CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
75256_S6

DRAFT FINAL PRINTED LABELING
Apri™
(desogestrel and ethinyl estradiol) Ta

PATIENTS SHOULD BE COUNSELED THAT THIS PRODUCT DOES NOT
AGAINST HIV INFECTION (AIDS) AND OTHER SEXUALLY TRANSMITTED
B. only

DESCRIPTION
Apri 28 and 21 Day Regimen blister cards for desogestrel and ethinyl estradiol tablets
provide an oral contraceptive regimen of 21 round rose-colored tablets. Each rose-
colored "active" desogestrel and ethinyl estradiol tablet for oral administration con-
tains 0.15 mg desogestrel (3-ethyl-11-tert-butylamino-19-nor-17alpha-ethynylestradiol-20-
yne-3,17-diol) and 0.03 mg ethinyl estradiol (19-nor-17 alpha-ethynylestradiol-3,5(10)-
yne-20-one-3,17-diol). Inactive ingredients include colloidal silicon dioxide, FD&C Blue
No. 2 Aluminum Lake, FD&C Red No. 40 Aluminum Lake, hypromellose methylcre-
sulose, lactose monohydrate, polyethylene glycol, polyvinyly alcohol, povidone, pregna-
tetrol starch, stearic acid, titanium dioxide, and vitamin E.

Apri 28 Day Regimen blister cards also contain 7 white "inactive" tablets for oral admin-
istration, containing the following inactive ingredients: lactose anhydrous, magnesium
stearate, microcrystalline cellulose and pregelatinized starch.

DESOGESTREL

C20H22O3  M.W.: 310.40

ETHINYL ESTRADIOL

C18H20O2  M.W.: 298.41

CLINICAL PHARMACOLOGY
Pharmacodynamics
Combination oral contraceptives act by suppression of gonadotropins. Although the pri-
mary mechanisms of this action are inhibition of ovulation, other actions include
changes in the cervical mucus, which increase the difficulty of sperm entry into the
uterus, and changes in the endometrium which reduce the likelihood of implantation.
Receptor binding studies, as well as studies in animals and humans, have shown that
3-keto-desogestrel, the biologically active metabolite of desogestrel, continues progester-
ogonadotropin activity with minimal estrogenic activity (61,92). Desogestrel, in com-
bination with ethinyl estradiol, does not counteract the estrogen-induced increase
in SHBG, resulting in lower serum levels of free testosterone (66-99).

Pharmacokinetics
Desogestrel is rapidly and almost completely absorbed and converted into 3-keto-
desogestrel, its biologically active metabolite. Following oral administration, the relative
bioavailability of desogestrel, as measured by serum levels of 3-keto-desogestrel, is
approximately 94%.

In the third cycle of use after a single desogestrel and ethinyl estradiol tablet, maximum
concentrations of 3-keto-desogestrel of 2,300 ± 1,200 pg/mL (mean ± SD) are reached
at 1-4 hours. The area under the curve (AUC) is 32,850 ± 11,090 pg/mL h. In a single
dose. At steady state, attained from at least day 15 onwards, maximum concentra-
tions of 5,890 ± 1,667 pg/mL are reached at 1-4 hours. The minimum plasma lev-
es of 3-keto-desogestrel at steady state are 1.09 ± 0.50 pg/mL. The AUC at steady
state is 52,996 ± 17,879 pg/mL h. The mean AUC for 3-keto-desogestrel at single
dose is significantly lower than that mean AUC at steady state. This indicates that the
kinetics of 3-keto-desogestrel are non-linear due to an increase in binding of
3-keto-desogestrel to sex hormone-binding globulin in the cycle, attributed to increased
sex hormone-binding globulin levels which are induced by the daily administration of
ethinyl estradiol. Sex hormone-binding globulin levels increased significantly in the third
contraceptive cycle from day 1 (153 ± 64 amol/mL) to day 21 (235 ± 58 amol/mL).
The elimination half-life for 3-keto-desogestrel is approximately 36 ± 20 hours at steady
state. In addition to 3-keto-desogestrel, other phase 1 metabolites are 3α-Oh-desog-
estrel, 3α-OH-3α-keto-desogestrel, and 3α-OH-3α-keto-desogestrel. These other metabo-
lites are not known to have any pharmacologic effects, and are further converted in part by
conjugation (phase II metabolism) into polar metabolites, mainly sulfates and glucuronides.
Ethinyl estradiol is rapidly and almost completely absorbed. In the third cycle of use
after a single desogestrel and ethinyl estradiol tablet, the relative bioavailability is
approximately 52%.

In the third cycle of use after a single desogestrel and ethinyl estradiol tablet, maximum
concentrations of ethinyl estradiol of 95.34 pg/mL are reached at 1.5-3.8 hours. The
AUC at steady state, attained from at least day 19 onwards, maximum ethinyl estradiol concentrations of 141 ± 48 pg/mL are reached at 1.4 ± 0.7 hours. The minimum serum levels of ethinyl estradiol at steady state are 2 ± 0.9 pg/mL. The mean AUC for ethinyl estradiol following a single dose during treatment cycle 3 does not significantly differ from the mean AUC at steady state. This finding indi-
cates linear kinetics for ethinyl estradiol. The elimination half-life is 26 ± 8 hours at steady state. Ethinyl estradiol is subject to a signifi-
cant degree of presystemic conjugation (phase II metabolism). Ethinyl estradiol escap-
ing gut wall conjugation undergoes phase I metabolism and hepatic conjugation (phase II
metabolism). Major phase I metabolites are 2-OH-ethinyl estradiol and 2-OH-ethinyl
estradiol. Sulfate and glucuronide conjugates of both ethinyl estradiol and phase I metabo-
lites, which are excreted in bile, can undergo enterohepatic circulation.

INDICATIONS AND USAGE

...
Aprin (desogestrel and ethinyl estradiol) tablets are indicated for the prevention of pregnancy in women who elect to use oral contraceptives as a method of contraception. Oral contraceptives are highly effective. Table 1 lists the typical accidental pregnancy rates for users of combination oral contraceptives and other methods of contraception. The efficacy of these contraceptive methods, except sterilization, depends upon the reliability with which they are used. Correct and consistent use of these methods can result in lower failure rates.

**Table 1: Lowest Expected and Typical Failure Rates during the First Year of Continuous Use of a Method**

<table>
<thead>
<tr>
<th>Method</th>
<th>Lowest Expected*</th>
<th>Typical**</th>
</tr>
</thead>
<tbody>
<tr>
<td>(No Contraceptive)</td>
<td>(85)</td>
<td>(85)</td>
</tr>
<tr>
<td>Oral Contraceptives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>combined</td>
<td>3</td>
<td>N/A***</td>
</tr>
<tr>
<td>progestin only</td>
<td>0.1</td>
<td>N/A***</td>
</tr>
<tr>
<td>Diaphragm with spermicidal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cream or jelly</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Spermicides alone (foam, cream, gel, jelly, vaginal suppositories, and vaginal film)</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>Vaginal Sponge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>multipurpose</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>diaphragm or cervical cap</td>
<td>20</td>
<td>36</td>
</tr>
<tr>
<td>implant</td>
<td>0.09</td>
<td>0.09</td>
</tr>
<tr>
<td>injection depot</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>microsponge/progestone acetate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>progestosterone</td>
<td>1.5</td>
<td>2.0</td>
</tr>
<tr>
<td>copper T 380A</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Condom without spermicidal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>male</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Contraceptive Cap with spermicidal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cream or jelly</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>multipurpose</td>
<td>20</td>
<td>36</td>
</tr>
<tr>
<td>Periodic withdrawal (all methods)</td>
<td>1-2</td>
<td>20</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Male sterilization</td>
<td>0.10</td>
<td>0.15</td>
</tr>
</tbody>
</table>

Adapted from RA Nechters et al., Table 3-2, (1994) ref. 1.  
* The authors' best guess of the percentage of women expected to experience an accidental pregnancy among couples who initiate a method (not necessarily for the first time) and who use it consistently and correctly during the first year if they do not stop for any other reason.  
** This term represents "typical" couples who initiate use of a method (not necessary for the first time), who experience an accidental pregnancy during the first year if they do not stop use for any other reason.  
*** N/A — Data not available.

In a clinical trial with desogestrel and ethinyl estradiol tablets, 1,159 subjects completed 11,658 cycles and a total of 10 pregnancies were reported. This represents an overall user-fertility (typical user-fertility) pregnancy rate of 1.12 per 100 per 100 women-years. This rate includes patients who did not take the drug correctly.

**CONTRAINDICATIONS**

Oral contraceptives like Aprin tablets should not be used in women who currently have the following conditions:

- Thrombophlebitis or thromboembolic disorders
- A past history of deep vein thrombophlebitis or thromboembolic disorders
- Central vascular or coronary artery disease
- Known or suspected carcinoma of the breast
- Carcinoma of the endometrium or other known or suspected estrogen-dependent neoplasia
- Unexplained abnormal genital bleeding
- Cholestatic jaundice of pregnancy or jaundice with prior pill use
- Hepatic adenomas or carcinomas
- Known or suspected pregnancy

**WARNINGS**

Cigarette smoking increases the risks of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 35 years of age. Women who use oral contraceptives should be strongly advised not to smoke.

The use of oral contraceptives is associated with increased rates of several serious conditions including myocardial infarction, thromboembolism, stroke, hepatic neoplasia, and gallbladder disease, although the risk of serious morbidity or mortality is very small in healthy women without underlying risk factors. The risk of mortality and morbidity increases significantly in the presence of other underlying risk factors such as hypertension, hyperlipidemia, 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 formulations of higher doses of estrogens and progestogens than those in common use today. The effect of long term use of the oral contraceptives with formulations of lower doses of both estrogens and progestogens remains to be determined.

