CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

216285Orig1s000

LABELING

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use DROSPIRENONE CHEWABLE TABLETS safely and effectively. See full prescribing information for DROSPIRENONE CHEWABLE TABLETS.

DROSPIRENONE chewable tablets, for oral use
Initial U.S. Approval: 2001

----------INDICATIONS AND USAGE----------
Drospirenone Chewable Tablets is a progestin indicated for use by females of reproductive potential to prevent pregnancy. (1)

----------DOSAGE AND ADMINISTRATION----------
Chew one tablet (do not swallow whole) taken daily for 28 days; one white active chewable tablet daily during the first 24 days and one green inert chewable tablet daily during the 4 following days. (2)

----------DOSAGE FORMS AND STRENGTHS----------
Drospirenone Chewable Tablets consists of 28 tablets in the following order (3):
- 24 white active chewable tablets each containing 3.5 mg of drospirenone
- 4 green inert chewable tablets

----------CONTRAINDICATIONS----------
- Renal impairment (4)
- Adrenal insufficiency (4)
- Presence or history of progestin sensitive cancers (4)
- Liver tumors, benign or malignant, or hepatic impairment (4)
- Undiagnosed abnormal uterine bleeding (4)

----------WARNINGS AND PRECAUTIONS----------
- Hyperkalemia: Check serum potassium levels during the first treatment cycle in females receiving daily, long-term treatment for chronic conditions of diseases with medications that may increase serum potassium concentrations. (5.1)
- Thromboembolic disorders: Discontinue Drospirenone Chewable Tablets if a thromboembolic event occurs. (5.2)
- Bone loss: It is unknown if Drospirenone Chewable Tablets may cause a clinically relevant loss of bone mineral density. (5.3)
- Liver Disease: Discontinue use if jaundice or acute or chronic disturbances of liver function develops. (5.5)
- Ectopic pregnancy: Be alert to the possibility of ectopic pregnancy in females who become pregnant or complain of lower abdominal pain while on Drospirenone Chewable Tablets. (5.6)
- Risk of Hyperglycemia in Patients with Diabetes: Patients with diabetes may be at greater risk of hyperglycemia and may require additional medication adjustments or monitoring. (5.7)
- Bleeding Irregularities and Amenorrhea: May cause irregular bleeding or amenorrhea. Evaluate for other causes, such as pregnancy, if irregular bleeding or amenorrhea persists. (5.9)

----------ADVERSE REACTIONS----------
Most common adverse reactions (>1%) are: acne, metrorrhagia, headache, breast pain, weight increased, dysmenorrhea, nausea, vaginal hemorrhage, libido decreased, breast tenderness, menstruation irregular (6)

To report SUSPECTED ADVERSE REACTIONS, contact Exeltis USA, Inc. at 1-877-324-9349 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch.*

----------DRUG INTERACTIONS----------
Drugs or herbal products that induce certain enzymes (for example, CYP3A4) may decrease the effectiveness of Drospirenone Chewable Tablets or increase breakthrough bleeding. Counsel patients to use a back-up or alternative method of contraception when enzyme inducers are used with Drospirenone Chewable Tablets. (7.1)

----------USE IN SPECIFIC POPULATIONS----------
- Pregnancy: Discontinue Drospirenone Chewable Tablets if pregnancy occurs (8.1)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 06/2022

FULL PRESCRIBING INFORMATION: CONTENTS*

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Drospirenone Chewable Tablets is a progestin indicated for use by females of reproductive potential to prevent pregnancy.

2 DOSAGE AND ADMINISTRATION

2.1 How to Use Drospirenone Chewable Tablets

Drospirenone Chewable Tablets is dispensed in a blister card. Drospirenone Chewable Tablets should be started using a Day 1 start.

