Package leaflet: Information for the patient

TRINORDIOL™ TABLETS
(levonorgestrel + ethinylestradiol)

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.

What is in this leaflet

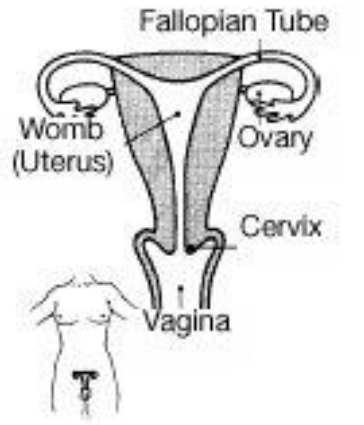
1. What Trinordiol is and what it is used for

The name of your medicine is Trinordiol Tablets. Trinordiol is an oral contraceptive.

How the female reproductive system works

Once a month, an egg (or ovum) is released from one of the ovaries and passes along the Fallopian tube to the womb. Fertilisation, (the joining together of the male's sperm with the female's egg) usually takes place while the egg is still in the Fallopian tube. The fertilised egg embeds itself in the wall of the womb, which has been specially prepared to receive it, and it grows into a baby.

If fertilisation does not take place, then the egg is shed in the next menstrual period.



Trinordiol is a combined oral contraceptive (COC), one of a group of drugs often referred to as the Pill. It contains two types of hormone: an estrogen, ethinylestradiol, and a progestogen, levonorgestrel. Trinordiol is a triphasic contraceptive. This means that there are three levels of hormones in each pack which reflect the changing levels in your normal menstrual cycle. These hormones stop the ovary from releasing an egg each month (ovulation).

Medical research and vast experience have shown that, if taken correctly, the Pill is an effective reversible form of contraception.

2. What you need to know before you take Trinordiol

Do not take Trinordiol
You should **not** take Trinordiol if you have any of the following conditions:

- if you are allergic to levonorgestrel, ethinylestradiol or any of the other ingredients of this medicine (listed in section 6).
- heart attack or stroke
- you have or have had heart disease
- blood clots in the legs (thrombophlebitis), lungs (pulmonary embolism) or eyes
- blood clots in the deep veins of your legs
- any condition, or a family history of a condition, which may put you at an increased risk of blood clots
- known or suspected breast cancer
- cancer of the lining of the womb, cervix or vagina
- liver tumour (non-cancerous or cancerous)
- liver disease and your liver is not yet back to normal
- chest pains (angina pectoris)
- migraine with focal symptoms, such as aura
- uncontrolled high blood pressure
- severe diabetes which has affected your blood vessels
- unexplained vaginal bleeding (until a diagnosis is reached by your doctor)
- known or suspected pregnancy or you are breast feeding
- an inflammation of the pancreas (pancreatitis) associated with very high level of fat in the blood (cholesterol or triglycerides)
- If you have hepatitis C and are taking medicinal products containing ombitasvir/paritaprevir/ritonavir, dasabuvir, glecaprevir/pibrentasvir or sofosbuvir/velpatasvir/voxilaprevir (see also in section "Other medicines and Trinordiol")

Tell your doctor if you or a member of your family have ever had:

- breast nodules, fibrocystic disease of the breast, or an abnormal breast X-ray or mammogram
- diabetes
- high cholesterol or triglycerides
- high blood pressure
- migraine, severe headaches or epilepsy
- depression
- gallbladder, heart or kidney disease

If you are worried about your suitability to take the Pill or you have suffered from or think you may have suffered from any of the disorders mentioned below, then see your doctor and ask his/her advice.

Warnings and precautions
Talk to your doctor or pharmacist before taking Trinordiol:

- While you are receiving this medication, you should see your doctor regularly for examination. The frequency and nature of examinations should be based on established practice guidelines and be adapted to the individual woman.
- If you have any unusual symptoms such as unexplained pains in the chest, abdomen or legs you must consult your doctor immediately.

