of action

Desogestrel 75 microgram film-coated tablets is a progestogen-only pill, which contains the progestogen desogestrel. Like other progestogen-only pills, Desogestrel 75 microgram film-coated tablets is best suited for use during breast feeding and for women who may not or do not want to use oestrogens. In contrast to traditional progestogen-only pills, the contraceptive effect of Desogestrel 75 microgram film-coated tablets is achieved primarily by inhibition of ovulation. Other effects include increased viscosity of the cervical mucus.

#### Clinical efficacy and safety

When studied for 2 cycles, using a definition of ovulation as a progesterone level greater than 16 nmol/L for 5 consecutive days, the ovulation incidence was found to be 1% (1/103) with a 95% confidence interval of 0.02% - 5.29% in the ITT group (user and method failures). Ovulation inhibition was achieved from the first cycle of use. In this study, when Desogestrel 75 microgram film-coated tablets was discontinued after 2 cycles (56 continuous days) ovulation occurred on average after 17 days (range 7-30 days).

In a comparative efficacy trial (which allowed a maximum time of 3 hours for missed pills), the overall ITT Pearl-Index found for Desogestrel 75 microgram film-coated tablets was 0.4 (95% confidence interval 0.09% - 1.20%), compared to 1.6 (95% confidence interval 0.42% - 3.96%) for 30 µg levonorgestrel.

The Pearl-Index for Desogestrel 75 microgram film-coated tablets is comparable to the one historically found for COCs in the general COC-using population.

Treatment with Desogestrel 75 microgram film-coated tablets leads to decreased estradiol levels, to a level corresponding to the early follicular phase. No clinically relevant effects on carbohydrate metabolism, lipid metabolism and haemostasis have been observed.

#### Paediatric population

No clinical data on efficacy and safety are available in adolescents below 18 years.

### 5.2 Pharmacokinetic properties

#### *Absorption*

After oral dosing of Desogestrel 75 microgram film-coated tablets, desogestrel (DSG) is rapidly absorbed and converted into etonogestrel (ENG). Under steady-state conditions, peak serum levels

are reached 1.8 hours after tablet-intake and the absolute bioavailability of ENG is approximately 70%.

#### *Distribution*

ENG is 95.5-99% bound to serum proteins, predominantly to albumin and to a lesser extent to SHBG.

#### *Biotransformation*

DSG is metabolised via hydroxylation and dehydrogenation to the active metabolite ENG. ENG is primarily metabolised by the cytochrome P450 3A (CYP3A) isoenzyme and subsequently conjugated with sulphate and glucuronide.

#### *Elimination*

ENG is eliminated with a mean half-life of approximately 30 hours, with no difference between single and multiple dosing. Steady-state levels in plasma are reached after 4-5 days. The serum clearance after IV administration of ENG is approximately 10 l per hour. Excretion of ENG and its metabolites either as free steroid or as conjugates, is with urine and faeces (ratio 1.5:1). In lactating women, ENG is excreted in breast milk with a milk/serum ratio of 0.37-0.55.

Based on these data and an estimated milk intake of 150 ml/kg/day, 0.01 - 0.05 microgram etonogestrel may be ingested by the infant.

#### Special populations

##### *Effect of renal impairment*

No studies were performed to evaluate the effect of renal disease on the pharmacokinetics of DSG.

##### *Effect of hepatic impairment*

No studies were conducted to evaluate the effect of hepatic disease on the pharmacokinetics of DSG. However, steroid hormones may be poorly metabolized in women with impaired liver function.

##### *Ethnic groups*

No studies were performed to assess pharmacokinetics in ethnic groups.

### **5.3 Preclinical safety data**

Toxicological studies did not reveal any effects other than those, that can be explained from the hormonal properties of desogestrel.

#### Environmental Risk Assessment (ERA)

The active substance etonogestrel shows an environmental risk to fish.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### **Tablet core:**

Lactose monohydrate

Maize starch

Povidone K30  
 d- $\alpha$ -Tocopherol  
 Soybean oil  
 Silica, colloidal anhydrous  
 Silica, colloidal hydrated  
 Stearic acid

**Coating:**

Hypromellose 2910  
 Polyethylene Glycol  
 Titanium Dioxide (E 171)

**6.2 Incompatibilities**

Not applicable.

**6.3 Shelf life**

2 years.

**6.4 Special precautions for storage**

This medicinal product does not require any special storage conditions.

**6.5 Nature and contents of the container**

Blisters of aluminium push-through foil and PVC/PVDC film.

