TABLE I. PERCENTAGE OF WOMEN EXPERIENCING AN UNINTENDED PREGNANCY DURING THE FIRST YEAR OF USE OF A CONTRACEPTIVE METHOD

<table>
<thead>
<tr>
<th>Method</th>
<th>Perfect Use</th>
<th>Typical Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levonorgestrel implants</td>
<td>0.05</td>
<td>0.00</td>
</tr>
<tr>
<td>Not failure</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Depo-Provera (injectable progestogen)</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>Combined</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Progestin only</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

TABLE II. (Adapted from P. M. Layde and V. Beral, Lancet, 1541-1548, 1981.)

CIRCULATORY DISEASE MORTALITY RATES PER 100,000 WOMEN YEARS BY AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>North American (nonsmokers)</th>
<th>North American (smokers)</th>
<th>Controls (nonsmokers)</th>
<th>Controls (smokers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>15</td>
<td>35</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>25-34</td>
<td>35</td>
<td>65</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>35-44</td>
<td>65</td>
<td>100</td>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td>45-54</td>
<td>100</td>
<td>125</td>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>55-64</td>
<td>125</td>
<td>150</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>65-74</td>
<td>150</td>
<td>175</td>
<td>100</td>
<td>125</td>
</tr>
<tr>
<td>75-84</td>
<td>175</td>
<td>200</td>
<td>125</td>
<td>150</td>
</tr>
<tr>
<td>85+</td>
<td>200</td>
<td>225</td>
<td>150</td>
<td>175</td>
</tr>
</tbody>
</table>

No contraception (planned pregnancy) 85 85
Condom (male) without spermicide 3 14
Depo-Provera® (injectable progestogen) 0.3 0.3
Female sterilization 0.5 0.5
Levonorgestrel implants 0.05 0.00
Not failure 0.5 0.5
Depo-Provera (injectable progestogen) 0.3 0.3
Oral contraceptives Combined 0.1 Progestin only 0.5 NA

INDICATIONS AND USAGE

Oral contraceptives are indicated for the prevention of pregnancy in women who elect to use this product as a method of contraception.

The use of oral contraceptives is associated with increased risks of several serious conditions including myocardial infarction, thromboembolism, stroke, hepatic neoplasia, gallbladder disease, and hypertension, although the risk of serious morbidity or mortality is very small in healthy women under underlying risk factors. The risk of mortality and morbidity increases significantly in the presence of other underlying risk factors such as hypertension, hyperlipidemias, obesity and diabetes.

Practitioners prescribing oral contraceptives should be familiar with the following information relating to these risks:

The information contained in this package insert is principally based on studies carried out in patients who used oral contraceptives with higher formulations of estrogens and progestogens than those in common use today. The effect of long-term use of the oral contraceptives with lower formulations of both estrogens and progestogens remains to be determined.

Throughout this labeling, epidemiologic studies reported are of two types: retrospective or case control studies and prospective or cohort studies.

The relative risk of oral contraceptives use is that among nonusers. The relative risk does not provide information on the actual clinical occurrence of a disease. Cohort studies provide a measure of attributable risk, which is the difference in the incidence of disease between oral contraceptive users and nonusers. The attributable risk provides information about the actual occurrence of a disease in the population. For further information, the reader is referred to a text on epidemiologic methods.

TABLE OF WOMEN EXPERIENCING AN UNINTENDED PREGNANCY DURING THE FIRST YEAR OF USE OF A CONTRACEPTIVE METHOD

<table>
<thead>
<tr>
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<td></td>
<td>Progestin only</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

A. Thromboembolic

An increased risk of thromboembolic and thrombotic disease associated with the use of oral contraceptives is well established. Case control studies have found the relative risk of users compared to nonusers to be 3-7 for the first episode of superficial venous thrombosis, 4-11 for deep vein thrombosis or pulmonary embolism, and 1.3 to 6 for women with predisposing conditions for venous thromboembolic disease. Cohort studies have shown the relative risk to be somewhat lower, about 3 for new cases and about 4.5 for new cases requiring hospitalization. The risk of thromboembolic disease due to oral contraceptives is not related to length of use and disappears after pill use is stopped.