Throughout this following epidemiological studies reported are of two types: retrospective or case control studies and prospective or cohort studies. Case control studies provide a measure of the relative risk of a disease, namely, a ratio of the incidence of a disease among oral contraceptive users to 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 does provide information about the actual occurrence of a disease in the population.
1. THROMBOEMBOLIC DISORDERS AND OTHER VASCULAR PROBLEMS
   a. Myocardial Infarction

   An increased risk of myocardial infarction has been attributed to oral contraceptive use. This risk is primarily in smokers or women with other underlying risk factors for coronary artery disease such as hypertension, hypercholesterolemia, morbid obesity, and diabetes. The relative risk of heart attack for current oral contraceptive users has been estimated to be two to six (4-10). The risk is very low in women under the age of 35. Smoking in combination with oral contraceptive use has been shown to contribute substantially to the incidence of myocardial infarction in women, their risk ratios of older women with smoking accounting for the majority of excess cases (11). Mortality rates associated with circulatory disease have been shown to increase substantially in smokers, especially in those 35 years of age and older among women who use oral contraceptives. (See Table i)

   TABLE I: Circulatory disease mortality rates per 100,000 women-years by age, smoking status and oral contraceptive use

   (Adapted from P.M. Layde and V. Basal, ref. 12.)

Oral contraceptives may compound the effects of well-known risk factors, such as hypertension, diabetes, hyperlipidemia, age and obesity (13). In particular, some progestogens are known to decrease HDL cholesterol and cause glucose intolerance, while estrogens may create a state of hyperinsulinism (14-18).

   Oral contraceptives have been shown to increase blood pressure among users (see section 9 in Warnings). Similar effects on risk factors have been associated with an increased risk of heart disease. Oral contraceptives must be used with caution in women with cardiovascular disease risk factors.

   Desogestrel has minimal androgenic activity (see CLINICAL PHARMACOLOGY), and there is some evidence that the risk of myocardial infarction associated with oral contraceptives is lower when the progestogen has minimal androgenic activity than when the activity is greater (159).

   b. Thromboembolism

   An increased risk of thromboembolic and thrombotic disease associated with the use of oral contraceptives is well established. Data from case-control and cohort studies report that oral contraceptives containing desogestrel (API) (desogestrel and ethinyl estradiol) Tablets contain desogestrel) are associated with a two-fold increase in the risk of venous thromboembolic disease as compared to other low-dose (containing less than 50 mcg of estrogen) pills containing other progestogens. According to these studies, this two-fold risk increase the yearly occurrence of various thromboembolic disease by about 10-15 cases per 100,000 women.

   Earlier case control studies on earlier formulations have found the relative risk of users compared to non-users is to be 3 for the first episode of superficial venous thrombosis, 6 to 11 for deep vein thrombosis or pulmonary embolism, and 1 to 5 for women with predisposing conditions for venous thromboembolic disease (23,19-24). 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 (25). The risk of thromboembolic disease associated with oral contraceptives is not related to length of use and diminish after pill use is stopped (26).

   A two- to four-fold increase in relative risk of post-operative thromboembolic complications has been reported with the use of oral contraceptives (9). The relative risk of various thrombosis in women who have predisposing conditions is twice that of women without such medical conditions (26). If feasible, oral contraceptives should be discontinued at least four weeks prior to and for
two weeks after elective surgery of a type associated with an increase in risk of cardiovasculatr stroke and in pregnant and following prolonged immobilization. Since the immediate postpartum period is also associated with an increased risk of cardiovasculatr stroke, oral contraceptives should be started no earlier than four weeks after delivery in women who did not use breast feed.

c. Cardiovascular diseases

Oral contraceptives have been shown to increase both the relative and absolute risk of cardiovasculatr stroke (ischemic 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, and smoking interacted to increase the risk of stroke (27-29).

In a large study, the relative risk of thrombotic strokes has been shown to range from 3 for normotensive users to 14 for users with severe hypertension (30). The relative risk of hemorrhagic stroke is reported to be 1.2 for non-smokers 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 non-normotensive users and 2.7 for users with severe hypertension (30). The attributable risk is also greater in older women (3).

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

A positive association has been observed between the amount of estrogen and progesterone in oral contraceptives and the risk of vascular disease (31-33). A decline in serum high density lipoproteins (HDL) has been reported with many progestational agents (14-16). A decline in serum high density lipoprotein (HDL) has been associated with an increased incidence of ischemic heart disease. Because estrogens increase HDL cholesterol, the net effect of an oral contraceptive depends on a balance achieved between doses of estrogen and progesterone and the nature and absolute amount of progestagen used in the contraceptives. The amount of both hormones should be considered in the choice of an oral contraceptive.

Attaining exposure to estrogen and progesterone is in keeping with good principles of therapeutics. For any particular estrogen/progesterone combination, the dosage regimen prescribed should be one which contains the least amount of estrogen and progesterone 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 0.035 mg or less of estrogen.

e. Persistence of risk of vascular disease

There are two studies which have shown persistent 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 9 years for women 40-49 years old who had used oral contraceptives for five or more years, but this increased risk was not demonstrated in other age groups (35). In another study in Great Britain, the risk of developing cardiovasculatr disease persisted for at least 8 years after discontinuation of oral contraceptives, although excess risk was very small (34). However, both studies were performed with oral contraceptive formulations containing 0.050 mg or higher of estrogens.

2. ESTIMATES OF MORTALITY FROM CONTRACEPTIVE USE

One study gathered data from a variety of sources which have estimated the mortality rate associated with different methods of contraception at different ages (Table III). These estimates include the combined risk of death associated with contraceptive methods plus the risk attributable to pregnancy in the event of method failure. Each method of contraception has its specific benefits and risks. The study concluded that with the exception of oral contraceptive users 35 and older who smoke and 40 and older who do not smoke, mortality associated with all methods of birth control is low and below that associated with childbirth.

The observation of an increase in risk of mortality with age for oral contraceptive users is based on data gathered in the 1970's (35). Current clinical recommendation involves the use of lower estrogen dose formulations and a careful consideration of risk factors. In 1988, the Fertility and Maternal Health Drug Advisory Committee was asked to review the use of oral contraceptives in women 40 years of age and over. The Committee concluded that although cardiovasculatr disease risk may be increased with oral contraceptive use after age 40 in healthy non-smoking women (even with the newer low-dose formulations), there are also greater potential health risks associated with pregnancy in older women and with the alternative surgical and medical procedures which may be necessary if such women do not have access to effective and acceptable means of contraception. The Committee recommended that the benefits of low-dose oral contraceptive use by healthy non-smoking women over 40 may outweigh the possible risks.

Of course, older women, as all women who take oral contraceptives, should take an oral contraceptive which contains the least amount of estrogen and progestagen that is compatible with a low failure rate and individual patient needs. (See table below.)

<table>
<thead>
<tr>
<th>Method of control and estimate</th>
<th>18-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fertility control method**</td>
<td>7.0</td>
<td>7.4</td>
<td>9.1</td>
<td>14.8</td>
<td>25.7</td>
<td>29.2</td>
</tr>
<tr>
<td>Oral contraceptives non-smoker**</td>
<td>0.3</td>
<td>0.5</td>
<td>0.9</td>
<td>1.9</td>
<td>13.8</td>
<td>31.6</td>
</tr>
<tr>
<td>Oral contraceptives smoker**</td>
<td>2.2</td>
<td>3.4</td>
<td>5.6</td>
<td>13.5</td>
<td>51.1</td>
<td>117.2</td>
</tr>
<tr>
<td>IUD**</td>
<td>0.8</td>
<td>0.8</td>
<td>1.2</td>
<td>1.4</td>
<td>1.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Condom*</td>
<td>1.1</td>
<td>1.6</td>
<td>0.7</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Diaphragm/condom use*</td>
<td>1.9</td>
<td>1.2</td>
<td>1.2</td>
<td>1.3</td>
<td>2.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Periodic abstinence*</td>
<td>2.5</td>
<td>1.8</td>
<td>1.6</td>
<td>1.7</td>
<td>2.9</td>
<td>3.6</td>
</tr>
</tbody>
</table>

* Deaths are birth related
** Deaths are method related

(Adapted from H.W. Ory ref. #25.)

3. CANCER OF THE REPRODUCTIVE ORGANS AND BREASTS

Numerous epidemiological studies have been performed on the incidence of breast, endometrial, ovary, ovarian and cervical cancer in women using oral contraceptives. While there are conflicting results most studies suggest that the use of oral contraceptives is not associated with an overall increase in risk of developing breast cancer. Some studies have reported an increased relative risk of developing breast cancer: particularly at a younger age. This increased relative risk appears to be related to duration of use (35-45, 79-89).
Some studies suggest that oral contraceptive use has been associated with an increase in the risk of cervical intraepithelial neoplasia in some populations of women (43-45). However, there continues to be controversy about the extent to which such findings may be due to differences in sexual behavior and other factors.

4. HEPATIC NEOPLASIA

Benign hepatic adenomas are associated with oral contraceptive use, although the incidence of benign tumors is rare in the United States. Indirect calculations have estimated the attributable risk to be in the range of 3.3 cases/100,000 for users, a risk that increases after four or more years of use especially with oral contraceptives of higher dose (49). Rupture of rare, benign, hepatic adenomas may cause death through intra-abdominal hemorrhage (45-51).

Studies from Britain have shown an increased risk of developing hepatocellular carcinoma (52-54) in long-term (8+ years) oral contraceptive users. However, these cancers are rare in the U.S. and the attributable risk (the excess incidence) of liver cancers in oral contraceptive users approaches less than one per million users.

5. OCULAR LESIONS

There have been case reports of retinal thrombosis associated with the use of oral contraceptives. Oral contraceptives should be discontinued if there is unexplained partial or complete loss of vision, onset of proptosis or diplopia, papilledema, or retinal vascular lesions. Appropriate diagnostic measures should be undertaken immediately.

6. ORAL CONTRACEPTIVE USE BEFORE OR DURING EARLY PREGNANCY

Extensive epidemiologic studies have revealed no increased risk of birth defects in women who have used oral contraceptives prior to pregnancy (55-57). The majority of recent studies also do not indicate a teratogenic effect, particularly if so far as cardiac anomalies and limb reduction defects are concerned (55, 56, 58, 59). At the diminished risk of developing gynecologic disease among oral contraceptive users may be minimal (52-54). The recent findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogens and progestogens.

7. GALLBLADDER DISEASE

Early studies have reported an increased relative risk of gallbladder surgery in users of oral contraceptives and estrogen (60-61). More recent studies, however, have shown that the relative risk of developing gallbladder disease among oral contraceptive users may be minimal (62-64). The recent findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogen and progestogens.