Table 1: Instructions for Starting or Switching Drospirenone Chewable Tablets

Starting Drospirenone Chewable Tablets in females with no current use of hormonal contraception (Day 1 Start) Important: Consider the possibility of ovulation and conception prior to initiation of this product. Tablet Color: • Active Drospirenone Chewable Tablets is white (Day 1 to Day 24). • Inert Drospirenone Chewable Tablets is green (Day 25 to Day 28).	Day 1 Start: • Take first white active chewable tablet on the first day of menses. • Take subsequent white active chewable tablets once daily at the same time each day for a total of 24 days. • Take one green inert chewable tablet daily for 4 days and at the same time of day that active chewable tablets were taken. • Begin each subsequent pack on the same day of the week as the first cycle pack (i.e., on the day after taking the last inert chewable tablet).
Switching from another contraceptive method to Drospirenone Chewable Tablets	Start Drospirenone Chewable Tablets:
• A Combined Oral Contraceptive (COC)	• On the day when the new pack of the previous COC would have started.
• Transdermal patch	• On the day when next application would have been scheduled.
• Vaginal ring	• On the day when next insertion would have been scheduled.
• Injection	• On the day when next injection would have been scheduled.
• Intrauterine contraceptive	• On the day of removal
• Implant	• On the day of removal
Refer to the Patient Information and Instructions for Use for additional instructions for counseling patient concerning proper use	

2.2 How to Take Drospirenone Chewable Tablets

Chew Drospirenone Chewable Tablets (white active and green inert chewable tablets) completely before swallowing. **Do not swallow whole**. Drospirenone Chewable Tablets can be taken with or without water and food. Take one chewable tablet daily for 28 consecutive days; one white active chewable tablet daily during the first 24 days and one green inert chewable tablet daily during the 4 following days. Chewable tablets must be taken every day at about the same time of the day so that the interval between two tablets is always 24 hours.

2.3 Missed Doses

Table 2: Instructions for Missed Drospirenone Chewable Tablets

• If one white active chewable tablet is missed	Take the missed chewable tablet as soon as possible. Continue taking one chewable tablet a day until the pack is finished.
• If two or more white active chewable tablets are missed	Take the last missed chewable tablet as soon as possible. Continue taking one chewable tablet a day until the pack is finished (one or more missed chewable tablet(s) will remain in the blister pack). **Additional non-hormonal contraception (such as condoms or spermicide) should be used as back-up if the patient has sex within 7 days after missing chewable tablets.**
• If one or more green inert chewable tablets are missed	Skip the missed pill days and continue taking one chewable tablet a day until the pack is finished.

2.4 Advice in Case of Gastrointestinal Disturbances

If vomiting or diarrhea occurs within 3-4 hours after taking chewable tablet, the new chewable tablet (scheduled for the next day) should be taken as soon as possible. The new chewable tablet should be taken within 12 hours of the usual time of tablet-taking if possible. If more than two chewable tablets are missed, the advice concerning missed tablets, including using backup non-hormonal contraception, given above (Table 2) is applicable.

3 DOSAGE FORMS AND STRENGTHS

Drospirenone Chewable Tablets is supplied in a blister card with 28 round, film-coated and unscored chewable tablets in the following order:

- 24 white active chewable tablets each containing 3.5 mg of drospirenone debossed with a "C" on one side and a "D" on the other side
- 4 green inert chewable tablets debossed with a "E" on one side and a "C" on the other side

4 CONTRAINDICATIONS

Drospirenone Chewable Tablets is contraindicated in females with the following conditions:

- Renal impairment *[see Warnings and Precautions (5.1) and Use in Specific Populations (8.7)]*
- Adrenal insufficiency *[see Warnings and Precautions (5.1)]*
- Presence or history of cervical cancer or progestin sensitive cancers *[see Warnings and Precautions (5.4)]*
- Liver tumors, benign or malignant, or hepatic impairment *[see Warnings and Precautions (5.5) and Use in Specific Populations (8.6)]*
- Undiagnosed abnormal uterine bleeding *[see Warnings and Precautions (5.8)]*

5 WARNINGS AND PRECAUTIONS

5.1 Hyperkalemia

Drospirenone Chewable Tablets contains drospirenone, a progestin, which has anti-mineralocorticoid activity, including the potential for hyperkalemia in high-risk females, comparable to a 25 mg dose of spironolactone. Drospirenone Chewable Tablets is contraindicated in females with conditions that predispose to hyperkalemia (e.g., renal

impairment, hepatic impairment, and adrenal insufficiency). Females receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium concentration should have their serum potassium concentration checked prior to starting treatment and during the first treatment cycle. Consider monitoring serum potassium concentration in females at increased risk for hyperkalemia i.e., those females who take a strong CYP3A4 inhibitor long-term and concomitantly with Drospirenone Chewable Tablets. Strong CYP3A4 inhibitors include azole antifungals (e.g., ketoconazole, itraconazole, voriconazole), HIV/HCV protease inhibitors (e.g., indinavir, boceprevir), and clarithromycin *[see Drug Interactions (7)]*. Monitor females taking Drospirenone Chewable Tablets who later develop medical conditions and/or begin medication that put them at an increased risk for hyperkalemia.