Psychiatric disorders
Some women using hormonal contraceptives including Trinordiol 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.

Information for smokers

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 the extent of smoking and is marked in women over 35 years of age. Women who use oral contraceptives should be advised not to smoke.

The Pill and thrombosis (blood clots)
Studies suggest that women who take the Pill have an increased risk of developing a blood clot which can block a vein or artery (thrombosis). This can have severe effects, including the risk of heart attack or stroke. Full recovery from these disorders may not always occur and in rare cases they can be fatal. There have been reports of blood clots affecting the liver, intestines and kidneys. These reports, however, are extremely rare and may not be associated with COCs.

The increased risk of developing a blood clot in a vein (venous thrombosis) when taking the Pill is lower than the risk during pregnancy, which is estimated to be about 60 cases in 100,000 pregnancies. This increased risk is highest during the first year a woman ever uses a combined oral contraceptive. For healthy women who are not on the Pill or pregnant, the risk is estimated to be about 5 to 10 cases in 100,000 women in one year.

Some studies suggest that for oral contraceptives containing less than 50 micrograms of ethinylestradiol the estimated risk ranges from about 20 to 40 cases in 100,000 women in one year, but this risk estimate varies according to the progestogen.

Trinordiol is a second-generation pill with tablets containing 30 or 40 micrograms of ethinylestradiol in combination with levonorgestrel.

Women who have blood or heart disease, high blood pressure, lipid disorders**,** high cholesterol, diabetes, smoke, are overweight, have migraines, or are older, are at an increased risk of arterial thrombosis.

Women who are overweight, or are older, are immobile or inactive due to an operation or accident, have recently had a baby or had an abortion in the second three months of pregnancy, or have a family history of venous thrombosis are at risk of developing venous thrombosis.

Stroke
Women with high blood pressure or who smoke have a greater risk of stroke. This risk is highest in women older than 35 years who smoke and have high blood pressure. Combined oral contraceptive users with migraine (particularly migraine with aura) may also be at increased risk of stroke.

If any of these conditions apply to you, or you are worried about your risk of developing a blood clot, you should discuss the matter fully with your doctor.

Women over 35 years
The Pill is not recommended for women older than 35 years who smoke because the risk of developing thrombosis is greater in these women. The Pill may not remain suitable for older women who should discuss with their doctor whether they should continue taking the Pill or consider another method of contraception. It is very important that you have regular check-ups including having your blood pressure taken, so that your doctor can make sure you can continue to take the Pill.

The Pill and cancer
Every woman is at risk of breast cancer whether or not she takes the Pill. Breast cancer is rare under the age of 40 years, but the risk increases as a woman gets older.

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 this reduces the risk, so that 10 years after stopping the Pill the risk of finding breast cancer is the same as for women who have never taken the Pill. Breast cancer seems less likely to have spread when found in women who take the Pill than in women who do not take the Pill.

It is not certain whether the Pill causes the increased risk of breast cancer. It may be that women taking the Pill are examined more often so that breast cancer is noticed earlier. The risk of finding breast cancer is not affected by how long a woman takes the Pill but by the age at which she stops. This is because the risk of breast cancer strongly increases as a woman gets older.

Cancer of the liver has rarely been reported in long-term users of the Pill. Non-malignant liver tumours have also been linked with Pill usage. Discontinuation of the Pill may be necessary with sudden or long-term disturbances of the liver, do not take the Pill until liver function has returned to normal.

Some research has shown an increased risk of cancer of the neck of the womb (cervix) in long term Pill takers, but it is unclear how much this increase is due to the Pill.

Chronic infection with the Human Papilloma Virus (HPV) is the single most important risk factor for cervical cancer.

These possible risks should be considered together with the benefits of the Pill.