8. CARBONIC ANHYDRASE AND LIPID METABOLIC EFFECTS

Oral contraceptives have been shown to cause a decrease in glucose tolerance in a significant percentage of users (17). This effect has been shown to be directly related to estradiol-diol (65). In general, progesterone increases insulin secretion and increase insulin resistance, this effect varying with different progestational agents (17-68). In the nonobese woman, oral contraceptives appear to have no effect on fasting blood glucose (69). Because of these demonstrated effects, premenopausal and diabetic women should be carefully monitored while taking oral contraceptives.

A small proportion of women will have persistent hypertriglyceridemia while on the pill. As discussed earlier (see WARNINGS), I. a. and I. d.), changes in serum triglycerides and lipoprotein levels have been reported in oral contraceptive users.

9. ELEVATED BLOOD PRESSURE

An increase in blood pressure has been reported in women taking oral contraceptives (66) and in women taking oral contraceptives and estrogen (67,81). Women with a history of hypertension or hypertension-related diseases, or renal disease (70) should be encouraged to use another method of contraception. If women need to use oral contraceptives, they should be monitored closely and a significant elevation of blood pressure occurs, oral contraceptive should be discontinued. For most women, elevated blood pressure will return to normal after stopping oral contraceptives (69), and there is no difference in the occurrence of hypertension among former and newer users (68,70,71).

10. HEADACHE:

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 cause.

11. BLEEDING IRREGULARITIES

Breakthrough bleeding and spotting are sometimes encountered in patients on oral contraceptives, especially during the first three months of use. Non-hormonal causes 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, time or a change to another formulation may solve the problem. In the event of amenorrhea, prog-
12. SEXUALLY TRANSMITTED DISEASES
Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

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):
- Thrombophlebitis and venous thromboses with or without embolism
- Arterial thromboembolism
- Pulmonary embolism
- Myocardial infarction
- Central nervous system bleeding
- Cerebral thromboembolism
- Hypertension
- Gallbladder disease
- Hepatic adenoma or benign liver tumors

The following adverse reactions have been reported in patients receiving oral contraceptives and are believed to be drug-related:
- Nausea
- Vomiting
- Gastrointestinal symptoms (such as abdominal cramps and diarrhea)
- Breakthrough bleeding
- Spotting
- Changes in menstrual flow
- Amenorrhea
- Temporary infertility after discontinuation of treatment
- Edema
• Metraemia which may persist
• Breast changes; tenderness, enlargement, secretion
• Change in weight (increase or decrease)
• Change in cervical erosion and secretion
• Diminution in lactation when given immediately postpartum
• Cholestatic jaundice
• Migraine
• Rash (allergic)
• Mental depression
• Reduced tolerance to carbohydrates
• Vaginal candidiasis
• Change in menses curvatures (deepening)
• Insomnia to contact lenses

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

• Premenstrual syndrome
• Cataracts
• Changes in appetite
• Cystic-like syndrome
• Headache
• Nervousness
• Dizziness
• Hematuria
• Loss of scalp hair
• Erythema multiforme
• Erythema nodosum
• Hemorrhagic anaphylaxis
• Vaginitis
• Polyarthritis
• Impaired renal function
• Hemolytic uramic syndrome
• Acne
• Changes in libido
• Cold
• Budd-Chiari Syndrome

OVERDOSAGE
Serious ill effects have not been reported following acute ingestion of large doses of oral contraceptives by young children. Overdose may cause nausea, and withdrawal bleeding may occur in females.

NON-CONTRACEPTIVE HEALTH BENEFITS
The following non-contraceptive health benefits related to the use of oral contraceptives are supported by epidemiological studies which largely utilized oral contraceptive formulations containing estrogen doses exceeding 0.055 mg of ethinyl estradiol or 0.055 mg of mestranol (73-75).

Effects on women:
• increased menstrual cycle regularity
• decreased blood loss and decreased incidence of iron deficiency anemia
• decreased incidence of dysmenorrhea

Effects related to inhibition of ovaion:
• decreased incidence of functional ovarian cysts
• decreased incidence of ectopic pregnancies

Effects from long-term use:
• decreased incidence of fibroadenomas and fibrocystic disease of the breast
• decreased incidence of acute pelvic inflammatory disease
• decreased incidence of endometrial cancer
• decreased incidence of ovarian cancer

DOSEAGE AND ADMINISTRATION

To achieve maximum contraceptive effectiveness, Apri (desogestrel and ethinyl estradiol) Tablets must be taken exactly as directed and at intervals not exceeding 24 hours. Apri Tablets may be started using either a Sunday start or a Day 1 start.

NOTE: Each cycle pack blister card dispenser is prepackaged with the days of the week starting with Sunday, to facilitate a Sunday start regimen. Six different “day label strips” are provided with each cycle pack blister card in order to accommodate a Day 1 start regimen. In this case, the patient should place the self-adhesive “day label strip” that corresponds to her starting day over the preprinted days.

21-Day Regimen (Day 1 Start)
The dosage of the Apri Tablet 21-Day Regimen for the initial cycle of therapy is one tablet administered daily from the 1st day through the 21st day of the menstrual cycle, counting the first day of menstrual flow as “Day 1.” For subsequent cycles, no tablets are taken for 7 days, then a new course is started at one tablet a day for 21 days. The dosage regimen then continues with 7 days of no medication, followed by 21 days of medication, instituting a three-week-on, one-week-off dosage regimen.

The use of the Apri Tablet 21-Day Regimen for contraception may be initiated 4 weeks postpartum in women who elect not to breast feed. When the tablets are administered during the postpartum period, the increased risk of tromboembolic disease associated with the postpartum period must be considered. (See CONTRAINDICATIONS and WARNINGS concerning tromboembolic disease. See also PRECAUTIONS for “Nursing
21-Day Regimen (Sunday Start)

When taking the April Tablet 21-Day Regimen, the first rose-colored tablet should be taken on the first Sunday after menstruation begins. If period begins on Sunday, the next rose-colored tablet is taken on that day. If switching directly from another oral contraceptive, the first rose-colored tablet should be taken on the first Sunday after the last ACTIVE tablet of the previous product. One rose-colored tablet is taken daily for 21 days. For subsequent cycles, no tablets are taken for seven days, then a new course is started on the first tablet a day for 21 days instituting a 3-weeks-on, one-week-off dosage regimen. When initiating a Sunday start regimen, another method of contraception should be used until after the first 7 consecutive days of administration.

The use of the April Tablet 21-Day Regimen for contraception may be initiated 4 weeks postpartum in women who elect not to breast feed. When the tablets are administered during the postpartum period, the increased risk of thromboembolic disease associated with the postpartum period must be considered. (See CONTRAINDICATIONS and WARNINGS concerning thromboembolic disease. See also PRECAUTIONS for "Nursing Mothers.") If the patient starts the April tablets postpartum, and has not yet had a period, she should be instructed to use another method of contraception until a rose-colored tablet has been taken daily for 7 days. The possibility of ovulation and conception prior to initiation of medication should be considered. If the patient misses one (1) active tablet in Weeks 1, 2, or 3, the tablet should be taken as soon as she remembers. If the patient misses two (2) active tablets in Week 1 or Week 2, the patient should take two (2) tablets the day she remembers and two (2) tablets the next day, and then continue taking one (1) tablet a day until she finishes the pack. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills. If the patient misses two (2) active tablets in the third week or misses three (3) or more tablets in a row, the patient should continue taking one tablet every day until Sunday. On Sunday the patient should throw out the rest of the pack and start a new pack that same day. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills.

28-Day Regimen (Day 1 Start)

The dosage of the April Tablet 28-Day Regimen for the initial cycle of therapy is one tablet administered daily from the 1st day through 21st day of the menstrual cycle, counting the first day of menstrual flow as "Day 1." Tablets are taken without interruption as follows: One rose-colored tablet daily for 21 days, then one white tablet daily for 7 days. After 28 tablets have been taken, a new course is started and a rose-colored tablet is taken the next day.

The use of the April Tablet 28-Day Regimen for contraception may be initiated 4 weeks postpartum in women who elect not to breast feed. When the tablets are administered during the postpartum period, the increased risk of thromboembolic disease associated with the postpartum period must be considered. (See CONTRAINDICATIONS and WARNINGS concerning thromboembolic disease. See also PRECAUTIONS for "Nursing Mothers.") If the patient starts the April tablets postpartum, and has not yet had a period, she should be instructed to use another method of contraception until a rose-colored tablet has been taken daily for 7 days. The possibility of ovulation and conception prior to initiation of medication should be considered. If the patient misses one (1) active tablet in Weeks 1, 2, or 3, the tablet should be taken as soon as she remembers. If the patient misses two (2) active tablets in Week 1 or Week 2, the patient should take two (2) tablets the day she remembers and two (2) tablets the next day, and then continue taking one (1) tablet a day until she finishes the pack. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills. If the patient misses two (2) active tablets in the third week or misses three (3) or more tablets in a row, the patient should throw out the rest of the pack and start a new pack that same day. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills.

28-Day Regimen (Sunday Start)

When taking the April Tablet 28-Day Regimen, the first rose-colored tablet should be taken on the first Sunday after menstruation begins. If period begins on Sunday, the first rose-colored tablet is taken on that day. If switching directly from another contraceptive, the first rose-colored tablet should be taken on the first Sunday after the last ACTIVE tablet of the previous product. Tablets are taken without interruption as follows: One rose-colored tablet daily for 21 days, then one white tablet daily for 7 days. After 28 tablets have been taken, a new course is started and a rose-colored tablet is taken the next day (Sunday). When initiating a Sunday start regimen, another method of contraception should be used until after the first 7 consecutive days of administration.

The use of the April Tablet 28-Day Regimen for contraception may be initiated 4 weeks postpartum. When the tablets are administered during the postpartum period, the increased risk of thromboembolic disease associated with the postpartum period must be considered. (See CONTRAINDICATIONS and WARNINGS concerning thromboembolic disease. See also PRECAUTIONS for "Nursing Mothers.") If the patient starts the April tablets postpartum, and has not yet had a period, she should be instructed to use another method of contraception until a rose-colored tablet has been taken daily for 7 days. The possibility of ovulation and conception prior to initiation of medication should be considered. If the patient misses one (1) active tablet in Weeks 1, 2, or 3, the tablet should be taken as soon as she remembers. If the patient misses two (2) active tablets in Week 1 or Week 2, the patient should take two (2) tablets the day she remembers and two (2) tablets the next day, and then continue taking one (1) tablet a day until she finishes the pack. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills. If the patient misses two (2) active tablets in the third week or misses three (3) or more tablets in a row, the patient should throw out the rest of the pack and start a new pack that same day. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills.

