

**PATIENT PACKAGE INSERT IN ACCORDANCE WITH THE PHARMACISTS'  
REGULATIONS (PREPARATIONS) – 1986**

The medicine is dispensed with a doctor's prescription only

## **Meliane<sup>®</sup>**

### **Coated Tablets**

Each tablet contains:

gestodene 0.075 mg

ethinylestradiol 0.02 mg

Inactive ingredients and allergens: See section 2 under "Important information about some of this medicine's ingredients" and section 6 "Further Information".

**Read this leaflet carefully in its entirety before using the medicine.** This leaflet contains concise information about the medicine. If you have further questions, refer to the doctor or pharmacist.

This medicine has been prescribed to treat you. Do not pass it on to others. It may harm them even if it seems to you that their medical condition is similar.

### **ESSENTIAL INFORMATION ABOUT COMBINED HORMONAL CONTRACEPTIVES AND ABOUT THE MEDICINE**

- When used properly, combined hormonal contraceptives are considered one of the most reliable reversible methods of contraception.
- They slightly increase the risk of a blood clot in the veins and arteries, especially in the first year or when resuming treatment with a combined hormonal contraceptive following a break of 4 or more weeks.
- You must be alert and refer to the doctor if you think you may have symptoms of a blood clot (see "Blood clots" in section 2).
- If taken for prolonged periods, oral contraceptive pills may reduce your risk of cancer of the ovaries and womb.
- Contraceptive pills do not protect against sexually transmitted diseases, such as AIDS or chlamydia. Only a condom can help with this.
- This medicine can increase your risk of effects such as blood clots and breast cancer.
- Oral contraceptive pills are not suitable for some women due to their medical condition. Please read this leaflet to make sure Meliane is suitable for you.
- To prevent pregnancy, it is important to take Meliane as instructed and start each new strip on time. Please make sure that you understand what to do if you miss a pill or if you think you are pregnant.

### **1) WHAT IS THE MEDICINE INTENDED FOR?**

Meliane is intended to prevent pregnancy.

**Therapeutic group:** Meliane belongs to a group of medicines called combined pills (oral contraceptive pills) that contain 2 types of female hormones: estrogen and progestogen. These hormones prevent pregnancy in 3 ways: by preventing release of an egg from the ovaries, thickening the secretions from the cervix, which makes it more difficult for sperm to enter the womb, and preventing thickening of the lining of

the womb required for implantation of the egg.

- When used properly, oral contraceptive pills are considered one of the most reliable reversible methods of contraception.
- Oral contraceptive pills do not interrupt sexual intercourse.
- Oral contraceptive pills usually make regular, lighter and less painful periods.
- Oral contraceptive pills may relieve premenstrual symptoms.

## **2) BEFORE USING THE MEDICINE**

### **Do not use the medicine if:**

- you are sensitive (allergic) to gestodene or to ethinylestradiol or to any of the additional ingredients contained in the medicine. For the list of inactive ingredients, see section 6 “Further Information”.
- you have, or have ever had, a blood clot in a blood vessel of your legs (deep vein thrombosis, DVT), lungs (pulmonary embolism, PE), or in other parts of the body.
- you know you have a blood clotting disorder (for instance, protein C deficiency, protein S deficiency, antithrombin-III deficiency, Factor V Leiden or antiphospholipid syndrome).
- you have to undergo surgery or if you are immobile for a long time (see “Blood clots” in section 2).
- you have had a heart attack or stroke in the past.
- 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 ischemic attack (TIA – temporary stroke symptoms).
- you have any of the following diseases that may increase your risk of a blood clot in the arteries:
  - severe diabetes with blood vessel damage
  - very high blood pressure
  - very high blood fat levels (cholesterol or triglycerides)
  - a medical condition characterized by high blood homocysteine levels (hyperhomocysteinemia)
- you are suffering, or have suffered in the past, from a type of migraine called “migraine with aura”.
- you have, or have ever had, breast cancer.
- you have had a severe liver disease in the past, and you have been told by the doctor that your liver functions are not yet back to normal.
- you have, or have ever had, liver tumors.
- you have hepatitis C and are taking medicinal preparations containing ombitasvir/paritaprevir/ritonavir, dasabuvir, glecaprevir/pibrentasvir or sofosbuvir/velpatasvir/voxilaprevir (also see in section “Drug interactions”).

