Package leaflet: Information for the user

Idilla film-coated tablets
Estradiol valerate/Dienogest

Read all of this leaflet carefully before you start taking 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, 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 signs of illness 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.

Important things to know about combined hormonal contraceptives (CHCs):
- They are one of the most reliable reversible methods of contraception if used correctly
- They slightly increase the risk of having a blood clot in the veins and arteries, especially in the first year or when restarting a combined hormonal contraceptive following a break of 4 or more weeks
- Please be alert and see your doctor if you think you may have symptoms of a blood clot (see section 2 “Blood clots”).

What is in this leaflet

1. What <Product name> is and what it is used for

- <Product name> is a contraceptive pill and is used to prevent pregnancy.
- <Product name> is used for the treatment of heavy menstrual bleeding (not caused by any disease of the womb) in women who wish to use oral contraception.
- Each coloured, active tablet contains a small amount of female hormones, either estradiol valerate, or estradiol valerate combined with dienogest.
- The 2 white tablets contain no active substances and are called inactive tablets.
- Contraceptive pills that contain two hormones are called “combined pills”.

2. What you need to know before you take <Product name>

General notes

Before you start using <Product name> you should read the information on blood clots in section 2. It is particularly important to read the symptoms of a blood clot – see Section 2 “Blood clots”.

Before you can begin taking <Product name>, your doctor will ask you some questions about your personal health history and that of your close relatives. The doctor will also measure your blood pressure and, depending upon your personal situation, may also carry out some other tests.

In this leaflet, several situations are described where you should stop using <Product name>, or where the reliability of <Product name> may be decreased. In such situations you should either not have sex

or you should take extra non-hormonal contraceptive precautions, e.g. use a condom or another barrier method. Do not use rhythm or temperature methods. These methods can be unreliable because <Product name> alters the monthly changes of body temperature and cervical mucus.

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

When not to take <Product name>

You should not use <Product name> if you have any of the conditions listed below. If you do have any of the conditions listed below, you must tell your doctor. Your doctor will discuss with you what other form of birth control would be more appropriate.

Do not take <Product name>:

- if you have (or have ever had) a **blood clot** in a blood vessel of your legs (deep vein thrombosis, DVT), your lungs (pulmonary embolus, PE) or other organs;
- if you know you have a **disorder affecting your blood clotting** – for instance, protein C deficiency, protein S deficiency, antithrombin-III deficiency, Factor V Leiden or antiphospholipid antibodies;
- if you need an operation or if you are off your feet for a long time (see section 'Blood clots');
- if you have ever had a **heart attack** or a **stroke**;
- if you have (or have ever had) **angina pectoris** (a condition that causes severe chest pain and may be a first sign of a heart attack) or **transient ischaemic attack** (TIA – temporary stroke symptoms);
- if you have any of the following diseases that may increase your risk of a clot in the arteries:
  - severe **diabetes with blood vessel damage**
  - very high **blood pressure**
  - a very high level of **fat in the blood** (cholesterol or triglycerides)
  - a condition known as **hyperhomocysteinaemia**;
- if you have (or have ever had) a type of **migraine** called 'migraine with aura';
- if you have (or have ever had) **liver disease** and your liver function is still not normal;
- if you have (or have ever had) a **tumour of the liver**;
- if you have (or have ever had) **cancer or suspected cancer of the breast or genital organs**;
- if you have any **unexplained bleeding from the vagina**;
- if you are **allergic** (hypersensitive) to estradiol valerate or dienogest, or any of the other ingredients of this medicine (listed in section 6). This may cause itching, rash or swelling.

Warnings and precautions

When should you contact your doctor?

Seek urgent medical attention

- if you notice possible signs of a blood clot that may mean you are suffering from a blood clot in the leg (i.e. deep vein thrombosis), a blood clot in the lung (i.e. pulmonary embolism), a heart attack or a stroke (see 'Blood clots' section below).

For a description of the symptoms of these serious side effects please go to "How to recognise a blood clot".

Tell your doctor if any of the following conditions apply to you.

In some situations you need to take special care while taking <Product name> or any other combined pill, and your doctor may need to examine you regularly. If the condition develops, or gets worse while you are using <Product name>, you should also tell your doctor.