C. Cerebrovascular diseases

Oral contraceptives have been shown to increase both the relative and attributable risks of cerebrovascular events (thrombotic and hemorrhagic strokes), although, in general, the risk is greatest among older (>35 years), hypertensive women who also smoke. Hypertension was found to be a risk factor for both users and nonusers, for both types of strokes, while smoking interacted to increase the risk for hemorrhagic strokes.

In a large study, the relative risk of thrombotic strokes has been shown to range from 3 to 10 for normotensive users to 14 for users with severe hypertension. The relative risk of hemorrhagic stroke is reported to be 1.5 for nonsmokers who used oral contraceptives, 2.6 for smokers who did not use oral contraceptives, 7.6 for smokers who used oral contraceptives. 1.8 for normotensive users and 25.5 for users with severe hypertension. The attributable risk is also greater in older women.

D. Dose-related risk of vascular disease from oral contraceptives

A positive association has been observed between the amount of estrogen and progestogen in oral contraceptives and the risk of vascular disease. A dose-response relationship has been shown. A dose-response relationship has been shown.

Minimizing exposure to estrogen and progestogen is in keeping with good principles of therapeutics. For any particular estrogen/progestogen combination, the dosage regimen prescribed should be one which contains the least amount of estrogen and progestogen that is compatible with a low failure rate and the needs of the individual patient. New acceptors of oral contraceptive agents should be started on preparations containing less than 50 micrograms of estrogen.
e. Persistence of risk of vascular disease

There are two studies which have shown persistence of risk of vascular disease for ever-users of oral contraceptives. In a study in the United States, the risk of developing myocardial infarction after discontinuing oral contraceptives persists for at least 8 years for women aged 40 to 49 years who had oral contraceptives for five or more years. But this increased risk was not demonstrated in other age groups. In another study in Great Britain, women with a history of developing cerebrovascular disease persisted for at least 6 years after discontinuation of oral contraceptives, although excess risk was small. But both studies performed with older oral contraceptive formulations containing 50 micrograms or higher of estrogens.

6. ORAL-CONTRACEPTIVE USE BEFORE OR DURING EARLY PREGNANCY

Extensive epidemiological studies have revealed no increased risk of birth defects in babies born to mothers who have used oral contraceptives prior to pregnancy. Studies also do not suggest a teratogenic effect, particularly insofar as cardiac anomalies and limb-reduction defects are concerned, when taken within 2 months of pregnancy. The administration of oral contraceptives to induce withdrawal bleeding should not be used as a test for pregnancy before continuation of oral contraceptive use. If the patient has not adhered to the prescribed schedule, the test of pregnancy should be considered at the time of her first missed period. Oral-contraceptive use should be discontinued if pregnancy is confirmed.

7. GALLBLADDER DISSE

Earlier studies have reported an increased lifetime relative risk of gallbladder surgery in users of oral contraceptives and more recently, these studies have shown that the relative risk of developing gallbladder disease among oral-contraceptive users may be minimal. The recent findings of minimal risk may be related to the use of oral-contraceptive formulations containing lower hormonal doses of estrogens and progestogens.

8. CARBONATIDE AND LIPID METABOLIC EFFECTS

Oral contraceptives have been shown to cause glucose intolerance in a significant percentage of women. Oral contraceptives containing greater than 75 micrograms of estrogens may cause hyperinsulinism, while doses of estrogen cause less glucose intolerance. Progestogens increase insulin secretion and create insulin resistance. This effect varies with different progestational agents. However, in the nondiabetic woman, oral contraceptives have no effect on fasting blood glucose. Because of these demonstrated effects, prediabetic and diabetic women should be carefully observed while taking oral contraceptives.

A small number of women will have persistent hypertriglyceridemia while on the pill. As discussed earlier, “11. CARCINOGENESIS” section and “9. ELEVATED BLOOD PRESSURE” section, oral contraceptives containing higher than 75 micrograms of estrogen cause hypertriglyceridemia, while in women and with the alternative surgical and medical procedures, which may be necessary if the patient do not have access to effective and acceptable means of contraception.