Ocular lesions
There have been case reports of retinal thrombosis (closure of the central retinal artery causing sudden, usually nearly complete, loss of vision) with the use of oral contraceptives. Oral contraceptives should be discontinued if there is unexplained partial or complete loss of vision; rapid swelling of an eyeball; double vision or any sudden changes to your eyesight.

Gallbladder disease
An increased relative risk of gallbladder disease in users of oral contraceptives and estrogens has been reported in some studies.

Bleeding irregularities
With all Pills, for the first few months, you can have irregular vaginal bleeding (spotting or breakthrough bleeding) between your periods. You may need to use sanitary protection but keep taking your tablets as usual. Irregular vaginal bleeding usually stops once your body has adjusted to the Pill (usually after about 3 tablet taking cycles). If it continues, becomes heavy or starts again, tell your doctor.

If you have missed tablets and then do not get a withdrawal bleeding in the first normal tablet-free interval, the possibility of pregnancy must be considered.

If you have missed taking one (or more) pills and have had unprotected sexual intercourse; you may be pregnant. Ask your doctor or pharmacist about emergency contraception.

Some women who are no longer taking this product may experience post-pill amenorrhea (absence of menstrual period) or oligomenorrhea (infrequent or very light menstrual period), especially when such a condition was pre-existent.

Other conditions
Some conditions may be made worse by taking the Pill. Tell your doctor if you think any of the following problems get any worse while you are taking the Pill:

- severe depression
- varicose veins
- high blood pressure
- diabetes; the disorder of metabolism known as porphyria
- liver problems
- systemic lupus erythematosus (SLE)
- brown patches on the face and body like those that occur in pregnancy (chloasma)
- fibroids of the womb
- problems wearing contact lenses

- migraine
- If you experience symptoms of angioedema such as swollen face, tongue and/or throat and/or difficulty swallowing or hives potentially with difficulty breathing contact a doctor immediately. Products containing estrogens may cause or worsen the symptoms of hereditary and acquired angioedema
- gallstones
- disturbance of vision
- Sydenham's Chorea
- pemphigoid gestationis
- otosclerosis-related hearing loss
- lipid disorders
- calcium deficiency with muscle cramps (tetany)
- inflammation of the veins (phlebitis)

Tell your doctor as soon as possible if you suffer from any of the above conditions for the first time while taking the Pill.

Make sure your doctor knows if you have any other disease.

Physical examination
Your doctor will have given you a check-up before prescribing Trinordiol and this should be repeated regularly. Blood pressure should be measured, and the check-up should include examination of your womb and surrounding organs, breasts, pelvis and abdomen. Your doctor should also note your family history.

A Pap smear should be performed if the patient has been sexually active or if it is otherwise indicated

Trinordiol should be stopped four weeks before planned operations, or during periods when you are unable to move (for example after accidents). You should not take Trinordiol for two weeks after surgery or during bed rest. This is because the risk of getting blood clots is increased by many surgical operations and by periods of inactivity. It may also be increased after injuries, such as fractures.

Other medicines and Trinordiol
Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Several medicines may interfere with the way the Pill works. You may need to use a non-hormonal method of contraception during and at least 7 days after any cycle in which you take drugs that can make COCs less effective. If you are continuing to take these drugs beyond the end of the tablets in the COC pack, the next COC pack should be started without the usual tablet-free interval. Always mention that you are on the combined pill if you are prescribed any medicines.

Some medicines may prevent your Pill from working and may cause breakthrough bleeding (bleeding in between periods) and irregular periods. These include:

- medicines used to treat epilepsy such as phenytoin, primidone, carbamazepine, oxycarbazepine, topiramate, felbamate
- some drugs used to treat tuberculosis (rifabutin)
- phenylbutazone, dexamethasone (an anti-inflammatory medicine)
- modafinil (for excessive daytime sleepiness)
- some drugs used to treat HIV/AIDS (some protease inhibitors such as ritonavir and nevirapine)
- some sedatives and tranquillisers (called 'barbiturates')
- griseofulvin (a medicine used to treat fungal infections)
- the drugs griseofulvin and modafinil
- drugs that speed up the passage of food through your body reduce gastrointestinal transit time
- certain antibiotics (e.g. rifampicin)

- the herbal remedy commonly known as St John's wort (*Hypericum perforatum*)

You may have to use another method of contraception as well, such as a condom, while you are taking these medicines - and for a further seven days afterwards. In some cases, you may need to continue to use additional barrier contraception for several weeks after you have stopped taking the medicine. Your doctor can tell you if this is necessary and for how long.