Pack sizes:

1 x 28 film-coated tablets  
 3 x 28 film-coated tablets  
 6 x 28 film-coated tablets

Not all pack sizes may be marketed.

**6.6 Special precautions for disposal and other handling**

The active substance etonogestrel shows an environmental risk to fish.  
 Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

**7. MARKETING AUTHORISATION HOLDER**

Laboratorios Leon Farma S.A  
 Pol. Ind. Navaejera  
 C/ La Vallina s/n  
 24008 - Navatejera (León), Spain

**8. MARKETING AUTHORISATION NUMBERS**

PL34518/0015

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

20/09/2012

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

August 2018

**Package leaflet: Information for the user**

**Desogestrel 75 microgram film-coated tablets**

**Desogestrel**

**Read all of this leaflet carefully before you start using this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, please ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

**What is in this leaflet**

1. What Desogestrel is and what it is used for
2. What you need to know before you take Desogestrel
3. How to take Desogestrel
4. Possible side effects
5. How to store Desogestrel
6. Contents of the pack and other information

**1. What Desogestrel is and what it is used for**

Desogestrel is used to prevent pregnancy. Desogestrel contains a small amount of one type of female sex hormone, the progestogen **desogestrel**. For this reason Desogestrel is called a progestogen-only-pill (POP).

Contrary to the combined pill, the POP does not contain an oestrogen hormone next to the progestogen.

Most POPs work primarily by preventing the sperm cells from entering the womb but they do not always prevent the egg cell from ripening, which is the primary action of combined pills. Desogestrel is different from most POPs in having a dose that in most cases is high enough to prevent the egg cell from ripening. As a result, Desogestrel provides high contraceptive efficacy. In contrast to the combined pill, Desogestrel can be used by women who do not tolerate oestrogens and by women who are breastfeeding.

A disadvantage is that vaginal bleeding may occur at irregular intervals during the

use of Desogestrel. You also may not have any bleeding at all.

**2. What you need to know before you take Desogestrel**

Desogestrel, like other hormonal contraceptives, does not protect against HIV infection (AIDS) or any other sexually transmitted disease.

**Do not take Desogestrel**

- if you are allergic to desogestrel, soya, peanut or any of the other ingredients of this medicine Desogestrel (listed in section 6).
- if you have a thrombosis. Thrombosis is the formation of a blood clot in a blood vessel (e.g. of the legs (deep venous thrombosis) or the lungs (pulmonary embolism)).
- if you have or have had jaundice (yellowing of the skin) or severe liver disease and your liver function is still not normal.
- if you have or if you are suspected of having a cancer that grows under the influence of sex-steroids, such as certain types of breast cancer.
- if you have any unexplained vaginal bleeding.
- 

Tell your doctor before you start to use Desogestrel if any of these conditions apply to you. Your doctor may advise you to use a non-hormonal method of birth control.

Consult your doctor immediately if any of these conditions appear for the first time while using Desogestrel.

### **Desogestrel Warnings and precautions**

Talk to your doctor before using Desogestrel, if

- you have ever had cancer of the breast.
- you have liver cancer, since a possible effect of Desogestrel cannot be excluded.
- you have ever had a thrombosis.
- you have diabetes.
- you suffer from epilepsy (see section 'Other medicines and Desogestrel').
- you suffer from tuberculosis (see section 'Other medicines and Desogestrel').
- you have high blood pressure.
- you have or have had chloasma (yellowish-brown pigmentation patches on the skin, particularly of the face); if so, avoid too much exposure to the sun or ultraviolet radiation.

#### **Psychiatric disorders:**

Some women using hormonal contraceptives including <product name> have reported depression or depressed mood. Depression can be serious and may sometimes lead to suicidal thoughts. If you experience mood changes and depressive symptoms contact your doctor for further medical advice as soon as possible.

When Desogestrel is used in the presence of any of these conditions, you may need to be kept under close observation. Your doctor can explain what to do.

### **Breast cancer**

Regularly check your breasts and contact your doctor as soon as possible if you feel any lump in your breasts.

Breast cancer has been found slightly more often in women who take the Pill than in women of the same age who do not take the Pill. If women stop taking the Pill, the risk gradually decreases, so that 10 years after stopping the risk is the same as for women who have never taken the Pill. Breast

cancer is rare under 40 years of age but the risk increases as the woman gets older. Therefore, the extra number of breast cancers diagnosed is higher if a woman continues to take the Pill when she is older. How long she takes the Pill is less important.