Therefore, the Committee recommended that the benefits of oral contraceptives use be traded off against the potential for increased risk of gallbladder disease.

9. ELEVATED BLOOD PRESSURE

An increased blood pressure has been reported in women taking oral contraceptives and this increase is more likely in older oral-contraceptive users and with continued use. Data from the Royal College of General Practitioners Oral Contraception Study, and from randomized trials have shown that the incidence of hypertension increases with increasing quantities of progestogens. Women with a history of hypertension or hyper tension-related diseases, or diabetes should be advised that the use of oral contraceptives should be avoided if hypertension is present. It may be that if significant elevation of blood pressure occurs, oral contraceptives should be discontinued. For most women, elevations of blood pressure will return to normal after stopping oral contraceptives, and there is no difference in the occurrence of hypertension among ever- and never-users.

10. DIABETES MELLITUS

The onset or exacerbation of migraine or development of headache with a new pattern which is recurrent, persistent or severe requires discontinuation of oral contraceptives and evaluation of the case.

11. BLEEDING IRREGULARITIES

Breakthrough bleeding and spotting are sometimes encountered in patients using oral contraceptives especially during the first three months of use. If the type and dose of progestogen may be important. Nonhypertensive women should be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy in the event of breakthrough bleeding as in the case of any abnormal vaginal bleeding. If pathology has been excluded, the causes to be a change in another formulation may solve the problem. In the event of amenorrhea, pregnancy should be ruled out.

Some women may experience an increase of breast size with melasma which may persist, especially when such a condition was prevalent.

PRECAUTIONS

Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

1. PHYSICAL EXAMINATION

A complete medical history and physical examination should be taken prior to the initiation of treatment or reinitiation of oral contraceptives and at least annually during use of oral contraceptives. These physical examinations should include special reference to blood pressure, breasts, abdomen and pelvic organs, including cervical cytology and relevant laboratory tests. In case of undiagnosed, persistent or recurrent abnormal vaginal bleeding, diagnostic measures should be conducted to rule out malignancy. Women with a strong family history of breast cancer or who have breast nodules should be monitored with particular care.

2. LIPID PROFILES

Women who are being treated for hyperlipidemia should be followed closely if they elect to use oral contraceptives. Some progestogens may elevate LDL levels and may render the control of hyperlipidemias more difficult. (See “WARNINGS” 1.d.)

3. LIVER FUNCTION TESTS

If jaundice develops in any woman receiving such drugs, the medication should be discontinued. Steroid hormones may be poorly metabolized in patients who are infected with HIV. A similar association though less marked, has been suggested with griseofulvin, ampicillin and tetracyclines.

4. FLUID RETENTION

Oral contraceptives may cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring. In patients with conditions which might be aggravated by fluid retention.

5. EMOTIONAL DISORDERS

Patients who have been depressed while taking oral contraceptives should stop the medication and use an alternate method of contraception in an attempt to determine whether the symptoms are drug related. Women with a history of depression should be carefully observed and the drug discontinued if depression recurs to a serious degree.

6. CONTACT LENSES

Contact-lens wearers who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist.

7. DRUG INTERACTIONS

Reduced efficacy and increased incidence of breakthrough bleeding and menstrual irregularities may be associated with concomitant use of rifampin. A similar association though less marked, has been suggested with propoxyphene, phenytoin sodium, and possibly with griseofulvin, ampicillin and tetracyclines.

8. INTERACTIONS WITH LABORATORY TESTS

Certain enzyme induction test and blood components may be affected by oral contraceptives:

- Increased prolactin and factors VII, VIII, IX and X; decreased anti- thrombin III and antithrombin III.
- Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by protein-bound iodine (PBI), T4 by column or by radioimmunoassay. Free T3 resin uptake is decreased reflected the elevating TBG, free T4 concentration is unaltered.
- Other binding proteins may be elevated in serum.
- Sex-binding globulins are increased and result in elevated levels of total circulating sex steroids and cortisol; however, free or biologically active levels remain unchanged.
- Triglycerides may be increased.
- Fasting glucose may be increased.
- Serum folate levels may be depressed by oral contraceptive therapy. This does not have clinical significance of a woman becomes pregnant shortly after discontinuing oral contraceptives.