If you are suffering from one of the above-mentioned conditions or if you develop any of them for the first time, stop treatment and tell the doctor. The doctor will discuss with you other contraceptive methods that may suit you better.

### **Special warnings regarding use of the medicine:**

- Before you start taking Meliane, read the information regarding blood clots later in this section. It is especially important that you read about the symptoms of blood clots detailed in section 2 “Blood clots”.

- Before starting treatment, or in order to make a decision about continuing treatment, it is important that you understand the advantages and disadvantages of oral contraceptive pills. Although oral contraceptive pills are suitable for most healthy women, they are not suitable for everyone.

Tell the doctor if you are suffering from the medical conditions or risk factors mentioned in this leaflet.

- If you need to have a blood test, inform the doctor that you are taking an oral contraceptive pill, since combined oral contraceptive pills can affect the results of certain tests.

When should you contact the doctor?

Seek urgent medical attention

- if you notice possible signs of a blood clot that may indicate that you are suffering from a blood clot in the leg (i.e., deep vein thrombosis), a blood clot in the lungs (i.e., pulmonary embolism), a heart attack or a stroke (see “Blood clots” in section 2).

For a description of the symptoms of these serious side effects, please see “How to recognize a blood clot” in section 2.

- Some of the conditions listed below may worsen when taking oral contraceptive pills, or they may indicate that Meliane is not suitable for you. You may still be able to take Meliane, but it will require closer monitoring by your doctor.

**Before using Meliane, tell the doctor if any of the following conditions apply to you, develop or worsen while taking Meliane:**

- 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 estrogen may cause or worsen the symptoms of hereditary and acquired angioedema.
- If you have Crohn’s disease or ulcerative colitis (chronic inflammatory bowel disease)
- If you have systemic lupus erythematosus (SLE – a disease affecting your immune system)
- If you have hemolytic uremic syndrome (a blood clotting disorder causing kidney failure)
- If you have sickle cell anemia (an inherited disease of the red blood cells)
- If you are suffering from an inflammation of the pancreas (pancreatitis)
- If you suffer from elevated levels of fat in the blood (hypertriglyceridemia) or if you have a family history of this condition. Hypertriglyceridemia has been associated with an increased risk of developing pancreatitis
- If you need to undergo surgery, or you are immobile for a long time (see “Blood clots” in section 2)
- If you have recently given birth, you are at an increased risk of blood clots. Consult your doctor as to how soon after delivery can you start taking Meliane
- If you are suffering from an inflammation in the veins under the skin (superficial thrombophlebitis)
- If you suffer from varicose veins
- If you have diabetes
- If you or a close relative has ever had heart or circulation problems such as high blood pressure

- If you or a close relative has ever had blood clotting problems
- If you suffer from an inherited disease called porphyria
- If you are obese
- If you suffer from migraines
- If you have any illness that worsened during pregnancy or during previous use of oral contraceptive pills (see section 4 “Side effects”)

### **Blood clots**

Using a combined hormonal contraceptive such as Meliane 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 (a condition called “venous thrombosis”, “venous thromboembolism” or VTE)
- in the arteries (a condition called “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 life-threatening.

**It is important to remember that the overall risk of having a harmful blood clot due to use of Meliane is small.**

### **How to recognize 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?
<ul style="list-style-type: none"> <li>• Swelling of one leg or along a vein in the leg or foot, especially when accompanied by:               <ul style="list-style-type: none"> <li>◦ pain or tenderness in the leg which may be felt only when standing or walking</li> <li>◦ increased warmth in the affected leg</li> <li>◦ change in color of the skin on the leg e.g., turning pale, red or blue</li> </ul> </li> </ul>	Deep vein thrombosis
<ul style="list-style-type: none"> <li>• Sudden unexplained breathlessness or rapid breathing</li> <li>• Sudden cough without an obvious cause, which may bring up blood</li> <li>• Sharp chest pain which increases with deep breathing</li> <li>• Severe light-headedness or dizziness</li> <li>• Rapid or irregular heartbeat</li> <li>• Severe stomach pain</li> </ul> <p>If you are unsure, talk to the 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., the common cold).</p>	Pulmonary embolism
Symptoms which most commonly occur in one eye: <ul style="list-style-type: none"> <li>• Sudden loss of vision or</li> <li>• Painless blurring of vision which can progress to loss of vision</li> </ul>	Retinal vein thrombosis (blood clot in the eye)
<ul style="list-style-type: none"> <li>• Chest pain, discomfort, pressure or heaviness</li> </ul>	Heart attack