ALL ORAL CONTRACEPTIVES
Breakthrough bleeding, spotting, and amenorrhea are frequent reasons for patients
discontinuing oral contraceptives. In breakthrough bleeding, as in all cases of irregular bleeding from the vagina, nonfunctional causes should be borne in mind. In undiagnosed persistent or recurrent abnormal bleeding from the vagina, inadequate diagnostic measures are indicated to rule out pregnancy or malignancy. If pathology has been excluded, time or a change to another formulation may solve the problem. Changing to an oral contraceptive with a higher estrogen content, while potentially useful in minimizing menstrual irregularity, should be done only if necessary since this may increase the risk of thromboembolic disease.

Use of oral contraceptives in the event of a missed menstrual period:

1. If the patient has not adhered to the prescribed schedule, the possibility of pregnancy should be considered at the time of the first missed period and oral contraceptive use should be discontinued until pregnancy is ruled out.

2. If the patient has adhered to the prescribed regimen and misses two consecutive periods, pregnancy should be ruled out before continuing oral contraceptive use.

How supplied:

April (desogestrel and ethinyl estradiol) tablet 28. Day 28 Regimen blister cards contain 21 round, uncoated, rose-colored tablets and 7 round, uncoated, white tablets. Each rose-colored tablet (debossed with "AP" on one side and "425" on the other side) contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol. Each white tablet (debossed with "AP" on one side and "570" on the other side) contains inert ingredients.

Cartons of 8 blister cards NDC 51269-576-28.

April (desogestrel and ethinyl estradiol) tablet 21. Day 21 Regimen blister cards contain 21 round, uncoated, rose-colored tablets. Each rose-colored tablet (debossed with "AP" on one side and "379" on the other side) contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol. Cartons of 8 blister cards NDC 51269-575-21.

Storage: Store at controlled room temperature 15°-30°C (59°-86°F).

S Only

DURAMED PHARMACEUTICALS, INC.
32365-0687-00 42625 305 USA

REFERENCES

BRIEF SUMMARY PATIENT PACKAGE INSERT

Aph™
(desogestrel and ethinyl estradiol) Tablets

B only

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 about 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 who miss pills are included. For most women, oral contraceptives are sites free of serious or unpleasant side effects. However, forgetting to take pills consistently increases the chances of pregnancy.

For the majority of women, oral contraceptives can be taken safely. But there are some women who are at high risk of developing certain serious diseases that can be life-threatening or may cause temporary or permanent disability. The risks associated with taking oral contraceptives increase significantly if you:

- smoke
- have high blood pressure, diabetes, high cholesterol
- have or have had clotting disorders, heart attack, stroke, angina pectoris, cancer of the breast or sex organs, jaundice or enlargement or benign liver tumors

Although cardiovascular disease risks may be increased with oral contraceptive use after age 40 in healthy, non-smoking women (even with the newer low-dose formulations), there are also greater potential health risks associated with pregnancy in older women.

You should not take the pill if you suspect you are pregnant or have unexplained vaginal bleeding.

Cigarette smoking increases the risk of severe cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is greater after the age of 35 years as age.

Women who use oral contraceptives are strongly advised not to smoke.

Most side effects of the pill are not serious. The most common such effects are nausea, vomiting, bleeding between menstrual periods, weight gain, breast tenderness, headache, and difficulty wearing contact lenses. These side effects, especially nausea and vomiting, may subside within the first three months of use.

The serious side effects of the pill occur very infrequently, especially if you are in good health and are young. However, you should know that the following medical conditions have been associated with or made worse by the pill:

1. Blood clots in the legs (thrombophlebitis) or lungs (pulmonary embolism), stoppage or rupture of a blood vessel in the brain (stroke), blockage of blood vessels in the heart (heart attack or angina pectoris) or other organs of the body. As mentioned above, smoking increases the risk of heart attack and stroke, and subsequent serious medical consequences.

2. Liver tumors, which may rupture and cause severe bleeding. A possible but not definite association has been found with the pill and liver cancers. However, liver cancers are extremely rare. The chance of developing liver cancer from using the pill is thus even rarer.

3. High blood pressure, although blood pressure usually returns to normal when the pill is stopped.

The symptoms associated with these serious side effects are discussed in the detailed patient labeling given to you with your supply of pills. Notify your doctor or clinic if you notice any unusual physical disturbances while taking the pill, in addition, drugs such as, as well as some antibiotics and some antibiotics may increase oral contraceptive effectiveness.

There is conflict among studies regarding breast cancer and oral contraceptive use. Some studies have reported an increase in the risk of developing breast cancer, particularly at a younger age. This increased risk appears to be related to duration of use. The majority of studies have found no overall increase in the risk of developing breast cancer. Some studies have found an increase in the incidence of cancer of the cervix in women who use oral contraceptives. However, this finding may be related to factors other than the use of oral contraceptives. There is insufficient evidence to rule out the possibility that pills may cause such cancers.

Taking the pill provides some important non-contraceptive benefits. These include less painful menstruation, less menstrual blood loss and anemia, lower pelvic infections, and fewer cancers of the ovary and the lining of the uterus.

Be sure to discuss any medical condition you may have with your doctor or clinic. Your doctor or clinic will tell you whether prescription oral contraceptives are right for you. The physical examination may be delayed to another time if you request and your doctor or clinic believes that it is a good medical practice to postpone it. You should be reexamined at least once a year while taking oral contraceptives. The detailed patient information labeling gives you further information which you should read and discuss with your doctor or clinic.
THIS PRODUCT (LIKE ALL ORAL CONTRACEPTIVES) IS INTENDED TO PREVENT PREGNANCY. IT DOES NOT PROTECT AGAINST TRANSMISSION OF HIV (AIDS) AND OTHER SEXUALLY TRANSMITTED DISEASES SUCH AS CHLAMYDIA, GENITAL HERPES, GENITAL WART, GONORRHEA, HEPATITIS B, AND SYphilIS.

DETAILED PATIENT LABELING

PLEASE NOTE: This labeling is reviewed from time to time as important new scientific information becomes available. Therefore, please review this labeling carefully.

The following oral contraceptive products contain a combination of progesterone and estrogen, the two kinds of female hormones:

April (desogestrel and ethinyl estradiol) Tablet 28 Day Regimen Blister Card
Each rose-colored tablet contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol.
Each white tablet contains inert ingredients.

April (desogestrel and ethinyl estradiol) Tablet 21 Day Regimen Blister Card
Each rose-colored tablet contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol.

INTRODUCTION

Any woman who considers using oral contraceptives (the birth control pill or the pill) should understand the benefits and risks of using this form of birth control. This patient labeling will give you much of the information you will need to make this decision and will also help you determine if you are at risk of developing any of the serious side effects of the pill. It will tell you how to use the pill properly so that it will be as effective as possible. However, this labeling is not a replacement for a careful discussion between you and your doctor or clinical. You should discuss the information provided in this labeling with him or her, both when you first start taking the pill and during your visits. You should also follow your doctor’s or clinic’s advice with regards to regular check-ups while you are on the pill.

EFFECTIVENESS OF ORAL CONTRACEPTIVES

Oral contraceptives or “birth control pills” or “the pill” are used to prevent pregnancy and are more effective than other non-surgical methods of birth control. When they are taken correctly, the chance of becoming pregnant is less than 1% (1 pregnancy per 100 women per year of use) when used perfectly, without missing any pills. Typical failure rates are actually 2% per year. The chance of becoming pregnant increases with each missed pill during a menstrual cycle. In comparison, typical failure rates for other non-surgical methods of birth control during the first year of use are as follows:

- Implant: 1%
- Intrauterine device (IUD): 1 to 2%
- Diaphragm with spermicides: 10%
- Spermicides alone: 21%
- Vaginal sponge: 10 to 36%
- Condom (male): 12%
- Condom (female): 21%
- Periodic abstinence: 50%
- No methods: 85%

WHO SHOULD NOT TAKE ORAL CONTRACEPTIVES

Cigarette smoking increases the risk of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite small in women over 25 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 also not use the pill if you have any of the following conditions:

- A history of heart attack or stroke
- Blood clots in the legs (thrombophlebitis), lungs (pulmonary embolism), or eyes
- A history of blood clots in the deep veins of your legs
- Chest pain (angina pectoris)
- Known or suspected breast cancer or cancer of the lining of the uterus, cervix or vagina
- Unexplained vaginal bleeding (until a diagnosis is reached by your doctor)
- Yellowing of the whites of the eyes or of the skin (jaundice) during pregnancy or during previous use of the pill
- Liver tumor (benign or cancerous)
- Known or suspected pregnancy

Tell your doctor or clinic if you have had any of these conditions. Your doctor or clinic can recommend a safer method of birth control.

OTHER CONSIDERATIONS BEFORE TAKING ORAL CONTRACEPTIVES

Tell your doctor or clinic if you have or have had:

- Breast nodules, fibrocystic disease of the breast, an abnormal breast x-ray or mammogram
- Diabetes
- Elevated cholesterol or triglycerides
- High blood pressure
- Migraine or other headaches or epilepsy
- Mental depression
- Gallbladder, heart or kidney disease
- History of scarlet fever or rheumatic fever

Women with any of these conditions should be checked often by their doctor or clinic if they choose to use oral contraceptives.

Also, be sure to inform your doctor or clinic 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 one of the most serious side effects of taking oral contraceptives and can cause death or serious disability. In particular, a clot in one of the legs can cause thrombophlebitis and a clot that travels to the lungs can cause a sudden blockage of the vessel carrying blood to the lungs. These risks are greater with desogestrel-containing oral contraceptives, such as April (desogestrel and ethinyl estradiol) Tablets, than with other low-dose pills. 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 or clinic about stopping oral contraceptives three...
to four weeks before surgery and not taking oral contraceptives for two weeks after surgery or during bed rest. You should also not take oral contraceptives soon after delivery of a baby. It is advisable to wait for at least four weeks after delivery if you are not breast feeding or four weeks after a second trimester abortion. If you are breast feeding, you should wait until you have weaned your child before using the pill. (See also the section on Breastfeeding in General Precautions.)