- if a close relative has or has ever had breast cancer;
- if you have a disease of the liver or gall bladder;
- if you have jaundice;
- if you have diabetes;
- if you have depression;
- if you have Crohn's disease or ulcerative colitis (chronic inflammatory bowel disease);
- if you have systemic lupus erythematosus (SLE – a disease affecting your natural defence system);
- if you have haemolytic uraemic syndrome (HUS – a disorder of blood clotting causing failure of the kidneys);
- if you have sickle cell anaemia (an inherited disease of the red blood cells);
- if you have elevated levels of fat in the blood (hypertriglyceridaemia) or a positive family history for this condition. Hypertriglyceridaemia has been associated with an increased risk of developing pancreatitis (inflammation of the pancreas);
- if you need an operation, or you are off your feet for a long time (see in section 2 'Blood clots').
- if you have just given birth you are at an increased risk of blood clots. You should ask your doctor how soon after delivery you can start taking <Product name>;
- if you have an inflammation in the veins under the skin (superficial thrombophlebitis);
- if you have varicose veins;
- if you have epilepsy (see "Other medicines and <Product name> ");
- if you have a disease that first appeared during pregnancy or earlier use of sex hormones, for example, hearing loss, porphyria (a disease of the blood), gestational herpes (skin rash with blisters during pregnancy), Sydenham's chorea (a nerve disease causing sudden movements of the body);
- if you have (or have ever had) golden brown pigment patches so-called "pregnancy patches" especially on the face (Chloasma). If this is the case, avoid direct exposure to sunlight or ultraviolet light;
- if you have hereditary or acquired angioedema. Stop taking <Product name> and consult your doctor immediately if you experience symptoms as swollen face, tongue and/or throat and/or difficulty swallowing or hives, together with difficulty breathing which are suggestive of an angioedema. Products containing oestrogens may induce or worsen symptoms of angioedema;
- if you have cardiac or renal insufficiency.

Talk to your doctor before taking <Product name>.

Additional information on special populations

Use in children
<Product name> is not intended for use in females whose periods have not yet started.

BLOOD CLOTS

Using a combined hormonal contraceptive such as <Product name> increases your risk of developing a blood clot compared with not using one. In rare cases a blood clot can block blood vessels and cause serious problems.

Blood clots can develop

- in veins (referred to as a 'venous thrombosis', 'venous thromboembolism' or VTE);
- in the arteries (referred to as an 'arterial thrombosis', 'arterial thromboembolism' or ATE).

Recovery from blood clots is not always complete. Rarely, there may be serious lasting effects or, very

rarely, they may be fatal.

It is important to remember that the overall risk of a harmful blood clot due to <Product name> is small.

HOW TO RECOGNISE A BLOOD CLOT

Seek urgent medical attention if you notice any of the following signs or symptoms.

Are you experiencing any of these signs?	What are you possibly suffering from?

• swelling of one leg or along a vein in the leg or foot especially when accompanied by:
  • pain or tenderness in the leg which may be felt only when standing or walking;
  • increased warmth in the affected leg;
  • change in colour of the skin on the leg e.g. turning pale, red or blue;
	Deep vein thrombosis

• sudden unexplained breathlessness or rapid breathing; • sudden cough without an obvious cause, which may bring up blood; • sharp chest pain which may increase with deep breathing; • severe light headedness or dizziness; • rapid or irregular heartbeat; • severe pain in your stomach. If you are unsure, talk to a doctor as some of these symptoms such as coughing or being short of breath may be mistaken for a milder condition such as a respiratory tract infection (e.g. a 'common cold').	Pulmonary embolism
Symptoms most commonly occur in one eye: • immediate loss of vision or • painless blurring of vision which can progress to loss of vision;	Retinal vein thrombosis (blood clot in the eye)
• chest pain, discomfort, pressure, heaviness; • sensation of squeezing or fullness in the chest, arm or below the breastbone; • fullness, indigestion or choking feeling; • upper body discomfort radiating to the back, jaw, throat, arm and stomach; • sweating, nausea, vomiting or dizziness; • extreme weakness, anxiety, or shortness of breath; • rapid or irregular heartbeats;	Heart attack
• sudden weakness or numbness of the face, arm or leg, especially on one side of the body; • sudden confusion, trouble speaking or understanding; • sudden trouble seeing in one or both eyes; • sudden trouble walking, dizziness, loss of balance or coordination; • sudden, severe or prolonged headache with no known cause; • loss of consciousness or fainting with or without seizure.	Stroke

Sometimes the symptoms of stroke can be brief with an almost immediate and full recovery, but you should still seek urgent medical attention as you may be at risk of another stroke.	
• swelling and slight blue discolouration of an extremity; • severe pain in your stomach (acute abdomen).	Blood clots blocking other blood vessels

BLOOD CLOTS IN A VEIN

What can happen if a blood clot forms in a vein?