<ul style="list-style-type: none"> <li>• Sensation of squeezing or fullness in the chest, arm or below the breastbone</li> <li>• Fullness, choking feeling or indigestion</li> <li>• Upper body discomfort radiating to the back, jaw, throat, arm and stomach</li> <li>• Sweating, nausea, vomiting or dizziness</li> <li>• Extreme weakness, anxiety, or shortness of breath</li> <li>• Rapid or irregular heartbeat</li> </ul>	
<ul style="list-style-type: none"> <li>• Sudden weakness or numbness of the face, arm or leg, especially on one side of the body</li> <li>• Sudden confusion, trouble speaking or understanding</li> <li>• Sudden trouble seeing in one or both eyes</li> <li>• Sudden trouble walking, dizziness, loss of balance or coordination</li> <li>• Sudden, severe or prolonged headache with no known cause</li> <li>• Loss of consciousness or fainting with or without seizure</li> </ul> <p>Sometimes, the symptoms of stroke can be brief with an almost immediate and full recovery, but you still must seek urgent medical attention, as you may be at risk of another stroke.</p>	Stroke
<ul style="list-style-type: none"> <li>• Swelling and slight blue discoloration of the extremities</li> <li>• Severe stomach pain</li> </ul>	Blood clots blocking other blood vessels

If you are suffering from any of these conditions, **refer to the doctor immediately. Stop taking Meliane** until being instructed otherwise by the doctor. In the meantime, use another method of contraception, such as a condom.

### **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 and occur most frequently 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 could cause a deep vein thrombosis (DVT).
- If a blood clot travels from the leg and reaches the lung, a pulmonary embolism could form.
- 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 resume taking a combined hormonal contraceptive (the same medicine or a different medicine) after a break of 4 weeks or more.

After the first year the risk declines, but will always be slightly higher than if you were not using a combined hormonal contraceptive.

When you stop using Meliane, your risk of developing a blood clot returns normal within a few weeks.

### What is the risk of developing a blood clot?

The risk depends on your natural risk of developing venous thromboembolism (VTE) and on the type of combined hormonal contraceptive you are taking.

The overall risk of developing a blood clot in the leg or lungs (DVT or PE) with Meliane 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.
- Out of 10,000 women who are using a combined hormonal contraceptive that contains gestodene, such as Meliane, between about 9 to 12 women will develop a blood clot in a year.
- The risk of developing a blood clot will vary according to your personal medical history (see “Factors that increase your risk of developing a blood clot in a vein” in section 2).

	<b>Risk of developing a blood clot in a year</b>
Women <b>who are not using</b> a combined hormonal pill and are not pregnant	About 2 out of 10,000 women
Women using a combined hormonal contraceptive pill containing <b>levonorgestrel, norethisterone or norgestimate</b>	About 5-7 out of 10,000 women
Women using <b>Meliane</b>	About 9-12 out of 10,000 women

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

The risk of developing a blood clot with Meliane is small, but some conditions will increase the risk. Your risk is higher:

- if you are very overweight (BMI over 30 kg/m<sup>2</sup>)
- if a member 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 50). In such a case, you may have a hereditary blood clotting disorder
- if you need to undergo surgery, or if you are immobile for a long time because of an injury or illness, or if your leg is in a cast. The use of Meliane may need to be stopped at least 4 weeks before surgery or while you are less mobile. If you need to stop Meliane, ask your doctor when you can start using the medicine again.
- with age (particularly above the age of about 35)
- if you gave birth within the past few weeks

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

Air travel (over 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 the doctor if any of these conditions apply to you, even if you are unsure. The doctor may decide that Meliane needs to be stopped.