Most females with hyperkalemia in the clinical development studies of drospirenone had mild potassium elevations and/or isolated increases that returned to normal while still on study medication. No concurrent adverse reactions were attributed to hyperkalemia. In the pivotal trial with drospirenone, two females (0.2%) with persistent potassium elevations discontinued drospirenone.

5.2 Thromboembolic Disorders

Epidemiological studies have not indicated an association between progestin-only preparations and an increased risk of myocardial infarction, cerebral thromboembolism, or venous thromboembolism.

Combined oral contraceptives containing drospirenone and ethinyl estradiol may be associated with a higher risk of venous thromboembolism (VTE) than those containing some other progestins in combination with ethinyl estradiol. It is unknown whether the risk of VTE is increased with drospirenone alone; however, if there is a risk, it is expected to be lower than that of drospirenone in combination with ethinyl estradiol.

When prescribing Drospirenone Chewable Tablets, consider the increased risk of thromboembolism inherent in the postpartum period and in females with a history of thromboembolism.

Discontinue Drospirenone Chewable Tablets if arterial or venous thromboembolic events occur. Consider discontinuing Drospirenone Chewable Tablets, if feasible, in case of prolonged immobilization due to surgery or illness.

5.3 Bone Loss

Treatment with Drospirenone Chewable Tablets leads to decreased estradiol serum levels. It is unknown if this may cause a clinically relevant loss of bone mineral density.

5.4 Cervical Cancer

Some studies suggest that use of combination hormonal contraceptives containing progestin and estradiol has been associated with an increase in the risk of cervical cancer or intraepithelial neoplasia. However, there continues to be controversy about the extent to which such findings may be due to differences in sexual behavior and other factors.

5.5 Liver Disease

Discontinue Drospirenone Chewable Tablets if jaundice or acute or chronic disturbances of liver function develop. Do not resume use until markers of liver function return to normal and Drospirenone Chewable Tablets causation has been excluded.

Drospirenone Chewable Tablets is contraindicated in females with liver tumors, benign or malignant, or hepatic impairment *[see Use in Specific Populations (8.6)]*.

5.6 Ectopic Pregnancy

Be alert to the possibility of ectopic pregnancy in females who become pregnant or complain of lower abdominal pain while on Drospirenone Chewable Tablets.

5.7 Risk of Hyperglycemia in Patients with Diabetes

Some patients receiving progestins, including Drospirenone Chewable Tablets, may exhibit a decrease in insulin sensitivity. Therefore, patients with diabetes may be at greater risk of hyperglycemia and may require additional medication adjustments or monitoring.

5.8 Bleeding Irregularities and Amenorrhea

Females using Drospirenone Chewable Tablets may experience unscheduled (breakthrough or intracyclic) bleeding and spotting, especially during the first three months of use. Bleeding irregularities may resolve over time or by changing to a different contraceptive product. If bleeding persists or occurs after previously regular cycles, evaluate for causes such as pregnancy or malignancy.

Based on subject diaries from four clinical trials of drospirenone, 64.4% of females experienced unscheduled bleeding at Cycle 1. This percentage decreased to 40.3% by Cycle 13.

A total of 91 out of 2593 subjects (3.5%) discontinued drospirenone due to menstrual bleeding disorders including metrorrhagia, menstruation irregular, vaginal hemorrhage, menorrhagia, uterine hemorrhage, and amenorrhea.

If scheduled bleeding does not occur, consider the possibility of pregnancy. If the patient has not adhered to the prescribed dosing schedule (missed one or two active chewable tablets or started taking them on a day later than she should have), consider the possibility of pregnancy at the time of the first missed period and perform appropriate diagnostic measures. If the patient has adhered to the prescribed dosing schedule and misses two consecutive periods, rule out pregnancy.