- The use of combined hormonal contraceptives has been connected with an increase in the risk of blood clots in the vein (venous thrombosis). However, these side effects are rare. Most frequently, they occur in the first year of use of a combined hormonal contraceptive.
- If a blood clot forms in a vein in the leg or foot it can cause a deep vein thrombosis (DVT).
- If a blood clot travels from the leg and lodges in the lung it can cause a pulmonary embolism.
- Very rarely a clot may form in a vein in another organ such as the eye (retinal vein thrombosis).

When is the risk of developing a blood clot in a vein highest?

The risk of developing a blood clot in a vein is highest during the first year of taking a combined hormonal contraceptive for the first time. The risk may also be higher if you restart taking a combined hormonal contraceptive (the same product or a different product) after a break of 4 weeks or more.

After the first year, the risk gets smaller but is always slightly higher than if you were not using a combined hormonal contraceptive.

When you stop <Product name> your risk of a blood clot returns to normal within a few weeks.

What is the risk of developing a blood clot?

The risk depends on your natural risk of VTE and the type of combined hormonal contraceptive you are taking.

The overall risk of a blood clot in the leg or lung (DVT or PE) with <Product name> is small.

- Out of 10,000 women who are not using any combined hormonal contraceptive and are not pregnant, about 2 will develop a blood clot in a year.

- Out of 10,000 women who are using a combined hormonal contraceptive that contains levonorgestrel, norethisterone, or norgestimate about 5-7 will develop a blood clot in a year.

- The risk of a blood clot with <Product name> is about the same as with other combined hormonal contraceptives including contraceptives containing levonorgestrel.

- The risk of having a blood clot will vary according to your personal medical history (see "Factors that increase your risk of a blood clot" below).

	Risk of developing a blood clot in a year
Women who are **not usin**g a combined hormonal pill and are not pregnant	About 2 out of 10,000 women
Women using a combined hormonal contraceptive pill containing **levonorgestrel, norethisterone or norgestimate**	About 5-7 out of 10,000 women

Women using <Product name>	About the same as with other combined hormonal contraceptives including contraceptives containing levonorgestrel

Factors that increase your risk of a blood clot in a vein

The risk of a blood clot with <Product name> is small but some conditions will increase the risk. Your risk is higher:

- if you are very overweight (body mass index or BMI over 30 kg/m^2);
- if one of your immediate family has had a blood clot in the leg, lung or other organ at a young age (e.g. below the age of about 50). In this case you could have a hereditary blood clotting disorder;
- if you need to have an operation, or if you are off your feet for a long time because of an injury or illness, or you have your leg in a cast. The use of <Product name> may need to be stopped several weeks before surgery or while you are less mobile. If you need to stop <Product name> ask your doctor when you can start using it again;
- as you get older (particularly above about 35 years);
- if you gave birth less than a few weeks ago.

The risk of developing a blood clot increases the more conditions you have.

Air travel (>4 hours) may temporarily increase your risk of a blood clot, particularly if you have some of the other factors listed.

It is important to tell your doctor if any of these conditions apply to you, even if you are unsure. Your doctor may decide that <Product name> needs to be stopped.

If any of the above conditions change while you are using <Product name>, for example a close family member experiences a thrombosis for no known reason; or you gain a lot of weight, tell your doctor.

BLOOD CLOTS IN AN ARTERY

What can happen if a blood clot forms in an artery?

Like a blood clot in a vein, a clot in an artery can cause serious problems. For example, it can cause a heart attack or a stroke.

Factors that increase your risk of a blood clot in an artery

It is important to note that the risk of a heart attack or stroke from using <Product name> is very small but can increase:

- with increasing age (beyond about 35 years);
- **if you smoke**. When using a combined hormonal contraceptive like <Product name> you are advised to stop smoking. If you are unable to stop smoking and are older than 35 your doctor may advise you to use a different type of contraceptive;
- if you are overweight;
- if you have high blood pressure;
- if a member of your immediate family has had a heart attack or stroke at a young age (less than about 50). In this case you could also have a higher risk of having a heart attack or stroke;
- if you, or someone in your immediate family, have a high level of fat in the blood (cholesterol or triglycerides);
- if you get migraines, especially migraines with aura;

- if you have a problem with your heart (valve disorder, disturbance of the rhythm called atrial fibrillation);
- if you have diabetes.