9. CARCINOGENESIS

See “WARNINGS” section.

10. PREGNANCY

Pregnancy Category X. See “CONTRAINDICATIONS” and “WARNINGS” section.

11. NURSING MOTHERS

Small amounts of oral-contraceptive steroids have been identified in the breast milk of nursing mothers, and a few adverse effects in the child have been reported, including jaundice and breast enlargement. In addition, oral-contraceptive users in the postpartum period may experience with lactation of decreased milk volume and quality of breast milk. If possible, the nursing mother should be advised not to use oral contraceptives but to use other forms of contraception until she has completely weaned her child.

12. PEDIATRIC USE

Safety and efficacy of Tri-Levlen have been established in women of reproductive age. Safety and efficacy are expected to be the same for postpubertal adolescents under the age of 16 years and 16 and older. Use of oral contraceptives in women aged 55 years and older is not indicated.

INFORMATION FOR THE PATIENT

See “Patient Labeling” printed below.

ADVERSE REACTIONS

An increased risk of the following serious adverse reactions has been associated with the use of oral contraceptives (See “WARNINGS” section).

- Thromboembolism.
- Atrial thrombosis.
- Pulmonary embolism.
- Myocardial infarction.
- Cerebral hemorrhage.
- Cerebral thrombosis.
- Hyperension.
- Gallbladder disease.
- Neoplasm of ovary or benign liver tumors.

There is evidence of an association between the following conditions and the use of oral contraceptives, although additional confirmatory studies are needed:

- Mesenteric thrombosis.
- Retinal thrombosis.

The following adverse reactions have been reported in patients using oral contraceptives and are believed to be drug related:

- Nausea.
- Vomiting.
- Gastronitological symptoms, (such as abdominal cramps and bloating).
- Breakthrough bleeding.
- Spolting.
- Change in menstrual flow.
- Amenorrhea.
- Temporary infertility after discontinuation of treatment.

- Ketosis.
- Melasma which may persist.
- Breast changes: tenderness, enlargement, secretion.
- Change in weight (increase or decrease).
- Change in cervical erosion and secretion.
- Diminished libido when given immediately postpartum.
- Cholestatic jaundice.
- Migrane.
- Rash (allergic).
- Mental depression.
- Reduced tolerance to carbohydrates.
- Vaginal candidiasis.
- Change in corrected curvature (steepening).
- Intolerance to contact lenses.

The following adverse reactions have been reported in users of oral contraceptives and the condition has been neither confirmed nor refuted.

- Congenital anomalies.
- Pre-menstrual syndrome.
- Carcinoma.
- Optic neuritis.
- Changes in weight.
- Crystalline-like syndrome.
- Headache.
**BRIEF SUMMARY PATIENT PACKAGE INSERT**

**TRI-LEVLEN® 21 Tablets**

To achieve maximum contraceptive effectiveness, TRI-LEVLEN® 21 Tablets (levonorgestrel and ethinyl estradiol) should be taken exactly as directed at intervals not exceeding 24 hours. TRI-LEVLEN® 21 Tablets are a three-phase preparation. The dosage of TRI-LEVLEN® 21 Tablets is one tablet daily for 21 consecutive days per menstrual cycle in the following order: 6 brown tablets (phase 1), followed by 5 white tablets (phase 2), and then followed by the last 10 light-yellow tablets (phase 3), according to the prescribed schedule. Tablets are then discontinued for 7 days (three weeks on, one week off).

It is recommended that TRI-LEVLEN® 21 Tablets be taken at the same time each day. During the first cycle of medication, the patient should be instructed to take one TRI-LEVLEN® 21 Tablet daily in the order of 6 brown, 5 white, and then 10 light-yellow tablets for twenty-one (21) consecutive days, beginning on day one (1) of her menstrual cycle. (The first day of menstruation is day one.) Withdrawal bleeding usually occurs within 3 days following discontinuation of TRI-LEVLEN® 21 Tablets. (If an alternate starting regimen is used [Sunday-Start or postpartum], contraceptive reliance should not be placed on TRI-LEVLEN® 21 Tablets until after the first 7 consecutive days of administration. The possibility of ovulation and conception prior to initiation of medication should be considered.)