5.9 Depression

Carefully observe females for a history of depression and discontinue Drospirenone Chewable Tablets if depression recurs to a serious degree. Data on the association of progestin-only contraceptive products with onset of depression and exacerbation of depression are limited.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in other sections of the labeling:

- Hyperkalemia *[see Warnings and Precautions (5.1)]*
- Bleeding Irregularities and Amenorrhea *[see Warnings and Precautions (5.8)]*

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of Drospirenone Chewable Tablets has been established from studies of drospirenone tablets *[see Clinical Studies (14)]*. The data described below reflect exposure to drospirenone tablets.

Four clinical studies including Study CF111/303 *[see Clinical Studies (14)]* in females of reproductive potential desiring to prevent pregnancy were conducted. The mean time of drospirenone exposure ranged from 197 to 328 days. The demographic profile for the pooled study data was: mean age 28 years; mean BMI 25 kg/m^2; racial distribution was 83% White; 14% Black; 1% Asian and 2% Other.

Table 3: Adverse Reactions Occurring in ≥ 1% of Females Receiving Drospirenone Tablets in Four Pooled Studies

Adverse Reaction	Total N = 2598 n (%)
Any adverse reaction	627 (24.1)
Acne	98 (3.8)
Metrorrhagia	72 (2.8)
Headache	71 (2.7)
Breast pain	57 (2.2)
Weight increased	50 (1.9)
Dysmenorrhea	49 (1.9)
Nausea	47 (1.8)
Vaginal hemorrhage	45 (1.7)
Libido decreased	33 (1.3)
Breast tenderness	31 (1.2)
Menstruation irregular	30 (1.2)

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of drospirenone. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure:

Immune System Disorders: Hypersensitivity reactions, including rash, urticaria, pruritis, and angioedema

7 DRUG INTERACTIONS

Consult the labeling of all concurrently-used drugs to obtain further information about interactions with hormonal contraceptives or the potential for enzyme alterations.

7.1 Effects of Other Drugs on Hormonal Contraceptives

Substances decreasing the systemic concentrations of hormonal contraceptives (HCs) and potentially diminishing the efficacy of HCs:

Drugs or herbal products that induce certain enzymes, including cytochrome P450 3A4 (CYP3A4), may decrease the systemic concentrations of HCs and potentially diminish the effectiveness of HCs or increase breakthrough bleeding.

Some drugs or herbal products that may decrease the effectiveness of HCs include efavirenz, phenytoin, barbiturates, carbamazepine, bosentan, felbamate, griseofulvin, oxcarbazepine, rifampicin, rifabutin, rufinamide, aprepitant, and products containing St. John's wort.

Interactions between HCs and other drugs may lead to breakthrough bleeding and/or contraceptive failure. Counsel females to use an alternative non-hormonal method of contraception or a back-up method when enzyme inducers are used with HCs, and to continue back-up non-hormonal contraception for 28 days after discontinuing the enzyme inducer to ensure contraceptive reliability.

Substances increasing the systemic concentrations of hormonal contraceptives (HCs):

In a clinical drug-drug interaction study conducted in premenopausal females, once daily co-administration of drospirenone 3 mg/ethinyl estradiol (EE) 0.02 mg containing tablets with strong CYP3A4 inhibitor, ketoconazole 200 mg twice daily for 10 days resulted in a moderate increase of drospirenone systemic exposure.

7.2 Influence of Drospirenone Chewable Tablets on Other Medicinal Products

Based on in vitro studies and in vivo interaction studies in female volunteers using omeprazole, simvastatin and midazolam as marker substrate, an interaction of drospirenone with the metabolism of other active substances is unlikely.

Potential to increase serum potassium concentration:

There is a potential for an increase in serum potassium concentration in females taking Drospirenone Chewable Tablets with other drugs that may increase serum potassium concentration (for example, ACE inhibitors, angiotensin-II receptor antagonists, potassium-sparing diuretics, potassium supplementation, heparin, aldosterone antagonists, and NSAIDS) *[see Warnings and Precautions (5.1)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Based on epidemiologic studies and meta-analyses, there is little or no increased risk of birth defects in the children of females who inadvertently use oral progestins during early pregnancy (*See Data*).

Discontinue Drospirenone Chewable Tablets if pregnancy occurs, because there is no reason to use hormonal contraceptives during pregnancy

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4 percent and 15 to 20 percent, respectively.