If any of the above-mentioned conditions change while you are using Meliane, for example, if a close family member experiences a thrombosis for no known reason, or if you gain a lot of weight, tell the doctor.

### **Blood clots in an artery**

#### **What could happen if a blood clot forms in an artery?**

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

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

It is important to note that the risk of a heart attack or stroke from using Meliane is very low but can increase:

- with age (over the age of about 35)
- **if you smoke.** When using a combined hormonal contraceptive like Meliane, it is recommended that you stop smoking. If you are unable to stop smoking and are more than 35 years old, 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 the age of 50). In this case, you may also have a higher risk of having a heart attack or stroke
- if you, or a member of your immediate family, have high blood fat levels (cholesterol or triglycerides)
- if you suffer from migraines, especially “migraine with aura”
- if you have a heart function problem (a heart valve disorder, a disturbance of heart rhythm called atrial fibrillation)
- if you have diabetes

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

If any of the above-mentioned conditions changes while you are using Meliane, for example, if you start smoking, a close family member experiences a thrombosis for no known reason, or you gain a lot of weight, tell your doctor.

### **Oral contraceptive pills and cancer**

While high-dosage oral contraceptive pills reduce the risk of developing cancer of the ovaries and womb in long-term use, it is not clear whether low-dosage oral contraceptive pills like Meliane also provide the same protective effect. However, it also seems that taking oral contraceptive pills slightly increases the risk of developing **cancer of the cervix** – although this may be due to having sex without a condom more than due to the use of oral contraceptive pills. All women should have regular **Pap smear tests**.

If you have breast cancer, or have had it in the past, use of oral contraceptive pills is not recommended. Oral contraceptive pills slightly increase your risk of breast cancer. This risk continues to rise for as long as you are taking oral contraceptive pills, but returns to normal within about 10 years of stopping it. Because breast cancer is rare in women under the age of 40, the extra cases of breast cancer diagnosed in current and recent oral contraceptive pill users is small. For example:

- Out of 10,000 women **who have never taken pills**, about **16** will have breast cancer by the time they are 35 years old.
- Out of 10,000 women **who took pills for 5 years in their early twenties**, about **17-18** will have breast cancer by the time they are 35 years old.
- Out of 10,000 women **who have never taken pills**, about **100** will have breast cancer by the time they are 45 years old.
- Out of 10,000 women **who took pills for 5 years in their early thirties**, about **110** will have breast cancer by the time they are 45 years old.

**Your risk of breast cancer is higher:**

- if you have a close relative (mother, sister or grandmother) who has had breast cancer.
- if you are seriously overweight.

**Refer to the doctor immediately if you notice changes in your breasts**, such as dimpling of the skin, changes in the nipple or any lumps you can see or feel.

Taking oral contraceptive pills has also been linked to liver diseases, such as jaundice and non-cancerous liver tumors, but these cases are rare. In rarer cases, oral contraceptive pills have been linked with some forms of liver cancer in women who have taken the medicine for a long time.

**Refer to a doctor immediately if you experience severe stomach pain or yellowing of the whites of the eye** (jaundice). You may need to stop taking Meliane.

**Psychiatric disorders**

Some women using hormonal contraceptives including Meliane have reported depression or depressed mood. Depression may 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.

**Smoking**

The risk of arterial thrombosis and serious cardiovascular side effects associated with oral contraceptive pills increases with age. This risk is higher in women who smoke large numbers of cigarettes, especially if they are over the age of 35. Therefore, smoking is not recommended when using the medicine. If you cannot stop smoking and you are over the age of 35, your doctor may recommend that you use a different type of contraceptive method.

**Tests and follow-up**

- Before beginning use of an oral contraceptive pill, the doctor will ask you about your and your family's medical history, will check your blood pressure and will rule out any possibility of pregnancy. Additional tests, such as a breast examination, may be necessary, but only if you need to have these tests performed or if you have specific concerns.
- During the course of treatment, you should have regular check-ups with the doctor, including a Pap smear test. Check every month if there have been changes in your breasts and nipples; inform the doctor if you notice or feel any change, such as lumps or dimples.
- If you need to undergo surgery, verify that the doctor knows you are taking Meliane. You may be asked to stop taking the pill at least 4 weeks before the surgery. This is to lower the risk of a blood clot (see "Blood clots" in section 2). The doctor will tell you when you can resume taking pills.