The patient begins her next and all subsequent 21-day courses of TRI-LEVLEN® 21 Tablets on the same day of the week that she began her first course. She begins taking brown tablets again on the proper day.

EFFECTIVENESS OF ORAL CONTRACEPTIVES

TRI-LEVLEN® 28 Tablets

Oral contraceptives, also known as “birth-control pills” or “the pill,” are taken to prevent pregnancy and when taken correctly, have a failure rate of less than 1% per year when used without missing any pills. The typical failure rate of large numbers of pill users is less than 3% per year when women use oral contraceptives as prescribed. Oral contraceptives are also effective for the treatment of certain serious side effects such as hirsutism or acne, breast tenderness, and dysmenorrhea. Other side effects may occur such as breast tenderness or breakthrough bleeding. A blood pressure increase of 10/5 mm Hg or greater may occur. Oral contraceptives may increase the risk of liver cancer if used for more than a total of 10 years, and women over 35 years of age are strongest in women who smoke. Cigarette smoking increases the risk of serious adverse effects on the heart, for women over 35 years of age. Oral contraceptives are contraindicated for women taking the pill if you suspect you are pregnant or have unexplained vaginal bleeding.

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Smoking greatly increases the risk of suffering heart attacks and strokes. Furthermore, heavy alcohol consumption and smoking can greatly increase the chances of developing and dying of heart disease.

3. GALLBLADDER DISEASE
Oral-contraceptive users probably have a greater risk than nonusers of having gallbladder disease, although this risk may be related to pills containing high doses of hormones.

4. LIVER TUMORS
In rare cases, oral contraceptives can cause benign but dangerous liver tumors. However, these tumors are found only in women who have used oral contraceptives for long periods. However, liver cancers are extremely rare. The chance of developing liver cancer from using the pill is thus even rarer.

5. CANCER OF THE REPRODUCTIVE ORGANS
There is, at present, no confirmed evidence that oral contraceptive increase the risk of cancer of the reproductive organs in human studies. Several studies have found no overall increase in the risk of developing breast cancer. However, women who use oral contraceptives and have a strong family history of breast cancer or who have breast nodules or abnormal mammary glands should be closely followed by their doctors.

Some women should not take oral contraceptives. Oral contraceptives should not be taken if you have ever had any of the following conditions:

- History of scanty or irregular menstrual periods.
- High blood pressure.
- Diabetes.
- Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels from oral-contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is five times as high in women over 30 years of age. Women who use oral contraceptives are strongly advised not to smoke.

Some women should not use the pill. For example, you should not take the pill if you are pregnant or think you may be pregnant. You should not also use the pill if you have had any of the following conditions:

- Heart attack or stroke.
- Blood clots in the legs (thrombophlebitis), lungs (pulmonary embolism), or eyes.
- Blood clots in the deep veins of your legs.
- Known or suspected breast cancer or cancer of the lining of the uterus, cervix, or vagina.
- Liver tumor (benign or cancerous).
- Liver tumors in the deep veins of the legs.
- Known or suspected breast cancer or cancer of the lining of the uterus, cervix, or vagina.
- History of scarring or irregular menstrual periods.

Women with any of these conditions should be checked often by their health-care provider if they choose to use oral contraceptives. Also, be sure to inform your doctor or health-care provider if you smoke or are on any medications.

### RISKS OF TAKING ORAL CONTRACEPTIVES

#### 1. RISK OF DEVELOPING BLOOD CLOTS

Blood clots and blockage of blood vessels are the most serious side effects of taking oral contraceptives and can be fatal. In particular, a clot in the legs can cause thrombophlebitis and a clot that travels to the lungs can cause sudden blockage of the vessels carrying blood to the lungs. Rarely, clots occur in the blood vessels of the eye and may cause blindness, double vision, or impaired vision.

If you take oral contraceptives and need elective surgery, need to stay in bed for a prolonged illness or have recently delivered a baby, you may be at risk of developing blood clots. You should consult your doctor about stopping oral contraceptives three to four weeks before surgery and not taking oral contraceptives for 2 weeks after surgery or during bed rest.