If you have more than one of these conditions or if any of them are particularly severe the risk of developing a blood clot may be increased even more.

If any of the above conditions change while you are using <Product name>, for example you start smoking, a close family member experiences a thrombosis for no known reason; or you gain a lot of weight, tell your doctor.

<Product name> and cancer

Breast cancer has been observed slightly more often in women using combined pills, but it is not known whether this is caused by the treatment itself. For example, it may be that more tumours are detected in women on combined pills because they are examined by their doctor more often. The risk of breast tumours becomes gradually less after stopping the combination hormonal contraceptives. It is important to regularly check your breasts and you should contact your doctor if you feel any lump.

In rare cases, **benign liver tumours**, and in even fewer cases **malignant liver tumours** have been reported in contraceptive pill users. In isolated cases, these tumours have led to life-threatening internal bleeding. Contact your doctor if you have unusually severe abdominal pain.

Some studies suggest that long-term use of the pill increases a woman's risk of developing **cervical cancer**. However, it is not clear to what extent sexual behaviour or other factors such as Human Papilloma Virus (HPV) increases this risk.

Psychiatric disorders

Some women using hormonal contraceptives including Estradiol valerate/Dienogest 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.

Bleeding between periods

During the first few months of taking <Product name>, you may have unexpected bleeding. Usually bleeding starts on day 26, the day you take the second brown tablet, or the following day(s). The information provided by women in the diaries they kept during a clinical study of Estradiol valerate/Dienogest shows that it is not unusual to experience unexpected bleeding in a given cycle (10-18 % of users). If unexpected bleeding occurs more than 3 months in a row, or if it begins after some months, your doctor will have to investigate the cause.

What to do if no bleeding occurs on day 26 or the following day(s)

The information provided by women in the diaries they kept during a clinical study of Estradiol valerate/Dienogest shows that it is not unusual to miss your regular bleeding after day 26 (observed in about 15 % of cycles).

If you have taken all the tablets correctly, have not had any vomiting or severe diarrhoea and you have not taken any other medicines, it is highly unlikely that you are pregnant.

If the expected bleeding does not happen twice in a row or you have taken the tablets incorrectly, you may be pregnant. Contact your doctor immediately. Do not start the next blister until you are sure that you are not pregnant.

Other medicines and <Product name>

Always tell your doctor which medicines or herbal products you are already using. Also tell any other doctor or dentist who prescribes another medicine (or the pharmacist from whom you got the medicine) that you take <Product name>. They can tell you if you need to take additional contraceptive precautions (for example condoms) and if so, for how long.

Some medicines

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

These include:

- medicines used for the treatment of:
  - epilepsy (e.g. primidone, phenytoin, barbiturates, carbamazepine, oxcarbazepine, topiramate, felbamate);
  - tuberculosis (e.g. rifampicin);
  - HIV and Hepatitis C Virus infections (so-called protease inhibitors and non-nucleoside reverse transcriptase inhibitors such as ritonavir, nevirapine, efavirenz);
  - Hepatitis C virus (HCV) (such as combination regimen ombitasvir/paritaprevir/ritonavir with or without dasabuvir as well as regimen glecaprevir/pibrentasvir) may cause increases in liver function blood test results (increase in ALT liver enzyme) in women using CHCs containing ethinylestradiol. <Product name> contains estradiol instead of ethinylestradiol. It is not known whether an increase in ALT liver enzyme can occur when using <Product name> with this HCV combination regimen. Your doctor will advise you;
  - fungal infections (e.g. griseofulvin, ketoconazole);
- the herbal remedy St. John's wort.

<Product name> **may influence the effect** of other medicines, e.g.

- medicines containing cyclosporin;
- the anti-epileptic lamotrigine (this could lead to an increased frequency of seizures).

Ask your doctor or pharmacist for advice before taking any medicine. Your doctor or pharmacist may advise on extra protective measures while you are taking other medication together with <Product name>.

<Product name> with food

<Product name> may be taken with or without food

Laboratory tests

If you need a blood test or other laboratory tests tell your doctor or the laboratory staff that you are taking the pill because oral contraceptives can affect the results of some tests.