Data

Human Data

Epidemiologic studies and meta-analyses have not found an increased risk of genital or non-genital birth defects (including cardiac anomalies and limb-reduction defects) following maternal use of oral progestins before conception or during early pregnancy.

8.2 Lactation

Risk Summary

Negligible amounts of drospirenone are excreted in the breast milk (*see Data*). Thus, at therapeutic doses of Drospirenone Chewable Tablets, no effects on breastfed newborns/infants are anticipated. In general, no adverse effects have been found on milk production or on the health, growth, or development of the infant with use of progestin-only pills (POPs).

Human Data

After daily administration of drospirenone (4 mg tablets), the average drospirenone concentration in breast milk over 24-hour period is 5.6 ng/mL. Based on this concentration, the estimated average infant daily dosages for an exclusively breastfed infant is 840 ng/kg/day (relative infant dose is 1.5%).

8.4 Pediatric Use

Safety and efficacy of drospirenone tablets has been established in females of reproductive age. Safety and efficacy are expected to be the same for postpubertal adolescents under the age of 16 and users 16 years and older.

Study CF111/304 evaluated the bleeding associated with drospirenone in females ≥12 years of age. Bleeding data were generally consistent with those from Study CF111/303 in adult females *[see Clinical Studies (14)]*.

Use of this product before menarche is not indicated.

8.5 Geriatric Use

Drospirenone Chewable Tablets has not been studied in postmenopausal females and is not indicated in this population.

8.6 Hepatic Impairment

Drospirenone Chewable Tablets is contraindicated in females with hepatic impairment *[see Contraindications (4) and Warnings and Precautions (5.5)]*. The mean exposure to drospirenone in females with moderate liver impairment is approximately three times higher than the exposure

in females with normal liver function. Drospirenone Chewable Tablets has not been studied in females with severe hepatic impairment *[see Clinical Pharmacology (12.3)]*.

8.7 Renal Impairment

Drospirenone Chewable Tablets is contraindicated in females with renal impairment *[see Contraindications (4) and Warnings and Precautions (5.1)]*.

In subjects with creatinine clearance (CLcr) of 50–79 mL/min, serum drospirenone levels were comparable to those in a control group with CLcr ≥ 80 mL/min. In subjects with CLcr of 30–49 mL/min, serum drospirenone concentrations were on average 37% higher than those in the control group. In addition, there is a potential to develop hyperkalemia in subjects with renal impairment whose serum potassium is in the upper reference range, and who are concomitantly using potassium sparing drugs *[see Drug Interactions (7.2) and Clinical Pharmacology (12.3)]*.

10 OVERDOSAGE

There have been no reports of serious deleterious effects from overdosage of Drospirenone Chewable Tablets. Symptoms that may occur include are nausea, vomiting, and vaginal bleeding. There are no antidotes and treatment should be to provide symptomatic support.

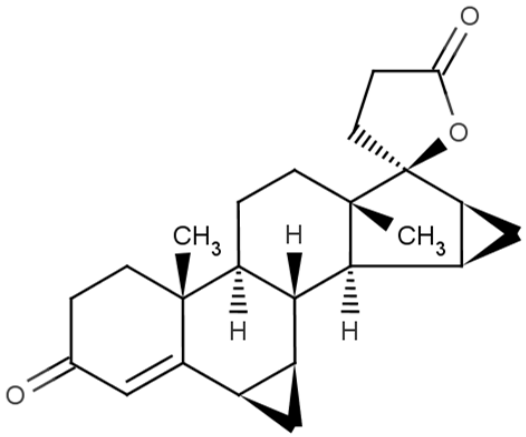
Drospirenone is a spironolactone analogue which has anti-mineralocorticoid properties. Therefore, serum potassium and sodium, and evidence of metabolic acidosis, should be monitored in cases of overdose.