## **Drug interactions:**

**If you are taking or have recently taken other medicines, including non-prescription medicines and nutritional supplements, tell the doctor or pharmacist.** It is particularly important if you are taking any of the following medicines that may impact Meliane levels in the blood, thereby impairing its effectiveness:

- **medicines to treat epilepsy**, such as barbiturates, primidone, phenytoin, carbamazepine, oxcarbazepine, topiramate
- **certain medicines used to treat AIDS and hepatitis C** (called protease inhibitors and non-nucleoside reverse transcriptase inhibitors) such as ritonavir, nelfinavir, nevirapine
- **griseofulvin** to treat fungal infections
- CYP3A4 enzyme inhibitors, such as itraconazole, voriconazole and fluconazole (used to treat fungal infections) and antibiotics of the macrolide group (such as erythromycin) that may increase the level of estrogen and/or progesterone in the blood
- **certain antibiotics** to treat infectious diseases, such as rifampicin
- **St. John's wort** (*Hypericum*) to treat depressed moods
- etoricoxib (anti-inflammatory and painkiller)
- medicines whose blood concentrations may be increased when used with Meliane – cyclosporine, tizanidine, theophylline
- medicines whose blood concentrations may be reduced when used with Meliane – lamotrigine

If you are taking one of the above-mentioned medicines, Meliane may not be suitable for you and you will need to use an extra contraceptive method for a while. The doctor will instruct you if this is necessary and for how long.

In addition, it is recommended that you check the leaflets of the medicines you are taking to see if they can be used concomitantly with hormonal contraceptives.

Moreover, **Meliane may also affect the activity of other medicines.** Your doctor may adjust the dosage of the medicines you are taking concomitantly with Meliane.

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

## **Use of the medicine and food**

The medicine can be taken on an empty stomach or with food.

## **Pregnancy, breastfeeding and fertility**

**Do not use Meliane if you are pregnant.**

If you think you might be pregnant, perform a pregnancy test before you stop taking the medicine.

Meliane use while breastfeeding may lead to a reduced volume of produced milk and to a change in its composition. Small amounts of active ingredients are secreted in the breast milk. These amounts may affect the baby, especially during the first 6 weeks after delivery.

**If you are breastfeeding**, your doctor may advise you not to take Meliane. The doctor will be able to help you choose an alternative contraceptive method. Breastfeeding does not prevent you from becoming pregnant.

### **Driving and use of machines**

Meliane has no effect on the ability to drive or use machines.

### **Important information regarding some of the components of the medicine**

The medicine contains lactose and sucrose. If you have been told by the doctor that you have intolerance to some sugars, consult the doctor before using Meliane.

## **3) HOW SHOULD YOU USE THE MEDICINE?**

Always use according to the doctor's instructions. Check with the doctor or pharmacist if you are not sure about your dose or about how to take this medicine.

- The dosage and treatment regimen will be determined by the doctor only. The usual dosage is generally one tablet, once a day, at a set time, for 21 days. After taking the tablet for 21 days, take a 7-day break.

### **Do not exceed the recommended dose.**

- Mode of administration

Swallow the tablet whole, with water if necessary.

Do not crush/split/chew so as not to damage the tablet coating.

- Duration of treatment

### **Take Meliane every day for 21 days**

Each Meliane strip has 21 tablets. The day of the week and an arrow pointing you in the direction of progression are marked on the back of the strip, on the back of each tablet. Start by taking the tablet marked with the correct day of the week; continue taking the tablets in the direction of the arrows. Take one tablet each day, until you have finished the strip.

### **Take a 7-day break**

After 21 days of taking tablets, take a 7-day break. So, if you took the last tablet of the strip on a Friday, take the first tablet of the next strip on the Saturday of the following week. Within a few days of taking the last tablet from the strip, you will have menstrual bleeding. The bleeding may still not have stopped when you start a new strip of pills. There is no need for extra contraception during the 7-day break – as long as you have taken the tablets according to the instructions and started a new strip on time.