Pregnancy and breast-feeding

Do not take <Product name> if you are pregnant. If you become pregnant while taking <Product name>, stop taking it immediately and contact your doctor. If you want to become pregnant, you can stop taking <Product name> at any time (see also "If you stop taking <Product name>").

In general you should not take <Product name> while you are breast-feeding. If you want to take the pill while you are breast-feeding you should contact your doctor.

Ask your doctor or pharmacist for advice before taking any medicine when you are pregnant or breastfeeding.

Driving and using machines

There is nothing to suggest that the use of <Product name> affects driving or use of machines.

<Product name> contains lactose

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking <Product name>.

3. How to take <Product name>

Each blister contains 26 coloured active tablets and 2 white inactive tablets.

Take one tablet of <Product name> every day. You may take the tablets with or without food, but you should take the tablets at around the same time every day.

Preparation of the blister

To help you keep track, there are 7 weekday sticker strips marked with the 7 days of the week.

Choose the weekday sticker strip that starts with the day you begin taking the tablets. For example, if you start on a Wednesday, use the weekday sticker strip that starts with "WED".

Stick the weekday sticker strip along the top of the <Product name> blister where it reads "Place weekday sticker strip here", so that the first day is above the tablet marked "1" at the word "START".

There is now a day shown above every tablet and you can see whether you have taken a pill on a particular day. Start with tablet number 1 and follow the direction of the arrow on the blister until all 28 tablets have been taken.

Usually, so-called withdrawal bleeding starts when you are taking the second brown tablet or the white tablets and may not have finished before you start the next blister. Some women still experience bleeding after taking the first tablets of the new blister.

Start the following blister without a gap, in other words the day after you have finished your current blister, even if the bleeding has not stopped. .

If you use <Product name> in this manner, you are protected against pregnancy even during the 2 days when you take inactive tablets.

When can you start with the first blister?

- *If you have not used a contraceptive with hormones during the previous month.*
  Start taking <Product name> on the first day of the cycle (that is, the first day of your period).
- *Changing from another combined hormonal contraceptive pill, or combined contraceptive vaginal ring or patch.*
  Start <Product name> the day after taking the last active tablet (the last tablet containing the active substances) of your previous pill. When changing from a combined contraceptive vaginal ring or patch, start using <Product name> on the day of removal or, follow the advice of your doctor.
- *Changing from a progestogen-only-method (progestogen-only pill, injection, implant or a progestogen-releasing 'IUS', intrauterine system).*
  You may switch from the progestogen-only pill any day (from an implant or the IUS on the day of its removal, from an injectable when the next injection would be due) but in all of these cases

you must use extra protective measures (for example, a condom) during the first **9 days** of <Product name> use.

- *After a miscarriage.*
  Follow the advice of your doctor.
- *After having a baby.*
  You can start <Product name> between **21 and 28 days** after having a baby. If you start later than **day 28**, use a barrier method (for example, a condom) during the first **9 days** of <Product name> use.
  If, after having a baby, you have had sex before re-starting <Product name>, be sure that you are not pregnant or wait until the next menstrual period.
  If you want to start <Product name> after having a baby and are breast-feeding, read the section on "Pregnancy and breast-feeding".

Ask your doctor what to do if you are not sure when to start.

If you take more <Product name> than you should

There are no reports of serious harmful effects of taking too many <Product name> tablets.

If you take several active tablets at once, you may feel sick or throw up. Young girls may have bleeding from the vagina.

If you have taken too many <Product name> tablets, or you discover that a child has taken some, ask your doctor or pharmacist for advice.

If you forget to take <Product name>

Inactive tablets: If you miss a white tablet (2 tablets at the end of the blister), you do not need to take it later because they do not contain any active substances. However, it is important that you discard the missed white tablet(s) to make sure that the number of days when you take inactive tablets is not increased as this would increase the risk of pregnancy. Continue with the next tablet at the usual time.