#### 2. HEART ATTACKS AND STROKES

Oral contraceptives may increase the tendency to develop strokes (stoppage of blood flow in the brain) and angiitis and heart attacks (blockage of blood vessels in the heart). Any of these conditions can cause death or serious disability.

<table>
<thead>
<tr>
<th>Method</th>
<th>Perfect use</th>
<th>Typical use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>0.05</td>
<td>0.15</td>
</tr>
<tr>
<td>Male sterilization</td>
<td>0.1</td>
<td>0.15</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>0.0</td>
<td>0.15</td>
</tr>
<tr>
<td>Depo-Provera* (injectable progestin)</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Combined oral contraceptives</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Progesterone only</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>IUD</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>IUD for IUD</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
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<table>
<thead>
<tr>
<th>Method</th>
<th>% Unintended Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>1.0</td>
</tr>
<tr>
<td>Depo-Provera*</td>
<td>0.2</td>
</tr>
<tr>
<td>Copper IUD*</td>
<td>0.6</td>
</tr>
<tr>
<td>Male sterilization</td>
<td>0.8</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>0.2</td>
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<tr>
<td>Progesterone only</td>
<td>0.5</td>
</tr>
</tbody>
</table>

### WARNING SIGNALS

If any of these adverse effects occur while you are taking oral contraceptives, call your doctor immediately:

- Sharp chest pain, coughing of blood, or sudden absence of breath (indicating a possible clot in the lung).
- Pain in the calf indicating a possible clot in the leg.
- Crushing chest pain or heaviness in the chest (indicating a possible heart attack).
- Sudden severe headache or vomiting, dizziness or fainting, disturbances of vision or speech, weakness, or numbness in arm or leg (indicating a possible stroke).
- Sudden partial or complete loss of vision (indicating a possible clot in the eye).
- Breast lumps (indicating a possible breast cancer or fibrocystic disease of the breast).
- Breast lumps (indicating a possible breast cancer or fibrocystic disease of the breast).
- Severe pain in the tenderness in the abdomen (indicating a possible ruptured liver tumor).
- Difficulty in breathing, weakness, lack of energy, fatigue, or change in mood (indicating a possible stroke).
- Jaundice or a yellowing of the skin or eyeballs, accompanied by fever, fatigue, loss of appetite, dark-colored urine, or light-colored bowel movements (indicating a possible liver disorder).

### SIDE EFFECTS OF ORAL CONTRACEPTIVES

#### 1. VAGINAL BLEEDING

Irregular vaginal bleeding or spotting may occur while you are taking the pills. Irregular bleeding may vary from slight staining between menstrual periods to bleeding through periods. Bleeding may occur one week before your monthly period and may last for more than one cycle or last for more than a few days, talk to your doctor or health-care provider.

#### 2. CONTACT LENSES

If you wear contact lenses and notice a change in vision or an inability to wear your lenses, contact your doctor or health-care provider.

#### 3. FLUID RETENTION

Oral contraceptives may cause edema (fluid retention) with swelling of the fingers or ankles and may raise your blood pressure. If you experience fluid retention, contact your doctor or health-care provider.

### GENERAL PRECAUTIONS

1. Missed periods and use of oral contraceptives before or during early pregnancy. There may be times when you may not menstruate regularly after you have completed a cycle of pills. If you have taken your pills regularly and miss one menstrual period, continue taking your pills for the next cycle but do not inform your health-care provider before doing so. If you have not taken the pills daily as instructed and missed a menstrual period, your doctor should be notified. If you are pregnant, check with your health-care provider immediately to determine whether you are pregnant. Do not continue to take oral contraceptives until you are not pregnant and continue to use another method of contraception.

2. While breast-feeding

If you are breast-feeding, consult your doctor before starting oral contraceptives. Some of the drugs will be passed on to the child in the milk. A few adverse effects on the child have been reported, including yellowing of the skin (jaundice) and breast enlargement. In addition, oral contraceptives and breast milk may interact, and you may not be able to breast-feed while on oral contraceptives. You should check with your doctor about your risks before your own unchildbirth of any method of contraception in pregnancy. Do not use oral contraceptives while breast-feeding. You should use another method of contraception since breast-feeding provides only partial protection from becoming pregnant and this partial protection decreases slightly in the second year of breast-feeding for longer periods of time. You should consider starting oral contraceptives only after you have weaned your child completely.