### **Start a new strip**

Start a new strip – even if the menstrual bleeding has not stopped yet. Always start the new strip on time.

As long as you take Meliane according to the instructions, you will always start a new strip on the same day of the week.

- Starting use of Meliane

### **Starting Meliane for the first time or after discontinued use**

It is recommended to take the first tablet on the first day of your period. In this way, you will have contraceptive protection starting from the first tablet.

### **Switching to Meliane from another oral contraceptive pill**

- **If you are currently taking a 21-day Pill:** Start Meliane the day after you finish the other oral contraceptive pill. This way, you will have contraceptive protection from the first tablet. Menstrual bleeding will only occur after finishing the strip of Meliane.
- **If you are taking a 28-day Pill:** Start taking Meliane the day after taking the last active tablet from the previous strip. This way, you will have contraceptive protection from the first tablet. Menstrual bleeding will only occur after you finish taking the strip of Meliane.
- **If you are taking a progestogen-only Pill (POP):** Start taking Meliane on the first day of menstrual bleeding, even if you have already taken the progestogen-only pill for that day. This way, you will have contraceptive protection immediately.

### **Starting Meliane after a miscarriage or abortion**

If you have had a miscarriage or an abortion **during the first three months of pregnancy**, your doctor may tell you to start taking Meliane immediately. In this case you will have contraceptive protection from the first tablet.

If you have had a miscarriage or an abortion **after the third month of pregnancy**, consult the doctor. You may need to use an extra method of contraception, such as a condom, for a short time.

### **Using contraceptives after having a baby**

If you have recently had a baby, the doctor will advise you to take Meliane 21 days after delivery, provided that you are fully mobile. There is no need to wait for a period. You will need to use another method of contraception, such as a condom, until you start using Meliane and for the first 7 days of use.

### **If you accidentally take too high a dosage**

It is unlikely that taking more than one tablet will cause harm, but you may feel nauseous, vomit or have vaginal bleeding. Such bleeding may also occur in girls who have never menstruated and accidentally took the medicine. Consult the doctor if you experience any of these symptoms.

If you took an overdose, or if a child accidentally swallowed the medicine, immediately refer to a doctor or proceed to a hospital emergency room and bring the package of the medicine with you.

### **If you forget to take the medicine**

**If the delay in taking the tablet is less than 12 hours**, take the tablet as soon as possible and continue taking the rest of the tablets as usual. This may mean taking 2 tablets in one day. Do not worry – your contraceptive protection was not reduced.

**If the delay in taking the tablet is more than 12 hours**, or you have missed more than one tablet, your contraceptive protection may be reduced.

- **Take the most recently missed tablet as soon as possible**, even if it means taking 2 tablets at once. Leave any earlier missed tablets in the strip.
- **Continue to take one tablet a day for the next 7 days** at the usual time.
- **If you finish a strip** during these 7 days, start a new strip without taking a 7-day break. You probably won't have menstrual bleeding until after you finish the second strip, but there is no need to worry. If you have finished the second strip and menstrual bleeding has not yet occurred, perform a pregnancy test before starting another strip.

- **Use an additional contraceptive method**, such as a condom, **for the 7 days after missing a tablet.**
- If you have missed one or more tablets from the first week of your strip (days 1-7) and you had sex in that week, you might be pregnant. Consult the doctor as soon as possible. The doctor will advise you regarding emergency contraception.

**If you have missed any of the tablets in a strip, and menstrual bleeding does not occur in the pill-free break, you may be pregnant. Contact the doctor as soon as possible, or take a home pregnancy test.**

**If you started a new strip late, or you extended the break beyond 7 days, you may not be protected from pregnancy.** If you had sex in the last 7 days, consult the doctor. You may need emergency contraception. You should also use extra contraception, such as a condom, for the next 7 days.

#### **If you lost a tablet**

Choose one of these two options:

Take the last tablet of the strip in place of the lost tablet. Continue taking all the other tablets on their proper days. Your cycle will be one day shorter than normal, but your contraceptive protection won't be impaired. After the 7-day break, you will have a new starting day, one day earlier than the previous strip.