In addition, follow the advice in the section 'If you forget to take Trinordiol' of this leaflet.

The herbal remedy, St John's wort (*Hypericum perforatum)* may prevent oral contraceptives from working properly and should not be taken at the same time as this medicine. If you are already taking a St John's wort preparation, stop taking St John's wort and tell your doctor at your next visit.

Some medicines may decrease the activity of your liver enzymes. This may cause the blood levels of the ingredients in your Pill to rise. Examples of these medicines include atorvastatin, indinavir, fluconazole and troleandomycin.

Drugs that affect absorption of your Pill in your intestines (e.g. ascorbic acid (vitamin C) and paracetamol) may also have this affect.

Your Pill may affect the way that other drugs work or increase the risk of potential side effects. These include some drugs that are broken down by your liver (e.g. ciclosporin and theophylline) and the drugs flunarizine and lamotrigine.

Do not use Trinordiol if you have Hepatitis C and are taking medicinal products containing ombitasvir/paritaprevir/ritonavir, dasabuvir, glecaprevir/pibrentasvir or sofosbuvir/velpatasvir/voxilaprevir, as these products may cause increases in liver function blood test results (increase in ALT liver enzyme).
Your doctor will prescribe another type of contraceptive prior to start of the treatment with these medicinal products.
Trinordiol can be restarted approximately 2 weeks after completion of this treatment. See section "Do not use Trinordiol".

Before you have any blood tests
Tell your doctor that you are taking the Pill, because oral contraceptives interfere with some tests.

Pregnancy, breast-feeding and fertility
If you are pregnant or breast-feeding, think you may be pregnant or planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

If you become pregnant stop taking your tablets immediately and consult your doctor. Use another method of contraception, such as a condom, until the pregnancy is confirmed.

Small amounts of contraceptive steroids and/or metabolites have been identified in the milk of nursing mothers, and a few adverse effects on the child have been reported, including jaundice and breast enlargement.

The use of the Pill is generally not recommended until the nursing mother has completely weaned her child.

Sexually transmitted diseases
Trinordiol will not protect you against HIV infection (AIDS) or other sexually transmitted diseases. If you think you are at risk, you should use a condom in addition to the Pill.

Driving and using machines
Trinordiol has negligible or no influence on the ability to drive and use machines.

Trinordiol contains lactose and sucrose
Lactose monohydrate and sucrose are sugars. If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

3. How to take Trinordiol

About the pack
The memo pack has been designed to help you to remember to take your tablets. Each pill is marked with a number. Start with pill number one and scratch off the indicator (►) next to that day of the week. For example, if you take your first pill on Wednesday, scratch off the indicator (►) pointing to WED. This will be your start day for every new pack. Your start day (day 1) and days 8 and 15 always fall on the same day of the week. These days are printed in red so that you can check to see that you are taking the tablets correctly.

It will act as a reminder if you also scratch off the indicator (►) pointing to your start day on any other Trinordiol pack that you may have been prescribed.

Dosage
Starting the first pack
When no hormonal contraceptive has been used in the past month
Take the first pill on the first day of your period. This is day one of your cycle - the day when bleeding starts. You will be protected at once.

If you start on any other day of your period, you should use another method of contraception as well, such as the condom, for the first seven pill-taking days, but this is only for the first pack.

You can take your pill at any time, but you should take it about the same time each day. You may find it easiest to take it either last thing at night or first thing in the morning. Take a pill every day in the order shown until you finish all 21 pills in the pack.