In every 10,000 women who take the Pill for up to 5 years but stop taking it by the age of 20, there would be less than 1 extra case of breast cancer found up to 10 years after stopping, in addition to the 4 cases normally diagnosed in this age group. Likewise, in 10,000 women who take the Pill for up to 5 years but stop taking it by the age of 30, there would be 5 extra cases in addition to the 44 cases normally diagnosed. In 10,000 women who take the Pill for up to 5 years but stop taking it by the age of 40, there would be 20 extra cases in addition to the 160 cases normally diagnosed.

The risk of breast cancer in users of progestogen-only pills like Desogestrel is believed to be similar to that in women who use the Pill, but the evidence is less conclusive.

Breast cancers found in women who take the Pill, seem less likely to have spread than breast cancers found in women who do not take the Pill. It is not known whether the difference in breast cancer risk is caused by the Pill. It may be that the women were examined more often, so that the breast cancer is noticed earlier.

### **Thrombosis**

See your doctor immediately, if you notice possible signs of a thrombosis (see also 'Regular Check-ups').

Thrombosis is the formation of a blood clot which may block a blood vessel. A thrombosis sometimes occurs in the deep veins of the legs (deep venous thrombosis). If this clot breaks away from the veins where it is formed, it may reach and block the arteries of the lungs, causing a so-called "pulmonary embolism". As a result, fatal situations may occur. Deep venous thrombosis is a rare occurrence. It can

develop whether or not you are taking the Pill. It can also happen if you become pregnant.

The risk is higher in Pill-users than in non-users. The risk with progestogen-only pills, like Desogestrel, is believed to be lower than in users of Pills that also contain oestrogens (combined Pills).

### **Children and adolescents**

No clinical data on efficacy and safety are available in adolescents below 18 years.

### **Other medicines and Desogestrel**

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines or herbal products. Also tell any other doctor or dentist who prescribes another medicine (or your pharmacist) that you take Desogestrel. They can tell you if you need to take additional contraceptive precautions (for example condoms) and if so, for how long or whether the use of another medicine you need must be changed.

Some medicines:

- can have an influence on the blood levels of Desogestrel.
- can make it **less effective in preventing pregnancy**.
- can cause unexpected bleeding.

Desogestrel

These include medicines used for the treatment of:

- epilepsy (e.g. primidone, phenytoin, carbamazepine, oxcarbazepine, felbamate, topiramate and phenobarbital);
- tuberculosis (e.g. rifampicin, rifabutin);
- HIV infections (e.g. ritonavir, nelfinavir, nevirapine, efavirenz);
- Hepatitis C virus infection (e.g. boceprevir, telaprevir);
- or other infectious diseases (e.g. griseofulvin);
- high blood pressure in the blood vessels of the lungs (bosentan);
- depressive moods (the herbal remedy St. John's wort);
- certain bacterial infections (e.g. clarithromycin, erythromycin);

- fungal infections (e.g. ketoconazole, itraconazole, fluconazole);
- high blood pressure (hypertension), angina or certain heart rhythm disorders (e.g. diltiazem).

If you are taking medicines or herbal products that might make Desogestrel less effective, a barrier contraceptive method should also be used. Since the effect of another medicine on Desogestrel may last up to 28 days after stopping the medicine, it is necessary to use the additional barrier contraceptive method for that long. Your doctor can tell you if you need to take additional contraceptive precautions and if so, for how long.

Desogestrel may also interfere with how other medicines work, causing either an increase in effect (e.g. medicines containing ciclosporine) or a decrease in effect (e.g. lamotrigine).

Ask your doctor or pharmacist for advice before taking any medicine.

### **Pregnancy and breast-feeding**

#### **Pregnancy**

Do not use Desogestrel if you are pregnant, or think you may be pregnant.

#### **Breast-feeding**

Desogestrel may be used while you are breast-feeding. Desogestrel does not appear to influence the production or the quality of breast milk. However, there have been infrequent reports of a decrease in breast milk production while using Desogestrel. A small amount of the active substance of Desogestrel passes over into the milk.

The health of children breast-fed for 7 months whose mothers were using Desogestrel has been studied up to 2.5 years of age. No effects on the growth and development of the children were observed.

If you are breast-feeding and want to use Desogestrel, please contact your doctor.

### **Driving and using machines**

There are no indications of any effect of the use of Desogestrel on alertness and concentration.