The risk of circulatory disease in oral contraceptive users may be higher in users of high dose pills and may be greater with longer duration of oral contraceptive use. In addition, some of these increased risks may continue for a number of years after stopping oral contraceptives. The risk of nonmalignant blood clotting increases with age in both users and nonusers of oral contraceptives. However, the increased risk from the non contraceptive aspects is only apparent in women over 35 years of age. For women aged 35 to 44 it is estimated that about 1 in 2,000 users of oral contraceptives will be hospitalized each year because of nonmalignant clotting. Among nonusers in the same age group, about 1 in 20,000 would be hospitalized each year. For oral contraceptive users in general, it has been estimated that in women between the ages of 15 and 34, the risk of death due to a circulatory disorder is about 1 in 12,000 per year, whereas for nonusers the rate is about 1 in 50,000 per year. In the age group 35 to 44, the rate is estimated to be about 1 in 2,500 per year for both oral contraceptive users and about 1 in 10,000 per year for nonusers.

2. Heart attacks and strokes

Oral contraceptives may increase the tendency to develop strokes (stoppage of blood flow to the brain) and organs requiring blood such as the heart. Any of these conditions can cause death or serious disability. Smoking greatly increases the possibility of suffering heart attacks and strokes. Furthermore, smoking and the use of oral contraceptives greatly increase the chances of developing and dying of heart disease.

3. Gestational diseases

Oral contraceptive users probably have a greater risk than nonusers of having gestational diabetes, although this risk may be related to pills containing high doses of estrogen.

4. Liver tumors

In rare cases, oral contraceptives can cause benign but dangerous liver tumors. Benign liver tumors can rupture and cause fatal internal bleeding. However, this is extremely rare. Transaminases and the use of oral contraceptives greatly increase the chance of developing and dying of heart disease.

5. Breast cancer

There is conflict among studies regarding breast cancer and oral contraceptive use. Some studies have reported an increase in the risk of developing breast cancer, particularly at a younger age. This increased risk appears to be related to duration of use. The majority of studies have found no overall increase in the risk of developing breast cancer. However, some studies have shown an increased incidence of cancer of the cervix in women who use oral contraceptives. However, this finding may be related to factors other than the use of oral contraceptives. There is insufficient evidence to rule out the possibility that pills may cause such cancers.

ANNUAL NUMBER OF BIRTH-RELATED OR METHODS-RELATED DEATHS ASSOCIATED WITH CONTROL OR FERTILITY PER 100,000 NON-STEROIDAL WOMEN, BY FERTILITY CONTROL METHODS ACCORDING TO AGE

<table>
<thead>
<tr>
<th>Method of control and estimate</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fertility control methods*</td>
<td>7.0</td>
<td>7.4</td>
<td>9.1</td>
<td>14.9</td>
<td>25.7</td>
<td>28.2</td>
</tr>
<tr>
<td>Oral contraceptives non-smoker**</td>
<td>0.3</td>
<td>0.5</td>
<td>0.9</td>
<td>1.9</td>
<td>13.8</td>
<td>21.8</td>
</tr>
<tr>
<td>Oral contraceptives smoker**</td>
<td>2.2</td>
<td>3.4</td>
<td>6.6</td>
<td>13.5</td>
<td>51.1</td>
<td>117.2</td>
</tr>
<tr>
<td>IUD*</td>
<td>0.8</td>
<td>0.8</td>
<td>1.0</td>
<td>1.0</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Condom*</td>
<td>1.1</td>
<td>1.6</td>
<td>0.7</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Spermicides/permigins*</td>
<td>1.9</td>
<td>1.2</td>
<td>1.2</td>
<td>1.3</td>
<td>2.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Periodic abstinence*</td>
<td>2.5</td>
<td>1.6</td>
<td>1.8</td>
<td>1.7</td>
<td>2.0</td>
<td>3.6</td>
</tr>
</tbody>
</table>

* Deaths are birth related
** Deaths are method related

In the preceding table, the risk of death from any birth control method is less than the risk of childbirth, except for oral contraceptive users over the age of 35 who smoke and pill users over the age of 40 even if they do not smoke. It can be seen in the table that for women aged 15 to 34, the risk of death was highest with pregnancy (7.2 deaths per 100,000 women aged 35 to 34). In contrast, pill users who do not smoke, the risk of death was always lower than that associated with pregnancy of any age group, although over the age of 40, the risk increases to 3.2 deaths per 100,000 women, compared to 0.8 associated with pregnancy at the age group. However, for pill users who smoke and are over the age of 35, the estimated number of deaths exceeds those for other methods of birth control. If a woman is over the age of 40 and smokes, her estimated risk of death is four times higher (17-100,000 women) than the estimated risk associated with pregnancy (29-100,000 women) in that age group.

In the preceding table, the risk of death from any birth control method is less than the risk of childbirth, except for oral contraceptive users over the age of 35 who smoke and pill users over the age of 40 even if they do not smoke. It can be seen in the table that for women aged 15 to 34, the risk of death was highest with pregnancy (7.2 deaths per 100,000 women aged 35 to 34). In contrast, pill users who do not smoke, the risk of death was always lower than that associated with pregnancy of any age group, although over the age of 40, the risk increases to 3.2 deaths per 100,000 women, compared to 0.8 associated with pregnancy at the age group. However, for pill users who smoke and are over the age of 35, the estimated number of deaths exceeds those for other methods of birth control. If a woman is over the age of 40 and smokes, her estimated risk of death is four times higher (17-100,000 women) than the estimated risk associated with pregnancy (29-100,000 women) in that age group.

The suggestion that women over 40 who do not smoke should not take oral contraceptives was based on information from older, high-dose pills. An Advisory Committee of the FDA discussed this issue in 1989 and recommended that the benefits of low-dose oral contraceptive use by healthy, non-smoking women over 40 years of age may outweigh the possible risks.

WARNING SIGNALS

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

- Sharp chest pain, coughing of blood, or sudden shortness of breath (indicating a possible clot in the lung)
- Pain in the calf (indicating a possible clot in the leg)
- Crushed chest pain or heaviness in the chest (indicating a possible heart attack)
- Sudden severe headaches or vomiting, dizziness or tarrying, disturbance of vision or speech, weakness, or numbness in an arm or leg (indicating a possible stroke)
- Sudden partial or complete loss of vision (indicating a possible clot in the eye)
- Breast tumors (indicating possible breast cancer or fibrocystic disease of the breast; ask your doctor or close to show how to examine your breasts)
- Severe pain or tenderness in the stomach area (indicating a possibly ruptured liver tumor)
- Difficulty in sleeping, weakness, lack of energy, fatigue, or change in mood (possibly indicating severe depression)
- Jaundice or yellowing of the skin or eyes, accompanied frequently by fever, fatigue, loss of appetite, dark colored urine, or light colored bowel movements (indicating possible liver problems)
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 spotting between menstrual periods to breakthrough bleeding which is a flow much like a regular period. Irregular bleeding occurs most often during the first few months of oral contraceptive use, but may occur after you have been taking the pill for some time. Such bleeding may be temporary and usually does not indicate any serious problem. It is important to continue taking your pills on schedule.
   If the bleeding occurs in more than one cycle or lasts for more than a few days, talk to your doctor or clinic.

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 clinic.

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 clinic.

4. Menstruation
   A spotting amount of the skin is possible, particularly of the face, which may persist.

5. Other side effects
   No evidence of serious effects has been reported in the use of oral contraceptives. However, if any of these side effects bother you, call your doctor or clinic.

GENERAL PRECAUTIONS

1. Missed periods
   Use 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 be sure to notify your doctor or clinic before doing so. If you have not taken the pills daily as instructed and missed a menstrual period, you may be pregnant. If you missed two consecutive menstrual periods, you may be pregnant. Check with your doctor or clinic immediately to determine whether you are pregnant.
   Do not continue to take oral contraceptives until you are sure you are not pregnant, but continue to use another method of contraception.

2. Women taking certain drugs
   If you are taking certain drugs, consult your doctor or clinic before starting oral contraceptives. Some of the drugs may add to the effects of the pill. You may require an increased amount of the pill to control your menstrual cycle. Some drugs interact with birth control pills, although the amount and quality of your milk, if possible, 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 significantly if you breast feed for longer periods of time. You should consider starting oral contraceptives only if you have weaned your child completely.

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

4. 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. Such drugs include bromocriptine, drugs used for epilepsy such as phenytoin and phenobarbital, anticonvulsants such as carbamazepine (Tegretol is one brand of this drug), phenoxybenzamid (Phenergan is one brand), and possibly certain antibiotics. You may need to use additional contraception when you take drugs which can make oral contraceptives less effective.

5. Severe transmitted diseases
   This product (the oral contraceptives) is intended to prevent pregnancy. It does not protect against transmission of HIV/AIDS and other sexually transmitted diseases such as chlamydia, gonorrhea, syphilis, hepatitis B, and syphilis.

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. Anytime you are not sure what to do.

2. THE RIGHT WAY TO TAKE THE PILL IS TO TAKE ONE PILL EVERY DAY AT THE SAME TIME.
   If you miss pills you could get pregnant. This includes starting the pack late.

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 feel sick to your stomach, do not stop taking the pill. The problem will usually go away. If it doesn't go away, come to your doctor or clinic.

4. MISSED PILLS CAN ALSO CAUSE SPOTTING OR LIGHT BLEEDING, even when you make up these missed pills. On the days you take 2 pills to make up for missed pills you could also feel a little sick to your stomach.

5. IF YOU HAVE VOMITING OR DIARRHEA, for any reason, or if you have learned that some medicines, including some antibiotics, your pills 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 clinic 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
2. LOOK AT YOUR PILL PACK TO SEE IF IT HAS 21 OR 28 PILLS:
The 21-pill pack has 21 "active" (rose-colored) pills (with hormones) to take for 3 weeks, followed by 1 week without pills.
The 28-pill pack has 21 "active" (rose-colored) pills (with hormones) to take for 3 weeks, followed by 1 week of remainder (white) pills (without hormones).