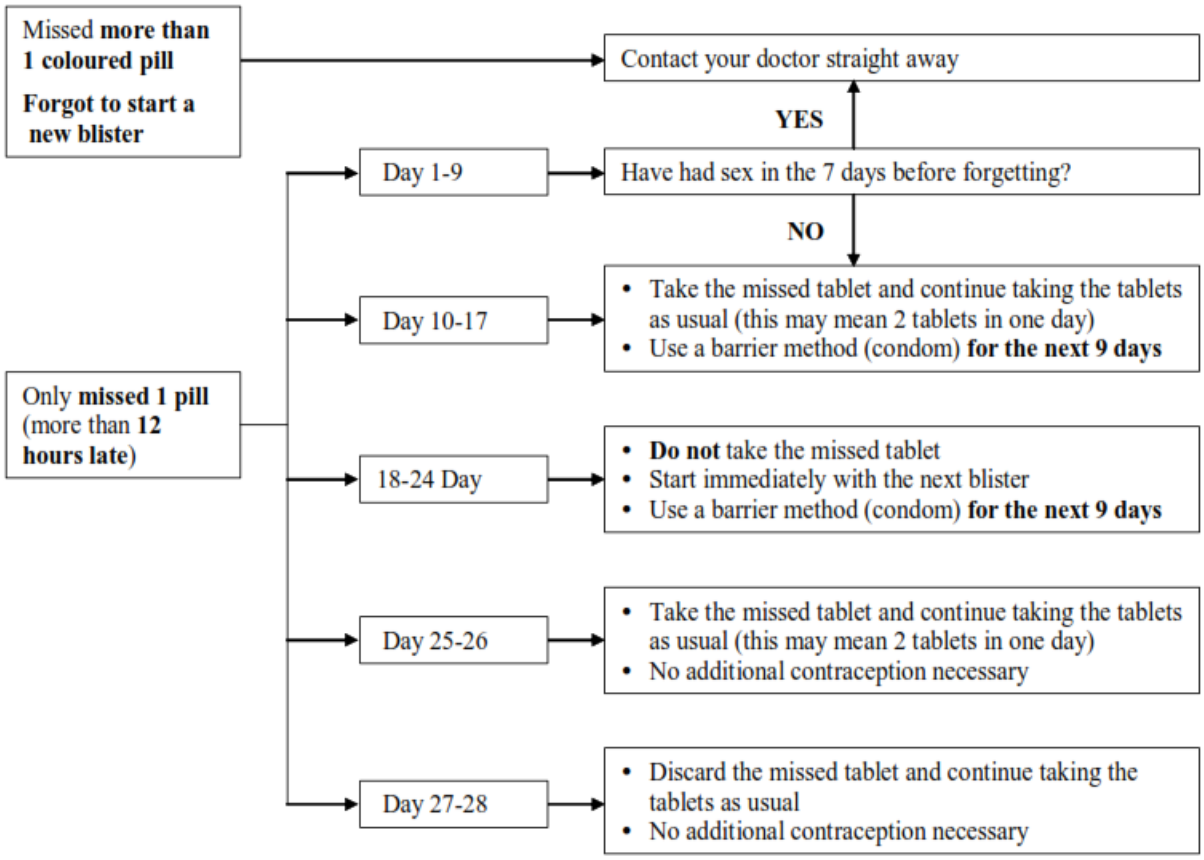
Active tablets: Depending on the day of the cycle on which **one** active tablet has been missed, you may need to take **additional contraceptive precautions**, for example a barrier method such as a condom.
Take the tablets according to the following principles. See also the 'missed pill chart' for details.

- If you are **less than 12 hours** late when taking a tablet, the protection against pregnancy is not reduced. Take the tablet as soon as you remember and then continue taking the tablets again at the usual time.
- If you are **more than 12 hours** late taking a tablet, the protection against pregnancy may be reduced. Depending on the day of the cycle on which one tablet has been missed, use additional contraceptive precautions e.g. a barrier method such as a condom. **See also the 'missed pill chart' for details.**
- **More than one tablet forgotten in this blister**
  Contact your doctor.

Do not take more than 2 active tablets on a given day.

If you have forgotten to start a new blister, or if you have missed one or more tablets during **days 3 - 9** of your blister, there is a risk that you are already pregnant (if you had sex in the 7 days before forgetting the tablet). In that case, contact your doctor. The more tablets you have forgotten (especially those on **days 3– 24**) and the closer they are to the inactive tablet phase, the greater the risk that the protection from pregnancy is reduced. **See also the 'missed pill chart' for details.**

If you have forgotten any of the active tablets in a blister, and you have no bleeding at the end of a blister, you may be pregnant. Contact your doctor before you start the next blister.



Use in children

No data available in adolescents below 18 years.

What to do if you vomit or have severe diarrhoea

If you throw up within 3-4 hours of taking an active tablet or you have severe diarrhoea, there is a risk that the active substances in the pill are not fully absorbed by your body.