Or, if you have an extra strip and you do not want to change the starting day of your cycle, take a tablet from that extra strip. Continue taking all the other tablets from your current strip as usual. You can then keep the opened strip as a spare strip, in case you lose any more tablets.

#### **In the event of vomiting or diarrhea**

If you are suffering from vomiting or severe diarrhea within 4 hours of taking a tablet, there is no guarantee that the daily tablet will be fully absorbed from the digestive system.

**If you get better within 12 hours of taking Meliane**, follow the instructions in this section "If you lost a tablet", which describes how to take another tablet.

If you are suffering from vomiting or diarrhea **more than 12 hours after taking the tablet**, follow the instructions in this section "If you forget to take the medicine".

**Tell the doctor if the digestive disturbances carry on or get worse.** The doctor may recommend another method of contraception.

#### **A missed a period – could you be pregnant?**

Occasionally, you may not have menstrual bleeding. This could mean that you are pregnant, but it is very unlikely if you have taken your tablets according to the instructions. Start the next strip at the normal time. If you think there is a chance you are pregnant (for example, if you missed a tablet or you took other medicines concomitantly), or if you miss a second menstrual bleed, you should take a home pregnancy test. If you are pregnant, stop taking Meliane and refer to the doctor.

#### **When you want to get pregnant**

If you are planning a baby, it is recommended to use another method of contraception after stopping Meliane until you have a period. Your doctor will rely on the date of your last natural period to predict when your baby is due. However, it will not cause you or your baby any harm if you get pregnant straight away.

**Do not take medicines in the dark! Check the label and dose each time you take medicine. Wear glasses if you need them.**

**If you have further questions regarding use of the medicine, consult the doctor or pharmacist.**

#### **4) SIDE EFFECTS**

As with any medicine, use of Meliane may cause side effects in some users. Do not be alarmed when reading the list of side effects. You may not suffer from any of them. If you have one or more of the following side effects, especially if it is severe or prolonged, or if there is a change in your health status that you think could be related to Meliane, inform your doctor.

An increased risk of blood clots in the veins (venous thromboembolism [VTE]) or blood clots in the arteries (arterial thromboembolism [ATE]) exists in all women using combined hormonal contraceptives. For more detailed information on the different risks from taking combined hormonal contraceptives, see section 2 "Before using the medicine".

#### **Serious side effects – refer to a doctor immediately**

**Rare side effects** – effects that occur in 1-10 out of 10,000 users

• harmful blood clots in a vein or artery, for example:

- in a leg or foot (DVT)
- in a lung (PE)
- heart attack
- stroke
- mini-stroke or temporary stroke-like symptoms, known as a transient ischemic attack (TIA)
- blood clots in the liver, stomach/intestine, kidneys or eyes

The risk of developing a blood clot may be higher if you have any other conditions that increase this risk (see section 2 for more information on the risk factors and signs for blood clots).

#### **Signs of a blood clot** (see "Blood clots" in section 2)

Contact a doctor immediately if you experience any of the following symptoms of angioedema: swollen face, tongue and/or throat and/or difficulty swallowing or hives, potentially with difficulty breathing (see also section 'Before using the medicine').

Signs of a severe allergic reaction or worsening of hereditary angioedema:

- swelling of the hands, face, lips, mouth, tongue or throat. Swelling of the tongue or throat may lead to difficulty swallowing and breathing
- a red bumpy rash (hives) and itching

Signs of breast cancer include:

- dimpling of the skin
- changes in the nipple
- lumps you see or feel

Signs of cancer of the cervix include:

- vaginal discharge that smells and/or contains blood
- unusual vaginal bleeding
- pelvic pain
- painful sex

Signs of severe liver problems include:

- severe pain in the upper abdomen
- yellowing of the skin or eyes (jaundice)
- viral inflammation of the liver (hepatitis)
- itching all over the body

**If you have any of the above-mentioned effects, refer to a doctor immediately.**

The doctor may instruct you to stop taking Meliane.