### LABORATORY TESTS

If you are scheduled for any laboratory tests, tell your doctor you are taking birth-control pills. Certain blood tests may be affected by birth-control pills.

### DRUG INTERACTIONS

Certain drugs may interact with birth-control pills to make them less effective in preventing pregnancy or cause an increase in breakthrough bleeding. Common drugs include barbiturates and anticoagulant drugs. A few drugs (e.g., oral contraceptives, diethylstilbestrol, and tolbutamide) can decrease the effectiveness of oral contraceptives. You may need to use an additional method of contraception during any cycle in which you take drugs that can make oral contraceptives less effective.

### HOW TO TAKE THE PILL

**IMPORTANT POINTS TO REMEMBER BEFORE YOU START TAKING YOUR PILLS:**

1. **BE SURE TO READ THESE DIRECTIONS:**
   - Before you start taking your pills, read the instructions mentioned above.

2. **THE RIGHT WAY TO TAKE THE PILL IS TO TAKE ONE PILL EVERY DAY AT THE SAME TIME.**
   - It is important you take your pill at the same time every day. If you do not, your pill may not work as well.

3. **MANY WOMEN HAVE SPOTTING OR LIGHT BLEEDING, OR MAY FEEL SICK TO THEIR STOMACH DURING THE FIRST 1-3 PACKS OF PILLS.**
   - If you do feel sick to your stomach, do not stop taking the pill. The problem will usually go away. If it doesn't go away, check with your doctor or clinic.

4. **MISSING PILLS CAN ALSO CAUSE SPOTTING OR LIGHT BLEEDING, even when you make up your missed pills.**
   - On the day you are supposed to take your pill(s), if you forget to take your pill(s), you should take the missed pill(s) as soon as you remember. If you take your pill(s) within 12 hours of the time you should have taken your pill(s), you may still be protected.

5. **IF YOU HAVE VOMITING OR DIARRHEA, for any reason, or IF YOU TAKE SOME MEDICINES, including some antibiotics, your pill may not work as well.**
   - Use a backup method (such as condoms, foam, or sponge) until you check with your doctor or clinic.
6. IF YOU HAVE TROUBLE REMEMBERING TO TAKE THE PILL, talk to your doctor or clinical about how to make pill-taking easier or about using another method of birth control.

7. IF YOU HAVE ANY QUESTIONS OR ARE UNSURE ABOUT THE INFORMATION IN THIS LEAFLET, call your doctor or clinic.

BEFORE YOU START TAKING YOUR PILLS

1. DECIDE WHAT TIME OF DAY YOU WANT TO TAKE YOUR PILL. It is important to take it at about the same time every day.

2. LOOK AT YOUR PILL PACK TO SEE IF IT HAS 21 OR 28 PILLS:
   - The 21-pill pack has 21 “active” (6 brown, 5 white and 10 light-yellow) pills (with hormones) to take for 3 weeks, followed by 1 week without pills.
   - The 28-pill pack has 21 “active” (6 brown, 5 white and 10 light-yellow) pills (with hormones) to take for 3 weeks, followed by 1 week of reminder (light-green) pills (without hormones).

3. ALSO FIND:
   1) where on the pack to start taking pills,
   2) in what order to take the pills (follow the arrows)

EXAMPLE ONLY

6 – brown
5 – white
10 – light-yellow
7 – light-green

4. BE SURE YOU HAVE READY AT ALL TIMES:
   - ANOTHER KIND OF BIRTH CONTROL (such as condoms, foam or sponge) to use as a back-up in case you miss pills.
   - AN EXTRA, FULL PILL PACK.

WHEN TO START THE FIRST PACK OF PILLS

You have a choice for which day to start taking your first pack of pills. Decide with your doctor or clinic which is the best day for you. Pick a time of day which will be easy to remember.