### **Desogestrel Desogestrel contains lactose and soya oil**

Desogestrel contains lactose (milk sugar). If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

If you are allergic to peanut or soya, do not use this medicinal product.

#### **Regular check-ups**

When you are using Desogestrel, your doctor will tell you to return for regular check-ups. In general, the frequency and nature of these check-ups will depend on your personal situation.

#### **Contact your doctor as soon as possible if:**

- you have severe pain or swelling in either of your legs, unexplained pains in the chest, breathlessness, an unusual cough, especially when you cough up blood (possibly a sign of a **thrombosis**).
- you have a sudden, severe stomach ache or look jaundiced (possibly a sign of **liver problems**);
- you feel a lump in your breast (possibly a sign of **breast cancer**);
- you have a sudden or severe pain in the lower abdomen or stomach area (possibly a sign of an **ectopic pregnancy**, this is a pregnancy outside the womb);
- you are to be immobilised or are to have surgery (consult your doctor at least four weeks in advance);
- you have unusual, heavy **vaginal bleeding**;
- you suspect that you are **pregnant**.

### **3. How to take Desogestrel**

#### **When and how to take Desogestrel the tablets?**

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The Desogestrel pack contains 28 tablets. The days of the week are printed in the blister and also arrows are printed indicating the order to take the pills. Each day corresponds with one tablet.

Every time you start a new pack of Desogestrel, take a tablet from the top row. Don't start with just any tablet. For example if you start on a Wednesday, you must take the tablet from the top row marked (on the back) with 'WED'. Continue to take one tablet every day until the pack is empty, always following the direction indicated by the arrows. By looking at the back of your pack you can easily check if you have already taken a tablet on a particular day.

**Take your tablet each day at about the same time.** Swallow the tablet whole, with water. You may have some bleeding during the use of Desogestrel, but you must continue to take your tablets as normal. When a pack is empty, you must start with a new pack of Desogestrel on the next day – without interruption and without waiting for a bleed.

#### **Starting your first pack of Desogestrel**

- **When no hormonal contraceptive has been used in the past month**  
Wait for your period to begin. On the first day of your period take the first Desogestrel tablet. You need not take extra contraceptive precautions. You may also start on days 2-5 of your cycle, but in that case make sure you also use an additional contraceptive method (barrier method) for the first 7 days of tablet-taking.
- **When you change from a combined pill, vaginal ring, or transdermal patch**  
You can start taking Desogestrel on the day after you take the last tablet from



the present Pill pack, or on the day of removal of your vaginal ring or patch (this means no tablet-, ring- or patch-free break). If your present Pill pack also contains inactive tablets you can start Desogestrel on the day after taking the last active tablet (if you are not sure which this is, ask your doctor or pharmacist). If you follow these instructions, you need not take extra contraceptive precautions.

You can also start at the latest the day following the tablet-, ring- or patch-free break, or placebo tablet interval, of your present contraceptive. If you follow these instructions, make sure you use an additional contraceptive method (barrier method) for the first 7 days of tablet-taking.

- **When changing from another progestogen-only pill**

You may stop taking it any day and start taking Desogestrel right away. You need not take extra contraceptive precautions.

- **When changing from an injection or implant or a progestogen-releasing intrauterine system (IUS)**

Start using Desogestrel when your next injection is due or on the day that your implant or your IUS is removed. You need not take extra contraceptive precautions.

- **After having a baby**

You can start Desogestrel between 21 and 28 days after the birth of your baby. If you start later, make sure that you use an additional barrier method of contraception until you have completed the first 7 days of tablet-taking.

However, if intercourse has already occurred, pregnancy should be excluded before starting Desogestrel use. Additional information for breast-feeding women can be found in 'Pregnancy and Breast-feeding' in section 2. Your doctor can also advise you.

- **After a miscarriage or a premature termination of pregnancy**

Your doctor will advise you.

### **If you forget to take Desogestrel**

If you are **less than 12 hours** late in taking a tablet, the reliability of Desogestrel is maintained. Take the missed tablet as soon as you remember and take the next tablets at the usual times.

If you are **more than 12 hours** late in taking any tablet, the reliability of Desogestrel may be reduced. The more consecutive tablets you have missed, the higher the risk that the contraceptive efficacy is decreased. Take the last missed tablet as soon as you remember and take the next tablets at the usual times. Use an additional contraceptive method (barrier method) too for the next 7 days of tablet-taking. If you missed one or more tablets in the very first week of tablet-intake and had intercourse in the week before missing the tablets, there is a possibility of becoming pregnant. Ask your doctor for advice.