### **Additional side effects, less serious**

Common side effects – effects that occur in 1-10 out of 100 users

- nausea
- stomachache
- putting on weight
- headache
- mood swings or depressive moods
- sore or painful breasts

Uncommon side effects – effects that occur in 1-10 out of 1,000 users

- vomiting and stomach upset
- fluid retention
- migraine
- decreased libido
- breast enlargement
- rash, which may be itchy

Rare side effects – effects that occur in 1-10 out of 10,000 users

- intolerance of contact lenses
- losing weight
- increased libido
- vaginal or breast discharge

### **Other side effects reported**

- Breakthrough bleeding (spotting and light bleeding) may occur for the first few months. This breakthrough bleeding will usually stop once your body has adjusted to Meliane. If the bleeding is prolonged, becomes heavy or resumes, refer to the doctor (see in section 4 “Breakthrough bleeding”).
- Chloasma (yellow-brown patches on the skin). These patches can appear even after use of Meliane for a number of months. The incidence of chloasma can be reduced by avoiding sunlight or UV radiation.
- Medical conditions that may worsen during pregnancy or previous use of the medicine:
  - yellowing of the skin (jaundice)
  - persistent itching (pruritus)

- kidney or liver function problems
- gallstones
- rare medical conditions such as systemic lupus erythematosus
- occurrence or deterioration of the movement disorder called chorea
- blister-like rash (herpes gestationis) whilst pregnant
- inherited deafness of the otosclerosis type
- Crohn's disease
- ulcerative colitis
- if you, or someone in your family, have a history of sickle cell anemia
- an inherited disease called porphyria
- cancer of the cervix

### **Breakthrough bleeding**

Some women taking Meliane have light bleeding or spotting between periods, especially during the first few months of treatment. Normally, this bleeding will stop after a day or two and is nothing to worry about. Keep taking Meliane as usual. The effect will most likely disappear after using a few strips.

Breakthrough bleeding can also occur due to irregular use of Meliane; therefore, be sure to take the pill at the same time every day. Also, breakthrough bleeding can be due to use of other medicines.

Consult the doctor if you get breakthrough bleeding or spotting that:

- carries on for more than a few months
- started after you have been taking Meliane for a while
- carries on even after you have stopped taking Meliane

**If you experience a side effect, if one of the side effects worsens or if you experience a side effect not mentioned in the leaflet, consult the doctor.**

Side effects can be reported to the Ministry of Health by clicking on the link "Reporting Side Effects of Drug Treatment" found on the Ministry of Health homepage ([www.health.gov.il](http://www.health.gov.il)) that directs you to the online form for reporting side effects, or by entering the link:

<https://sideeffects.health.gov.il>

## **5) HOW SHOULD THE MEDICINE BE STORED?**

- Avoid poisoning! This medicine and any other medicine must be kept in a safe place out of the reach and sight of children and/or infants to avoid poisoning. Do not induce vomiting unless explicitly instructed to do so by the doctor.
- Do not use the medicine after the expiry date (exp. date) that appears on the package. The expiry date refers to the last day of that month.

### **Storage conditions**

- Do not store at a temperature that exceeds 25°C. Protect from light.
- Do not discard medicines in the waste bin. Ask the pharmacist what to do with medicines you no longer use; this way, you will help protect the environment.

## **6) FURTHER INFORMATION**

- In addition to the active ingredients, the medicine also contains:

Lactose monohydrate, sucrose, maize starch, calcium carbonate, talc, macrogol 6000, povidone 25, magnesium stearate, povidone 90, montanglycol wax (wax E).  
Each tablet contains 37.155 mg lactose monohydrate, and 19.66 mg sucrose.

- **What the medicine looks like and the contents of the package**

Round, white, coated tablets.

The tablets are provided in trays (blisters) in strips of 21 tablets. Each package contains 1 or 3 strips.

A day of the week is marked on the back of each tablet in the blister.

Not all package sizes may be marketed.

- **Registration holder and address:** Bayer Israel Ltd., 36 Hacharash St., Hod Hasharon 4527702.

- **Manufacturer and address:** Bayer AG, Germany.

- Revised in June 2023 according to MOH guidelines.

- Registration number of the medicine in the National Drug Registry of the Ministry of Health: 109 12 29094 00