The situation is almost the same as forgetting a tablet. After throwing up or having diarrhoea, take the next tablet as soon as possible. If possible, take it within 12 hours of when you normally take your pill. If this is not possible or 12 hours have passed, you should follow the advice given under "If you forget to take <Product name>". If you do not want to change your normal tablet-taking pattern take the corresponding tablet from another blister.

If you stop taking <Product name>

You can stop taking <Product name> at any time. If you do not want to become pregnant, ask your doctor for advice about other reliable methods of birth control. If you want to become pregnant, stop taking <Product name> and wait for a menstrual period before starting to try to become pregnant. You will be able to calculate the expected delivery date more easily.

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

4. Possible side effects

Like all medicines, <Product name> can cause side effects, although not everybody gets them. If you get any side effect, particularly if severe and persistent, or have any change to your health that you think may be due to <Product name>, please talk to your doctor.

An increased risk of blood clots in your veins (venous thromboembolism (VTE)) or blood clots in your arteries (arterial thromboembolism (ATE)) is present for all women taking combined hormonal contraceptives. For more detailed information on the different risks from taking combined hormonal contraceptives please see section 2 “What you need to know before you take <Product name>”.

Serious side effects

Serious reactions associated with the use of the pill, as well as the related symptoms, are described in the following sections: "Blood clots” and “<Product name> and cancer". Please read these sections carefully and consult your doctor at once where appropriate.

Other possible side effects

The following side effects have been linked with the use of <Product name>:

Common side effects (between 1 and 10 in every 100 users may be affected):

- headache
- abdominal pain, nausea
- acne
- no periods, breast discomfort, painful periods, irregular bleeding (heavy irregular bleeding)
- weight gain

Uncommon side effects (between 1 and 10 in every 1,000 users may be affected):

- fungal infections, fungal infection of the vulva and vagina, vaginal infection
- increased appetite
- depression, depressed mood, emotional disorder, problems sleeping, decreased interest in sex, mental disorder, mood swings
- dizziness, migraine
- hot flush, high blood pressure
- diarrhoea, vomiting
- increased liver enzymes
- hair loss, excessive sweating (hyperhidrosis), itching, rash
- muscle cramps
- swollen breasts, lumps in the breast, abnormal cell growth on the neck of the womb (cervical dysplasia), dysfunctional genital bleeding, pain with intercourse, fibrocystic breast disease, heavy periods, menstrual disorders, ovarian cyst, pelvic pain, premenstrual syndrome, growth in the uterus, contractions of the uterus, uterine/vaginal bleeding incl. spotting, vaginal discharge, vulvovaginal dryness
- fatigue, irritability, swelling of parts of your body, e.g. ankles (oedema)
- weight loss, blood pressure changes.

Rare side effects (between 1 and 10 in every 10,000 users may be affected):

- candida infection, oral herpes, pelvic inflammatory disease, a vessel disease of the eye resembling a fungal infection (presumed ocular histoplasmosis syndrome), a fungal infection of the skin (tinea versicolor), urinary tract infection, bacterial inflammation of the vagina
- fluid retention, increase in certain blood fats (triglycerides)
- aggression, anxiety, feelings of unhappiness, increased interest in sex, nervousness, night mare, restlessness, problems sleeping, stress
- reduced attention, “pins and needles”, giddiness

- contact lens intolerance, dry eye, eye swelling
- heart attack (myocardial infarction), palpitations
- bleeding in a varicose vein, low blood pressure, inflammation of superficial veins, painful veins
- harmful blood clots in a vein or artery for example:
  - in a leg or foot (i.e. DVT)
  - in a lung (i.e. PE)
  - heart attack
  - stroke
  - mini-stroke or temporary stroke-like symptoms, known as a transient ischaemic attack (TIA)
  - blood clots in the liver, stomach/intestine, kidneys or eye.
    The chance of having a blood clot may be higher if you have any other conditions that increase this risk (See section 2 for more information on the conditions that increase risk for blood clots and the symptoms of a blood clot).
- constipation, dry mouth, indigestion, heartburn
- liver nodules (focal nodular hyperplasia), chronic inflammation of gallbladder
- allergic skin reactions, golden brown pigment patches (chloasma) and other pigmentation disorders, male pattern hair growth, excessive hair growth, skin conditions such as dermatitis and neurodermatitis, dandruff and oily skin (seborrhoea) and other skin disorders
- back pain, pain in jaw, sensation of heaviness
- urinary tract pain
- abnormal withdrawal bleeding, benign breast nodules, breast cancer in early stage, breast cysts, breast discharge, polyp on the neck of the womb, reddening on the neck of the womb, bleeding during intercourse, spontaneous milk flow, genital discharge, lighter periods, delayed periods, rupture of an ovarian cyst, vaginal odour, burning sensation in the vulva and vagina, vulvovaginal discomfort
- swollen lymph nodes
- asthma, difficulty in breathing, nose bleeding
- chest pain, tiredness and feeling generally unwell, fever
- abnormal smear from the neck of the womb.