DAY 1 START:
1. Take the first “active” (brown) pill of the first pack during the first 24 hours of your period.
2. You will not need to use a back-up method of birth control since you are starting the pill at the beginning of your period.

SUNDAY START:
1. Take the first “active” (brown) pill of the first pack on the Sunday after your period starts, even if you are still bleeding. If your period begins on Sunday, start the pack that same day.
2. Use another method of birth control as a back-up method if you have sex anytime from the Sunday you start your first pack until the next Sunday (7 days). Condoms, foam, or the sponge are good back-up methods of birth control.

WHAT TO DO DURING THE MONTH

1. TAKE ONE PILL AT THE SAME TIME EVERY DAY UNTIL THE PACK IS EMPTY.
   - Do not skip pills even if you are spotting or bleeding between monthly periods or feel sick to your stomach (nausea).
   - Do not skip pills even if you do not have sex very often.

2. WHEN YOU FINISH A PACK OR SWITCH YOUR BRAND OF PILLS:
   - TI PILL: Wait 7 days to start the next pack. You will probably have your period during that week. Be sure that no more than 7 days pass between 21-day packs.
   - 28 PILL: Start the next pack on the day after your last “reminder” pill. Do not wait any days between packs.

WHAT TO DO IF YOU MISS PILLS

If you MISS 1 pill:
1. Take it as soon as you remember. The next pill at your regular time. This means you may take 2 pills in 1 day.
2. You do not need to use a back-up birth control method if you have sex.

If you MISS 2 pills:
1. Take the 2 pills on the day you remember and 2 pills the next day.
2. Then take 1 pill a day until you finish the pack.
3. You MAY BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST use another birth control method (such as condoms, foam, or sponge) as a back-up for those 7 days.

If you MISS 3 OR MORE pills (brown, white or light-yellow) “active” pills in a row:
1. If you are a Day 1 Starter:
   - THROW OUT the rest of the pill pack and start a new pack that same day.
2. If you are a Sunday Starter:
   - Keep taking 1 pill every day until Sunday. On Sunday, THROW OUT the rest of the pack and start a new pack of pills that same day.

FINALLY, IF YOU ARE STILL NOT SURE WHAT TO DO ABOUT THE PILLS YOU HAVE MISSED:
   - Use a BACK-UP METHOD anytime you have sex.
   - KEEP TAKING ONE “ACTIVE” PILL EACH DAY UNTIL YOU CAN REACH YOUR DOCTOR OR CLINIC.

PREGNANCY DUE TO PILL FAILURE
   - The incidence of pill failure resulting in pregnancy is approximately less than 1.0% if taken every day as directed, but over 3% if not taken every day as directed.

RISKS TO THE FETUS
   - If you become pregnant while using oral contraceptives, the risk to the fetus is small, on the order of no more than 1 per thousand.
   - If you should, however, discuss the risks to the developing child with your doctor.

OVERDOSE
   - Serious ill effects have not been reported following ingestion of large doses of oral contraceptives by young children. Overdosage may cause nausea and withdrawal bleeding in females. In case of overdose, contact your health-care provider or pharmacist.

OTHER INFORMATION
   - Your health-care provider will take a medical and family history before prescribing oral contraceptives and will examine you. You should be re-examined at least once a year. Be sure to inform your health-care provider about any changes in your health.

HEALTH BENEFITS FROM ORAL CONTRACEPTIVES
   - In addition to preventing pregnancy, use of oral contraceptives may provide certain benefits. These are:
     - Complete menstrual cycles may become less frequent.
     - Blood flow during menstruation may be lighter and less iron may be lost. Therefore, anemia due to iron deficiency is less likely to occur.
     - Amenorrhea or menstrual irregularity may be encountered less frequently.
     - Ovarian cysts may occur less frequently.
     - Follicular cysts may occur less frequently.
     - Menstrual cycles may become more regular.
     - Pain or other symptoms during menstruation may be encountered less frequently.
     - Menstrual cycles may become more regular.
     - Ovarian cysts may occur less frequently.
     - Pain or other symptoms during menstruation may be encountered less frequently.

If you want more information about birth-control pills, ask your doctor or pharmacist. They have a more technical leaflet called the "Professional Labeling," which you may wish to read.

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