3. ALSO READ:
1) where on the pack to start taking the pills,
2) in what order to take the pills (follow the arrows), and
3) the week numbers printed on the pack.

28 Pill Pack

Example Only:

Rose-colored

latches

White tablets

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 of 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 STARTS:
1. Pick the day label strip that starts with the first day of your period. (This is the day you start bleeding or spotting, even if it is almost midnight when the bleeding begins.)
2. Place the day label strip on the cycle table in the area that has the days of the week (starting with Sunday) printed on the blister card.

Pick Correct Day Label

THU FRI SAT SUN MON TUE WED

Peel and place label here.

Note: If the first day of your period is a Sunday, you can start at any of the first 3 days.

3. Take the first "active" (rose-colored) pill of the first pack during the first 24 hours of your period.
4. 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.

SUMMARY REMINDERS:
1. Take the first "active" (rose-colored) pill of the first pack on the Sunday after your period begins, 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:

21 Pills:
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 Pills:
Start the next pack on the day after your last "remainder" pill. Do not wait any days between packs.

WHAT TO DO IF YOU MISS PILLS:
If you MISS 1 (rose-colored) "active" pill:
1. Take it as soon as you remember. Take the next pill at your regular time. This means you 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 (rose-colored) "active" pills in a row in WEEK 1 OR WEEK 2 of your pack:
1. Take 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 method for those 7 days.

If you MISS 2 (rose-colored) "active" pills in a row in THE 3RD WEEK:
1. If you are a Day 1 Starter:
THROW OUT the rest of the pill pack and start a new pack that same day.

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.
2. You may not have your period this month but this is expected. However, if you miss
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 method for those 7 days.

If you missed 3 or more (rose-colored) "active" pills in a row (during the first 3 weeks):

1. If you are not a Day 1 Starter  
   THROW OUT the rest of the pack and start a new pack that same day.

2. If you are a Day 1 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.

You may not have your period this month but this is expected. If you do not have your period 2 months in a row, call your doctor or clinic because you might be pregnant.

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 method for those 7 days.

A REMINDER FOR THOSE ON 28 DAY PACKS:

If you forget any of the 7 (white) "reminder" pills in Week 4:

THROW AWAY the pills you missed. Keep taking 1 pill each day until the pack is empty. You do not need a back-up method.

FAMILIES, 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 (rose-colored) "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 one percent (i.e., 1 pregnancy per 100 women per year) if taken every day as directed. But, more typical failure rates are about 3%. If failure does occur, the risk to the fetus is minimal.

PREGNANCY AFTER STOPPING THE PILL:

There may be some delay in becoming pregnant after you stop using oral contraceptives, especially if you had irregular menstrual cycles before you used oral contraceptives. It may be advisable to postpone conception until you begin menstruating regularly again after you have stopped taking the pill and detailed pregnancy testing shows there is no pregnancy.

There does not appear to be any increase in birth defects in newborn babies when pregnancy occurs soon after stopping the pill.

OVERDOSE:

Serious ill effects have not been reported following ingestion of large doses of oral contraceptives by young children. Overdose may cause nausea and withdrawal bleeding in females. In case of overdose, contact your doctor, clinic or pharmacist.

OTHER INFORMATION:

Your doctor or clinic will take a medical and family history before prescribing oral contraceptives and will examine you. The physical examination may be delayed to another time if you request it and your doctor or clinic believes that it is a good medical practice to postpone it. You should be reexamined at least once a year. Be sure to inform your doctor or clinic if there is a family history of any of the conditions listed previously in this leaflet. Be sure to keep all appointments with your doctor or clinic because this is a time to determine if there are early signs of side effects of oral contraceptive use. Do not use the drug for any condition other than the one for which it was prescribed. This drug has been prescribed specifically for you. Do not give it to others who may want birth control pills.

HEALTH BENEFITS FROM ORAL CONTRACEPTIVES:

In addition to preventing pregnancy, use of combination oral contraceptives may provide certain benefits. They are:

- Menstrual cycles may become more regular.
- Blood flow during menstruation may be lighter and less iron may be lost. Therefore, anemia due to iron deficiency is less likely to occur.
- Pain or other symptoms during menstruation may be encountered less frequently.
- Eclectic (uterine) pregnancy may occur less frequently.
- Noncontraceptive cysts or tumors in the breasts may occur less frequently.
- Acute pelvic inflammatory disease may occur less frequently.
- Oral contraceptive use may provide some protection against developing two forms of cancer: cancer of the ovaries and cancer of the lining of the uterus.

CONTRACEPTIVE METHOD CHANGES:

If you want more information about birth control pills, ask your doctor, clinic or pharmacist. They have a more technical leaflet called the Professional Labeling, which you may wish to read. The Professional Labeling is also published in a book entitled Physicians' Desk Reference, available in many local stores and public libraries.

CUNAMIS PHARMACEUTICALS, INC.
CINCINNATI, OHIO 45213 USA

050529A REV. 08/88
This product (like all oral contraceptives) is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

Mon Tue Wed Thu Fri Sat Sun
Tue Wed Thu Fri Sat Sun Mon Tue
Wed Thu Fri Sat Sun Mon Tue Wed
Thu Fri Sat Sun Mon Tue Wed Thu
Fri Sat Sun Mon Tue Wed Thu Fri
Sat Sun Mon Tue Wed Thu Fri Sat

Approved

Oct 28, 1999

Aprl (desogestrel and ethinyl estradiol) Tablet 21 Day Regimen blister pack contains 21 round, orange-colored tablets in a blister pack attached to a "credit card" dispenser. Each rose-colored tablet contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol.

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 about 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 who miss pills are included. For most women, oral contraceptives are also free of serious or unpleasant side effects. However, forgetting to take pills considerably increases the chances of pregnancy.

For the majority of women, oral contraceptives can be taken safely. But there are some women who are at high risk of developing certain serious diseases that can be life-threatening or may cause temporary or permanent disability. The risks associated with taking oral contraceptives increase significantly if you:
- smoke
- have high blood pressure, diabetes, high cholesterol
- have or have had clotting disorders, heart attack, stroke, angina pectoris, cancer of the breast or site organs, jaundice or malignancy or benign liver tumors

Although cardiovascular disease risk may be increased with oral contraceptive use after age 40 in healthy, non-smoking women (even with the newer low-dose formulations), there are also greater potential health risks associated with pregnancy in older women.

You should not take the pill if you suspect you are pregnant or have unexplained vaginal bleeding.

Cigarette smoking increases the risk of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (10 or more cigarettes per day) for women starting at age over 35 years of age. Women who use oral contraceptives are strongly advised not to smoke.

Most side effects of the pill are not serious. The most common such effects are nausea, vomiting, bleeding between menstrual periods, weight gain, breast tenderness, headaches, and difficulty wearing contact lenses. These side effects, especially nausea and vomiting, may subside within the first
three months of use.
The serious side effects of the pill occur very infrequently, especially if you are in good health and are younger. However, you should know that the following medical conditions have been associated with or made worse by the pill:
1. Blood clots in the legs (thromboemboli) or lungs (pulmonary embolism), stoppage or rupture of a blood vessel in the brain (stroke), blockage of blood vessels in the heart (heart attack or angina pectoris) or other organs of the body. All mentioned above, smoking increases the risk of heart attacks and strokes, and subsequent serious medical consequences.
2. Liver tumors, which may rupture and cause severe bleeding. A possible but not definite association has been found with the pill and liver cancer. However, liver cancers are extremely rare.
3. High blood pressure, although blood pressure usually returns to normal when the pill is stopped.
The symptoms associated with these serious side effects are discussed in the detailed patient labeling given to you with your supply of pills. Notify your doctor or clinic if you notice any unusual physical circumstances while taking the pill. In addition, drugs such as tranquilizers, as well as some anticonvulsants and some antibiotics may decrease oral contraceptive effectiveness.
There is no conflict among studies regarding breast cancer and oral contraceptive use. Some studies have reported an increase in the risk of developing breast cancer, particularly in a younger age. This increased risk appears to be related to duration of use. The majority of studies have found no overall increase in the risk of developing breast cancer. Some studies have found an increase in the incidence of cancer in women who use oral contraceptives. However, this finding may be related to factors other than the use of oral contraceptives. There is insufficient evidence to rule out the possibility that pills may cause such cancers.
Taking the pill provides some important non-contraceptive benefits. These include less painful menstruation, less menstrual blood loss and anemia, fewer pelvic infections, and fewer cancers of the ovary and the lining of the uterus.
Be sure to discuss any medical condition you may have with your doctor or clinic. Your doctor or clinic will take a medical and family history before prescribing oral contraceptives and will examine you. The physical examination may be deferred to another time if you request it and your doctor or clinic believes that it is a good medical practice to postpone it. You should be reexamined at least once a year while taking oral contraceptives. The detailed patient information labeling gives you further information which you should read and discuss with your doctor or clinic.

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, anytime you are not sure what to do.
2. THE RIGHT WAY TO TAKE THE PILL IS TO TAKE ONE PILL EVERY DAY AT THE SAME TIME. If you miss pills you could get pregnant. This includes starting the pack late. The more pills you miss, the more likely you are to get pregnant.
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 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. MISSED PILLS CAN ALSO CAUSE SPOTTING OR LIGHT BLEEDING, even when you make up these missed pills. On the days you take 2 pills to make up for missed pills, you should also take an extra pill to your stomach.
5. IF YOU HAVE VOMITING OR DIARRHEA, for any reason, or if YOU TAKE SOME MEDICATIONS, including some antibiotics, your pills may not work as well. Use a back-up method (such as condoms, foam, or sponge) until you check with your doctor or clinic.
6. IF YOU HAVE TROUBLE RELEASING THE SEASONAL PILLS, call your doctor or clinic 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 THAT IT HAS 21 PILLS. The 21-Pill Pack has 21 “active” (non-colored) pills (with hormones) to take for 3 weeks, followed by 1 week without pills.
3. ALSO FIND:
   1) where on the pack to start taking the pills,
   2) in what order to take the pills (follow the arrows) and
   3) the week numbers as shown in the following example:

   Example Only:

   Rose-colored tablets

   Week 1
   Week 2
   Week 3
   Week 4
   Week 5
   Week 6
   Week 7
   Week 8
   Week 9
   Week 10
   Week 11
   Week 12
   Week 13
   Week 14
   Week 15
   Week 16
   Week 17
   Week 18
   Week 19
   Week 20
   Week 21

   21 Pill Pack
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 of 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 STANDARDS:
1. Pick the day label strip that starts with the first day of your period (this is the day you start
bleeding or spotting, even if it is almost midnight when the bleeding begins).
2. Place the day label strip on the cycle tablet dispenser card over the area that has the days of
the week (starting with Sunday) printed on the dispensing card.