### **If you suffer from gastro-intestinal disturbances (e.g. vomiting, severe diarrhoea)**

Follow the advice for missed tablets in the section above. If you vomit within 3 - 4 hours after taking your Desogestrel tablet or have severe diarrhoea, the active ingredient may not have been completely absorbed.

### **If you take more Desogestrel than you should**

There have been no reports of serious harmful effects from taking too many Desogestrel tablets at one time. Symptoms that may occur are nausea, vomiting and in young girls, slight vaginal bleeding. For more information ask your doctor for advice.

### **If you stop taking Desogestrel**

You can stop taking Desogestrel whenever you want. From the day you stop you are no longer protected against pregnancy.

If you have any further questions on the use of this product, ask your doctor or pharmacist.

#### 4. Possible side effects

Like all medicines, Desogestrel can cause side effects, although not everybody gets them.

You should see your doctor immediately if you experience symptoms of angioedema, such as (i) swollen face, tongue or pharynx; (ii) difficulty to swallow; or (iii) hives and difficulties to breathe.

Serious undesirable affects associated with the use of Desogestrel are described in the paragraphs "Breast Cancer" and "Thrombosis" in section 2 "What you need to know before you take Desogestrel" Please read this section for additional information and consult your doctor at once where appropriate.

Vaginal bleeding may occur at irregular intervals during the use of Desogestrel. This may be just slight staining which may not even require a pad, or heavier bleeding, which looks rather like a scanty period and requires sanitary protection. You may also not have any bleeding at all. The irregular bleedings are not a sign that the contraceptive protection of Desogestrel is decreased. In general, you need not take any action; just continue to take Desogestrel. If, however, bleeding is heavy or prolonged you should consult your doctor.

How often are other possible side effects seen?

- **Common** (may affect up to 1 in 10 women): mood changes, depressed mood, decreased sexual drive (libido), headache, nausea, acne, breast pain, irregular or no menstruation, increased body weight.
- **Uncommon** (may affect up to 1 in 100 women): infection of the vagina, difficulties in wearing contact lenses, vomiting, hair loss, painful menstruation, ovarian cyst, tiredness.
- **Rare** (may affect up to 1 in 1000 women): rash, hives, painful blue-red skin lumps (erythema nodosum). These are skin conditions.

Apart from these side effects, breast secretion may occur.

#### Reporting of side effects

If you get any side effects talk to your doctor, pharmacist or Family Planning Nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects via the Yellow Card Scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or apple App store. By reporting side effects, you can help provide more information on the safety of this medicine.

#### 5. How to store Desogestrel

Keep this medicine out of the sight and reach of children.

This medicinal product does not require any special storage conditions.

Do not use Desogestrel this medicine after the expiry date which is stated on the carton after "Do not use after:". The Expiry date refers to the last day of that month.

The active substance shows an environmental risk to fish.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help to protect the environment.

#### 6. Contents of the pack and other information

##### What Desogestrel contains

The active substance is: desogestrel (75 microgram)

The other ingredients are: maize starch, povidone K30, d- $\alpha$ -tocopherol, silica, colloidal anhydrous, silica, colloidal hydrated, stearic acid, hypromellose, polyethylene glycol, titanium dioxide (E 171), lactose monohydrate, soya oil (see

also "Desogestrel contains lactose and soya oil" in section 2).

### **What Desogestrel looks like and contents of the pack**

One blister pack of Desogestrel contains 28 white round film-coated tablets. Each carton contains 1, 3 or 6 blisters.

Not all pack sizes may be available.

### **Marketing Authorisation Holder and Manufacturer**

#### **Marketing Authorisation Holder**

Marketing Authorisation Holder  
Laboratorios León Farma, S.A.  
Pol. Ind. Navatejera.  
C/ La Vallina s/n  
24008 - Navatejera, León.  
Spain

#### **Manufacturer**

Laboratorios León Farma, S.A.  
Pol. Ind. Navatejera.  
C/ La Vallina s/n  
24008 - Navatejera, León.  
Spain

This medicinal product is authorised in the Member States of the EEA under the following names:

United Kingdom: Desogestrel 75  
microgram film-coated tablets

Austria: Grystella 75 Mikrogramm  
Filmtabletten

France: Grystella 75 mcg

Spain: Kerizet 75 microgramos  
comprimidos recubiertos con película EFG

Poland: Limetic

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