Once you have taken all 21 pills, stop for seven days. You will probably bleed during some of these seven days.

You do not need to use any other form of contraception during the seven-day break provided you have taken the 21 pills properly and you start the next pack on time.

The next pack
After seven pill-free days, start your next pack. Do this whether or not you are still bleeding. You will always start a new pack on the same day of the week.

Starting after childbirth or pregnancy
After a birth, abortion or miscarriage, your doctor should advise you about taking the Pill. After a miscarriage or abortion in the first three months of pregnancy you can start using Trinordiol immediately.

If you have had a baby, and had a normal delivery without any later complications, are fully mobile and are not breast-feeding or you have had an abortion in the second three months of pregnancy, you can start taking Trinordiol 28 days after delivery or abortion. Alternative contraception (such as the condom) must be used for the first 7 days of pill-taking. If you have had unprotected sex after day 21 you should not start Trinordiol until your period starts

If you are breast-feeding, the combined Pill is not recommended because it can reduce your flow of milk. If you have any questions about starting Trinordiol after childbirth or pregnancy, ask your doctor or pharmacist**.**

If you are changing to Trinordiol after taking another Pill

If you are changing to Trinordiol after taking another Pill, follow your doctor's instructions.

When changing from another 21-day combined Pill, start taking Trinordiol the next day after the end of the previous course. If you are changing from a 28-day combined pill start taking Trinordiol the day after you take the last active pill in the previous course. In either of these cases a withdrawal bleed should not be expected until the end of the first course of Trinordiol. No additional contraception is required.

If you are changing from a progestogen only pill (POP), you can stop taking the POP any day and start taking Trinordiol on the next day at the same time. An additional form of contraception, such as the condom, should be used for the first seven days of pill-taking.

If you are changing from an injectable or implant contraceptive you can start using Trinordiol when your next injection is due or on the day your implant is removed. An additional form of contraception, such as the condom, should be used for the first seven days of pill-taking.

Any pills left in packs after changing your Pill should be returned to your pharmacist or doctor.

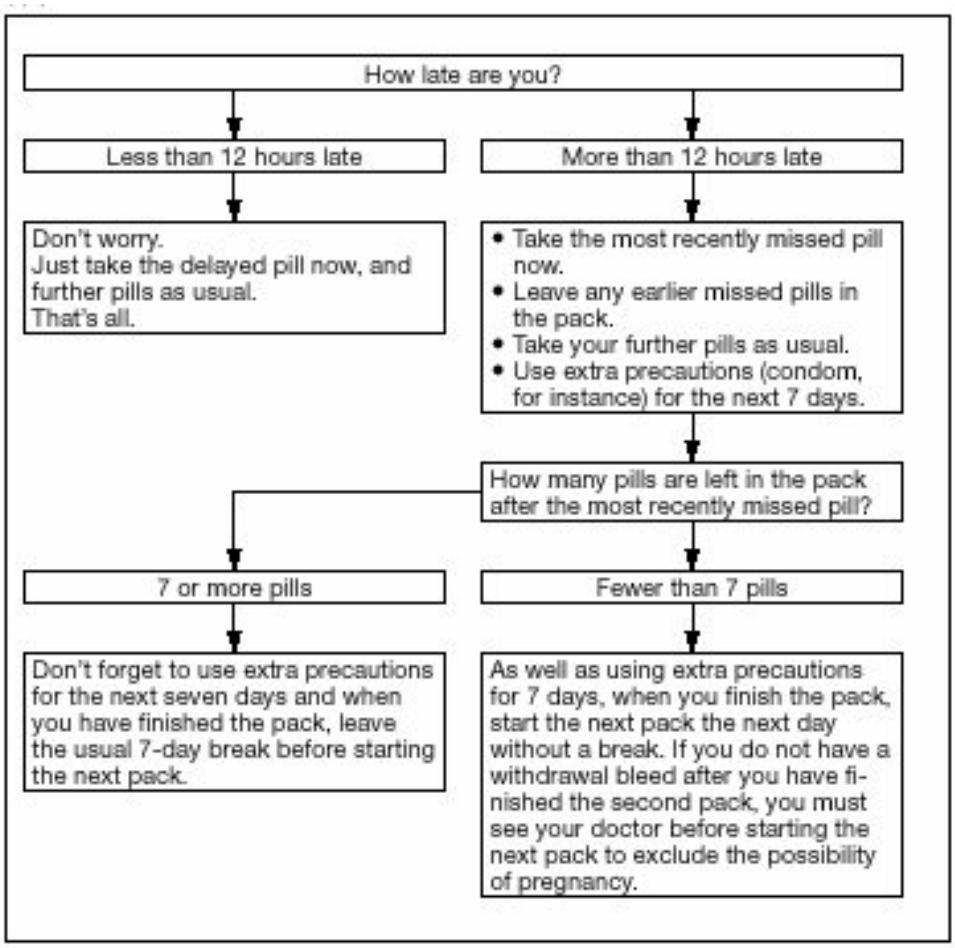
If you miss a period
If you have taken all your pills correctly it is unlikely you are pregnant. However, you should make sure that you are not pregnant before you start your next pack.