Pick correct day label: THU FRI SAT SUN MON TUE WED
Pee and place label here.

Example
Only:
Note: if the first day of your period is a Sunday, you can skip steps 1 and 2.

3. Take the first "active" (rose-colored) pill of the first pack during the first 3 days of your period.
4. You will not need to use a backup method of birth control, since you are starting the pill at the
   beginning of your period.

SUNDAY START:
1. Take the first "active" (rose-colored) pill of the first pack on the Sunday after your period ends,
   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 backup method if you have sex anytime from the
   Sunday you start your first pack until the first Sunday (7 days). Condoms, foam, or the sponge
   are good backup 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:
   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.

WHAT TO DO IF YOU MISSED PILLS:
If you missed 1 (rose-colored) "active" pill:
1. Take it as soon as you remember. Take the next pill at your regular time. This means you take
   2 pills in 1 day.
2. You do not need to use a backup method of birth control if you have sex.
   If you missed 2 (rose-colored) "active" pills in a row in WEEK 1 OR WEEK 2 of your pack:
   1. Take 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 backup
   method for those 7 days.
   If you missed 3 (rose-colored) "active" pills in a row in THE 3RD WEEK:
   1. If you are a Day 1 Starter:
      THROW OUT the rest of the pill pack and start a new pack that same day.
      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.
   2. You may not have your period this month, but this is expected. However, if you miss your period
      2 months in a row, call your doctor or clinic because you might be pregnant.
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 backup method
   for those 7 days.
   If you missed 3 OR MORE (rose-colored) "active" pills in a row (during the first 3 weeks):
   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.
   3. You may not have your period this month, but this is expected. However, if you miss your period
      2 months in a row, call your doctor or clinic because you might be pregnant.
   4. 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 backup method
      for those 7 days.

FINALY, 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 (ROSE-COLORED) "ACTIVE" PILL EACH DAY until you can reach your doctor
or clinic.

DURASAN PHARMACEUTICALS, INC.
CINCINNATI, OHIO 45216 USA

REV 6/69
(desogestrel and ethinyl estradiol) Tablets

6 Cyclic Tablet Dispensers x 28 Tablets

28 DAY REGIMEN

Aprin™
(desogestrel and ethinyl estradiol) Tablets

0.15mg/0.03mg
0.15mg/0.03mg

IMPORTANT:
This carton contains Detailed Patient Labelling and each Cyclic Table
Dispenser contains the Brief Patient Labelling. Both should be included with
each package dispensed to the patient.

PHARMACIST:
Please be sure to place one of the enclosed "Remina" stickers on the cover
of each blister and pouch at the time of dispensing.

This product (like all oral contraceptives) is intended to
prevent pregnancy. It does not protect against HIV
infection (AIDS) and other sexually transmitted diseases.
Acni
(desogestrel and ethinyl estradiol) Tablets

0.15mg/0.03mg

21 DAY REGIMEN

B: only

THIS PRODUCT (LIKE ALL ORAL CONTRACEPTIVES) IS INTENDED TO PREVENT PREGNANCY. IT DOES NOT PROTECT AGAINST HIV INFECTION (AIDS) AND OTHER SEXUALLY TRANSMITTED DISEASES.

Contains: One cyclic tablet dispenser of 21 tablets

DURAMED PHARMACEUTICALS INC.
CINCINNATI, OHIO 45219 USA

5.5 X 7.75 INCHES PRINTED ON 3.5 MIL CLEAR POLYETHYLENE

0-28170-57521-4
DETAILED PATIENT LABELING
April™
(desogestrel and ethinyl estradiol) Tablets

28 and 21 Day Regimens

THIS PRODUCT (LIKE ALL ORAL CONTRACEPTIVES) IS INTENDED TO PREVENT PREGNANCY. IT DOES NOT PROTECT AGAINST HIV INFECTION (AIDS) AND OTHER SEXUALLY TRANSMITTED DISEASES.

PLEASE NOTE: This labeling is revised from time to time as important new medical information becomes available. Therefore, please review this labeling carefully.

The following oral contraceptive products contain a combination of progestogen and estrogen, the two kinds of female hormones:

April (desogestrel and ethinyl estradiol) Tablet 28 Day Regimen Blister Card
Each rose-colored tablet contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol. Each white tablet contains inert ingredients.

April (desogestrel and ethinyl estradiol) Tablet 21 Day Regimen Blister Card
Each rose-colored tablet contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol.

INTRODUCTION
Any woman who considers using oral contraceptives (the birth control pill or the pill) should understand the benefits and risks of using this form of birth control. This patient labeling will give you much of the information you will need to make this decision and will also help you determine if you are at risk of developing any of the serious side effects of the pill. It will tell you how to use the pill properly so that it will be as effective as possible. However, this labeling is not a replacement for a careful discussion between you and your doctor or clinic. You should discuss the information provided in this labeling with him or her, both when you first start taking the pill and during your visits. You should also follow your doctor's or clinic's advice with regard to regular check-ups while you are on the pill.

EFFICACY OF ORAL CONTRACEPTIVES
Oral contraceptives or "birth control pills," or the pill are used to prevent pregnancy and are more effective than other non-surgical methods of birth control. When taken correctly, the chance of becoming pregnant is less than 1% (1 pregnancy per 100 women per year of use) when used perfectly, without missing any pills. Typical failure rates are actually 3% per year. The chance of becoming pregnant increases with each missed pill during a menstrual cycle.

In comparison, typical failure rates for other non-surgical methods of birth control during the first year of use are as follows:

- Implant: <1%
- Injection: <1%
- IUD: 1% to 2%
- Condom with spermicides: 18%
- Spermicides alone: 21%
- Vaginal sponge: 18 to 36%

The risk of developing blood clots is higher with oral contraceptives than with other low-dose pills. 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 or clinic about stopping oral contraceptives three to four weeks before surgery and not taking oral contraceptives for two weeks after surgery or during bed rest. You should also not take oral contraceptives soon after delivery of a baby. It is advisable to wait for at least four weeks after delivery if you are not breast feeding or four weeks after a second trimester abortion. If you are breast feeding, you should wait until you have weaned your child before using the pill. (See also the section on Breast Feeding in General Precautions.)

The risk of circulatory disease in oral contraceptive users may be higher in users of high-dose pills and may be greater with longer duration of oral contraceptive use. In addition, some of these increased risks may continue for a number of years after stopping oral contraceptives. The risk of abnormal blood clotting increases with age in both users and non-users of oral contraceptives, but the increased risk from the oral contraceptive appears to be present at all ages. For women aged 20 to 44 it is estimated that about 1 in 2,000 using oral contraceptives will be hospitalized each year because of abnormal clotting.

Among non-users in the same age group, about 1 in 20,000 would be hospitalized each year. For oral contraceptive users in general, it has been estimated that women between the ages of 15 and 34 the risk of death due to a circulatory disorder is about 1 in 12,000 per year, whereas for non-users the rate is about 1 in 100,000 per year. In the age group 35 to 44, the risk is estimated to be about 1 in 2,500 per year for oral contraceptive users and about 1 in 10,000 per year for non-users.

2. Heart attacks and strokes
Oral contraceptives may increase the tendency to develop strokes (stoppage or rupture of blood vessels in the brain) and angina pectoris and heart attacks (blockage of blood vessels in the heart). Any of these conditions can cause death or serious disability. Smoking greatly increases the possibility of suffering heart attacks and strokes. Furthermore, smoking and the use of oral contraceptives greatly increase the chances of developing and dying of heart disease.

3. Gallbladder disease
Oral contraceptive users probably have a greater risk than non-users of having gallbladder disease, although this risk may be related to pills containing high doses of estrogens.

4. Liver damage
In rare cases, oral contraceptives can cause benign but dangerous liver over the age of 35, the estimated number of deaths exceeds those for other methods of birth control. If a woman is over the age of 40 and smokes, her estimated risk of death is four times higher (117/100,000 women) than the estimated risk associated with pregnancy (28/100,000 women) in that age group.

The suggestion that women over 40 who do not smoke should take oral contraceptives is based on information from older, higher-dose pills. An Advisory Committee of the FDA discussed this issue in 1989 and recommended that the benefits of low-dose oral contraceptive use by healthy, non-smoking women over 40 years of age may outweigh the possible risks.

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

- Sharp chest pain, coughing of blood, or sudden shortness 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 an arm or leg (indicating a possible stroke)
- Sudden partial or complete loss of vision (indicating a possible clot in the eye)
- Breast lumps (indicating possible breast cancer or fibrocystic disease of the breast; ask your doctor or clinic to show you how to examine your breasts)
- Severe pain or tenderness in the stomach area (indicating a possibly ruptured liver tumor)
- Difficulty in sleeping, weakness, lack of energy, fatigue, or change in mood (possibly indicating severe depression)
- Jaundice or a yellowing of the skin or eyeball, accompanied by fever, fatigue, loss of appetite, dark colored urine, or light colored bowel movements (indicating possible liver problems)

SIDE EFFECTS OF ORAL CONTRACEPTIVES
1. Vaginal bleeding
Irregular vaginal bleeding or spotting may occur while you are taking the pill. Irregular bleeding may vary from slight staining between menstrual periods to breakthrough bleeding which is a flow much like a regular period. Irregular bleeding occurs most often during the first few months of oral contraceptive use, but may also occur after you have been taking the pill for some time. Such bleeding may be temporary and usually does not indicate any serious prob-
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 use the pill if you have any of the following conditions:

- A history of heart attack or stroke
- Blood clots in the legs (thrombophlebitis), lungs (pulmonary embolism), or eyes
- A history of blood clots in the deep veins of your legs
- Chest pain (angina pectoris)
- Known or suspected breast cancer or cancer of the lining of the uterus, cervix or vagina
- Unexplained vaginal bleeding (until a diagnosis is reached by your doctor)
- Yellowing of the whites of the eyes or of the skin (jaundice) during pregnancy or during previous use of the pill
- Liver tumor (benign or cancerous)
- Known or suspected pregnancy

Tell your doctor or clinic if you have ever had any of these conditions. Your doctor or clinic can recommend a safer method of birth control.