Further information (taken from the diaries women kept during a <Product name> clinical trial) on the possible side effects “irregular bleeding (heavy irregular bleeding)” and “no periods” is given in the sections “Bleeding between periods” and “What to do if no bleeding occurs on day 26 or the following days(s)”.

Description of selected adverse reactions

Adverse reactions with very low frequency or with delayed onset of symptoms which are considered to be related to the group of combined oral contraceptives, and could also occur during use of <Product name>, are listed below (see also sections “When not to take <Product name>”, “Warnings and precautions”:

- liver tumors (benign and malignant)
- Erythema nodosum (tender red nodules under the skin), Erythema multiforme (skin rash with red spots or lesions)
- hypersensitivity (including symptoms such as rash, urticaria)
- in women with hereditary angioedema (characterized by sudden swelling of e.g. the eyes, mouth, throat etc.) estrogens in combined oral contraceptive pills may induce or worsen symptoms of angioedema.

In case of disturbed liver function, it may be necessary to temporarily stop the use of combined oral contraceptive pills.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system

listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store <Product name>

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

This medicinal product does not require any special storage conditions

Do not use this medicine after the expiry date which is stated on the blister after EXP. The expiry date refers to the last day of that month.

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 protect the environment.

6. Contents of the pack and other information

What <Product name> contains

The active substances are estradiol valerate, or estradiol valerate combined with dienogest.

Each blister (28 film-coated tablets) of <Product name> contains 26 active tablets in 4 different colours in rows 1, 2, 3 and 4, as well as 2 white inactive tablets in row 4.

Composition of the coloured tablets containing one or two active substances:

2 dark yellow tablets each containing 3 mg estradiol valerate
5 pink tablets each containing 2 mg estradiol valerate and 2 mg dienogest
17 light yellow tablets each containing 2 mg estradiol valerate and 3 mg dienogest
2 brown tablets each containing 1 mg estradiol valerate

Composition of the white inactive tablets:

These tablets do not contain any active substances.

Other ingredients in the coloured active tablets are:
Tablet core: lactose monohydrate, maize starch, pregelatinized maize starch, povidone (E1201), colloidal silica anhydrous, magnesium stearate (E572).

Tablet film-coating: hypromellose (E464), macrogol 6000, iron oxide red (E172), titanium dioxide (E171), talc (E553b), iron oxide yellow (E172).

Other ingredients in the white inactive tablets are:

Tablet core: Lactose monohydrate, microcrystalline cellulose, magnesium stearate (E572).

Tablet film-coating: polyvinyl alcohol partially hydrolyzed, titanium dioxide (E171), macrogol 3350, talc (E553b).

What <Product name> looks like and content of the pack

<Product name> tablets are film-coated tablets; the core of the tablet is covered with a coating.

Each blister (28 film-coated tablets) contains 2 dark yellow tablets in row 1, 5 pink tablets in row 1, 17 light yellow tablets in rows 2, 3 and 4, 2 brown tablets in row 4 as well as 2 white tablets in row 4.

The dark yellow active tablet is round, biconvex film-coated tablet debossed with “L” on one side.

The pink active tablet is round, biconvex film-coated tablet debossed with “L” on one side.

The light yellow active tablet is round, biconvex film-coated tablet debossed with “L” on one side.

The brown active tablet is round, biconvex film-coated tablet debossed with “L” on one side.

The white inactive tablet is round, biconvex film-coated tablet debossed with “PL” on one side.

<Product name> is available in packs of 1, 3, or 6 blisters each containing 28 tablets.

A carton case for blister storage is enclosed.

Not all pack sizes may be marketed.

Marketing Authorisation Holder

<To be completed nationally>

Manufacturer

<To be completed nationally>

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