If you take more Trinordiol than you should
Overdosage may cause nausea, vomiting, breast tenderness, dizziness, abdominal pain, and drowsiness/fatigue. Withdrawal bleeding may occur in females. In case of overdose, contact your doctor or pharmacist.

If you forget to take Trinordiol
If you are **less than 12 hours late** in taking your pill, take it as soon as you remember, and further pills as usual.

If you are **more than 12 hours late** in taking one or more pills, take the last missed pill as soon as you remember, even if it means taking two pills in one day, continue to take further pills as usual and use extra contraception (condom, for instance) for the next 7 days. If these 7 days run beyond the end of the pack, start the next pack immediately, without a gap. In this case, a withdrawal bleed should not occur until the end of the second pack. If you do not have a withdrawal bleed then, consult your doctor before starting the next pack. Do not take a double dose to make up for a forgotten tablet.

This advice can be summarised by following the diagram below:



If you have a stomach upset
If you have been sick or had diarrhoea the Pill may not work. If the sickness or diarrhoea occurs within 4 hours after taking the Pill, follow the instructions above for "If you are less than 12 hours late in taking your pill." The extra tablet (of the same colour) should be taken from a back-up pack. If the sickness or diarrhoea occurs more than 4 hours after taking the pill, continue to take it, but you may not be protected from the first day of vomiting or diarrhoea. Use another method, such as a condom, for any intercourse during the stomach upset and until you start your next pack.

4. Possible side effects

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

Serious side effects – see a doctor straight away:
- anaphylactic/anaphylactoid reactions (swelling of the face, lips or throat which makes it difficult to swallow or breathe, as well as itching and rashes. This could be a sign of a severe allergic reaction to Trinordiol)
- angioedema. Symptoms include: swollen face, tongue and/or throat and/or difficulty swallowing or hives potentially with difficulty breathing (see also section "Warnings and precautions")
- severe sudden onset of rash
- severe headache or migraine
- difficulties in seeing or speaking
- pain or swelling in the legs
- fainting
- pain in the chest or stomach
- shortness of breath
- numbness in an arm or leg

- coughing with blood
- breast lumps
- yellow skin or eyes (jaundice)

Very common: may affect more than 1 in 10 women
- breakthrough bleeding/spotting
- migraine, headaches

Common: may affect up to 1 in 10 women
- abdominal pain
- feeling or being sick
- changes in body weight
- changes in interest in sex (libido)
- mood change, depressive moods, nervousness
- dizziness
- breast pain or tenderness, breast enlargement or breast secretion
- acne
- irregular bleeding or missed bleeds
- fluid retention or swelling
- changes in vaginal discharge, vaginal infections such as thrush