OTHER CONSIDERATIONS BEFORE TAKING ORAL CONTRACEPTIVES

Tell your doctor or clinic if you have or have had:

- Breast nodules, fibrocystic disease of the breast, an abnormal breast x-ray or mammogram
- Diabetes
- Elevated cholesterol or triglycerides
- High blood pressure
- Migraine or other headaches or epilepsy
- Mental depression
- Gallbladder, heart or kidney disease
- History of scanty or irregular menstrual periods

Women with any of these conditions should be checked often by their doctor or clinic if they choose to use oral contraceptives.

Also, be sure to inform your doctor or clinic 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 one of the most serious side effects of taking oral contraceptives and can cause death or serious disability. In particular, a clot in one of the legs can cause thrombophlebitis and a clot that travels to the lungs can cause a sudden blocking of the vessel carrying blood.

2. Cancer of the reproductive organs and breasts

There is conflict among studies regarding breast cancer and oral contraceptive use. Some studies have reported an increase in the risk of developing breast cancer, particularly at a younger age. This increased risk appears to be related to duration of use. The majority of studies have found no overall increase in the risk of developing breast cancer.

Some studies have found an increased incidence of cancer of the cervix in women who use oral contraceptives. However, this finding may be related to factors other than the use of oral contraceptives. There is insufficient evidence to rule out the possibility that pills may cause such cancers.

3. Estimated risk of death from a birth control method or pregnancy

All methods of birth control and pregnancy are associated with a risk of developing certain diseases which may lead to disability or death. An estimate of the number of deaths associated with different methods of birth control and pregnancy has been calculated and is shown in the following table.

| Annual number of birth-related or method-related deaths associated with control of fertility per 100,000 non-sterile women, by fertility control method according to age |
|---|---|---|---|---|---|
| Method of control and age | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 |
| No fertility control methods | 7.0 | 7.4 | 9.1 | 14.8 | 25.7 | 28.2 |
| Oral contraceptives | 0.3 | 0.5 | 0.9 | 1.9 | 13.8 | 31.5 |
| Oral contraceptives non-smoker | 2.2 | 3.4 | 6.6 | 13.5 | 51.1 | 117.2 |
| Oral contraceptives smoker | 0.8 | 0.8 | 1.0 | 1.0 | 1.4 | 1.4 |
| IUD** | 0.8 | 0.8 | 1.0 | 1.0 | 0.2 | 0.3 |
| Condom* | 1.0 | 1.2 | 1.7 | 1.2 | 2.2 | 2.9 |
| Diaphragm/permispermide | 1.0 | 1.2 | 1.7 | 1.2 | 2.2 | 2.9 |
| Periodic abstinence** | 2.5 | 1.6 | 1.6 | 1.7 | 2.9 | 3.6 |

* Deaths are birth related
** Deaths are method related

In the preceding table, the risk of death from any birth control method is less than the risk of childbirth, except for oral contraceptive users over the age of 35 who smoke and have high blood pressure or any age even if they do not smoke. It can be seen in the table that for women aged 15 to 39, the risk of death was highest with pregnancy (7-26 deaths per 100,000 women, depending on age). Among pill users who do not smoke, the risk of death was always lower than that associated with pregnancy for any age group, although over the age of 40, the risk increased to 32 deaths per 100,000 women, compared to 28 associated with pregnancy at that age. However, for pill users who smoke and are
3. Laboratory tests
If you are scheduled for any laboratory tests, tell your doctor or clinic you are taking birth control pills. Certain blood tests may be affected by birth control pills.

4. Drug interactions
Certain drugs may interact with birth control pills to make them less effective. Failure to take birth control pills successfully may cause an increase in breakthrough bleeding. Such drugs include rifampin, phenytoin, oral contraceptives (for example, dianette), and anticonvulsants (for example, phenytoin, Dilantin is one brand of this drug), phenytoin (Dilantin is another), phenylbutazone, (Butazolidin is one brand), and possibly certain antibiotics. You may need to use additional contraception when you take drugs which can make oral contraceptives less effective.

5. Sexually transmitted disease
This product (like all oral contraceptives) is intended to prevent pregnancy. It does not protect against transmission of HIV/AIDS and other sexually transmitted diseases such as chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis.

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.
   Anytime you are not sure what to do.
2. THE RIGHT WAY TO TAKE THE PILL IS TO TAKE ONE PILL EVERY DAY AT THE SAME TIME.
   If you miss pills you could get pregnant. This includes starting the pack late.
   The more pills you miss, the more likely you are to get pregnant.
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 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. MISSED PILLS CAN CAUSE SPOTTING OR LIGHT BLEEDING, even when you make up these missed pills. On the days you take 2 pills to make up for missed pills, you could also feel a little sick to your stomach.
5. IF YOU HAVE VOMITING OR DIARRHEA, for any reason, or IF YOU TAKE SOME MEDICINES, including some antibiotics, your pills may not work as well.
   Use a back-up 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 clinic 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" (rose-colored) pills (with hormones) to take for 3 weeks, followed by 1 week without pills.
      The 28-pill pack has 21 "active" (rose-colored) pills (with hormones) to take for 3 weeks, followed by 1 week of reminder (white) pills (without hormones).
3. ALSO FIND:
   1) where on the pack to start taking the pills,
   2) in what order to take the pills (following the arrows) and
   3) the week number printed on the pack.

SUNDAY START:
1. Take the first "active" (rose-colored) 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 before 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 WEEK:
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.
   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:
   21 pills: 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 pills: 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 "active" pill:
1. Take it as soon as you remember. Take the next pill at your regular time. This means you take 2 pills in 1 day.
2. Do not use a back-up birth control method if you have sex.
   If you MISS 2 "active" pills in a row in WEEK 1 OR WEEK 2 of your pack:
   1. Take 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 method for those 7 days.
   If you MISS 2 "active" pills in a row in THE 3RD WEEK:
   1. If you are a Day 1 Starter:
      THROW OUT the rest of the pill pack and start a new pack that same day.
   If you are a Sunday Starter:
      Keep taking 1 pill every day until Sunday, then start a new pack that same day.
   2. You may not have your period this month but this is expected. However, if you miss your period 2 months in a row, call your doctor or clinic because you might be pregnant.
   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 method for those 7 days.
   If you MISS 3 OR MORE "active" pills in a row (during the first 3 weeks):
   1. If you are a Day 1 Starter:
      THROW OUT the rest of the pill pack and start a new pack that same day.
   If you are a Sunday Starter:
      Keep taking 1 pill every day until Sunday, then start a new pack that same day.
   2. You may not have your period this month but this is expected. However, if you miss your period 2 months in a row, call your doctor or clinic because you might be pregnant.
   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 method for those 7 days.
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 of 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. Pick the day label strip that starts with the first day of your period (this
   is the day you start bleeding or spotting, even if it is almost midnight when
   the bleeding begins)
2. Place this day label strip in the cycle tablet dispenser over the area that has
   the days of the week (starting with Sunday) printed on the blister card.

Pick Correct Day Label

Note: if the first day of your period is a Sunday, you can skip steps #1 and #2.
3. Take the first “active” (rose-colored) pill of the first pack during the first 24
   hours of your period.
4. 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.

A REMINDER FOR THOSE ON 28 DAY PACKS:
If you forget any of the 7 (white) “reminder” pills in Week 4:
THROW AWAY the pills you missed.
Keep taking 1 pill each day until the pack is empty.
You do not need a back-up method.

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 (rose-colored) “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 one per-
cent (i.e., one pregnancy per 100 women per year) if taken every day as direct-
ed, but more typical failure rates are about 3%. If failure does occur, the risk
to the fetus is minimal.

PREGNANCY AFTER STOPPING THE PILL
There may be some delay in becoming pregnant after you stop using oral con-
traceptives, especially if you had irregular menstrual cycles before you used
oral contraceptives. It may be advisable to postpone conception until you begin
menstruating regularly once you have stopped taking the pill and desire preg-
nancy.
There does not appear to be any increase in birth defects in newborn babies
when pregnancy occurs soon after stopping the pill.

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

OTHER INFORMATION
Your doctor or clinic will take a medical and family history before prescribing
oral contraceptives and will examine you. The physical examination may be
delayed to another time if you request it and your doctor or clinic believes that
it is a good medical practice to postpone it. You should be reexamined at least
once a year. Be sure to inform your doctor or clinic if there is a family history
of any of the conditions listed previously in this leaflet. Be sure to keep all
appointments with your doctor or clinic because this is a time to determine if
there are early signs of side effects of oral contraceptive use.
Do not use the drug for any condition other than the one for which it was pre-
scribed. This drug has been prescribed specifically for you; do not give it to
others who may want birth control pills.

HEALTH BENEFITS FROM ORAL CONTRACEPTIVES
In addition to preventing pregnancy, use of combination oral contraceptives
may provide certain benefits. They are:
* menstrual cycles may become more regular
* blood flow during menstruation may be lighter and less iron may be lost.
Therefore, anemia due to iron deficiency is less likely to occur.
• pain or other symptoms during menstruation may be encountered less frequently.
• ectopic (tubal) pregnancy may occur less frequently.
• noncancerous cysts or lumps in the breast may occur less frequently.
• acute pelvic inflammatory disease may occur less frequently.
• oral contraceptive use may provide some protection against developing two forms of cancer: cancer of the ovaries and cancer of the lining of the uterus.

If you want more information about birth-control pills, ask your doctor, clinic or pharmacist. They have a more technical leaflet called the Professional Labeling, which you may wish to read. The Professional Labeling is also published in a book entitled "Physicians' Desk Reference," available in many library stores and public libraries.

DURAMED PHARMACEUTICALS, INC.
CINCINNATI, OHIO 45213 USA

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(desogestrel and
ethinyl estradiol) Tablets
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