Uncommon: may affect up to 1 in 100 women
- abdominal cramps, bloating
- changes in appetite
- diarrhoea
- rash, brown patches on the face and body like those that occur in pregnancy (chloasma), itching
- hair thinning or unusual hairiness
- changes in serum lipid levels including hypertriglyceridemia
- increased blood pressure

Rare: may affect up to 1 in 1,000 women
- problems with contact lenses
- cholestatic jaundice
- erythema nodosum
- erythema multiforme (fever and rash of the face, arms and legs)
- glucose intolerance
- decrease in serum folate levels

Very rare: may affect up to 1 in 10,000 women
- gallbladder disease (including gallstones)
- pancreatitis (inflammation of the pancreas)
- a blood disorder called haemolytic uraemic syndrome - HUS (a disorder where blood clots cause the kidneys to fail)
- herpes gestationis
- exacerbation of systemic lupus erythematosus – SLE (an inflammatory disease which can affect many parts of the body, including the skin, joints and internal organs), porphyria and Sydenham's Chorea (a movement disease)
- optic neuritis inflammation of the optic nerve (may lead to partial or complete loss of vision)
- aggravation of varicose veins
- retinal vascular thrombosis (blood clot of the eye)
- ischaemic colitis (inflammation and injury of the large intestine result from inadequate blood supply)
- hepatic adenomas (benign liver tumors)
- hepatocellular carcinomas (cancer of the liver)

Not known: frequency cannot be estimated from the available data

- hepatocellular injury (e.g. hepatitis, hepatic function abnormal).
- inflammatory bowel disease (Crohn's Disease, ulcerative colitis), including worsening of these conditions

If you have bleeding while you are taking the tablets
You may at first have some breakthrough bleeding, or spotting, whilst you are taking your tablets, but your periods should settle down after a few months. However, if the bleeding is heavy, continuous or keeps returning, see your doctor.

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via HPRA Pharmacovigilance. Website: www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Trinordiol

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

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

Do not store your tablets above 25ºC.

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 Trinordiol contains
The active substances are levonorgestrel and ethinylestradiol.

The other ingredients are lactose monohydrate, maize starch, Povidone K25, Povidone K90, titanium dioxide (E171), magnesium stearate, sucrose, Macrogol 6000, calcium carbonate, talc, glycerol, iron oxide pigments (red-brown and yellow) (E172) and wax E Pharma (Montanglycol Wax E).

Each blister pack of tablets contains:

6 light brown coated tablets each containing 50 micrograms of levonorgestrel and 30 micrograms of ethinylestradiol.
5 white coated tablets each containing 75 micrograms of levonorgestrel and 40 micrograms of ethinylestradiol.
10 ochre coated tablets each containing 125 micrograms of levonorgestrel and 30 micrograms of ethinylestradiol.

What Trinordiol looks like and contents of the pack
Trinordiol tablets are coated tablets.

Each blister pack contains 6 light brown, 5 white and 10 ochre lustrous sugar-coated tablets.

Trinordiol is supplied in a carton containing three blister strips of coated tablets. Each blister strip may also be packed inside an aluminium foil pouch together with a silica gel desiccant sachet. Do not take the silica gel desiccant. Throw away the desiccant sachet when you open the foil pouch.

Marketing Authorisation Holder and Manufacturer

Marketing Authorisation Holder:
Pfizer Healthcare Ireland
9 Riverwalk, National Digital Park
Citywest Business Campus
Dublin 24
Ireland

Manufacturer(s):
Haupt Pharma Munster GmbH
Schleebrueggenkamp 15
48159 Muenster
Germany

Pfizer Ireland Pharmaceuticals
Little Connell
Newbridge
Co. Kildare
Republic of Ireland

This leaflet was last revised in 11/2022.

Ref: TN 10_0