11 DESCRIPTION

Drospirenone Chewable Tablets is an oral contraceptive. Drospirenone Chewable Tablets is supplied in a blister card with 28 round, film-coated and unscored chewable tables in the following order:

- 24 white active chewable tablets each containing 3.5 mg of drospirenone debossed with a “C” on one side and a “D” on the other side
- 4 green inert chewable tablets debossed with a “E” on one side and a “C” on the other side

Drospirenone is a white to almost white or slightly yellow crystalline powder. It is a progestin and neutral molecule with slight solubility in water. Drospirenone is chemically described as (6R,7R,8R,9S,10R,13S,14S,15S,16S,17S)-1,3’,4’,6,6a,7,8,9,10,11, 12,13,14,15,15a,16-hexadecahydro10,13-dimethylspiro-[17H-dicyclopropa- [6,7:15,16]cyclopenta[a]phenanthrene-17,2’(5’H)-furan]-3,5’(2H)-dione). It has a molecular weight of 366.49, a molecular formula of $C_{24}H_{30}O_3$, and the structural formula below:



The active chewable tablet is a 5 mm, round, unscored, film-coated, white chewable tablet that contains 3.5 mg of drospirenone as the active ingredient, and the following inactive ingredients: microcrystalline cellulose, anhydrous lactose, colloidal silicon dioxide, and magnesium stearate. The white film coating is comprised of polyvinyl alcohol-partially hydrolyzed, polyethylene glycol (Macrogol) 3350, talc, and titanium dioxide. The peppermint flavor contains peppermint oil, maltodextrin and modified starch (E 1450).

The inert chewable tablet is a 5 mm, round, unscored, film-coated, green chewable tablet that does not contain drospirenone. Each inert green chewable tablet contains the following inactive ingredients: lactose monohydrate, colloidal silicon dioxide, corn starch, magnesium stearate, and povidone K 30. The peppermint flavor contains peppermint oil, maltodextrin and modified starch (E 1450). The green film coating consists of FD&C blue 2 aluminum lake, ferric oxide yellow, hypromellose 2910, polysorbate 80, titanium dioxide, and triacetin.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Drospirenone Chewable Tablets progestin-only oral contraceptive lowers the risk of becoming pregnant primarily by suppressing ovulation.

12.2 Pharmacodynamics

Drospirenone is a spironolactone analogue with anti-mineralocorticoid activity.

Laboratory Tests

The use of contraceptive steroids may influence the results of certain laboratory tests, including biochemical parameters of liver, thyroid, adrenal and renal function, serum levels of (carrier) proteins, e.g., corticosteroid binding globulin and lipid/lipoprotein fractions, parameters of carbohydrate metabolism and parameters of coagulation and fibrinolysis.

12.3 Pharmacokinetics

The pharmacokinetic parameters after a single dose administration of Drospirenone Chewable Tablets under fasting condition in healthy female subjects are summarized in Table 4.

Table 4: Pharmacokinetic Parameters After Single Dose Administration of Drospirenone Chewable Tablets Under Fasting Condition

	Drospirenone	
Parameters	**Mean**	**SD**
C_{max} (ng/mL)	21.07	5.21
T_{max} (hours)*	2.5 (1.00 – 4.00)	-
AUC_{0-72} (ng/mL)	424.86	93.63
$t_{1/2}$ (hours)	37.93	12.12

SD = Standard Deviation

*T_{max} values are median with range between parentheses

Absorption

The pharmacokinetics of oral drospirenone is dose-proportional following single doses ranging from 1-10 mg. During a treatment cycle, maximum steady-state concentrations of drospirenone are reached after about 10 days of treatment. Plasma drospirenone C_{max} and area under the curve (AUC) accumulate by a factor of about 1.5 to 2 following multiple dose administration.

Effect of Food

A food-effect study involving administration of Drospirenone Chewable Tablets to healthy volunteers under fasting conditions and with a high-fat-high-calorie meal (i.e., 894 calorie meal in which 57% of calories are derived from fat) indicated that the C_{max} was decreased approximately 10% while the AUC remained unchanged. This decrease in exposure is not clinically significant, and therefore Drospirenone Chewable Tablets can be taken without regards to meals.

Distribution

Drospirenone is 95% to 97% bound to serum albumin and does not bind to sex hormone binding globulin (SHBG) or corticosteroid binding globulin (CBG). The apparent volume of distribution of drospirenone is approximately 4 L/kg.

Elimination

Metabolism

Drospirenone is extensively metabolized after oral administration. The two main metabolites of drospirenone found in human plasma were identified to be the acid form of drospirenone generated by opening of the lactone ring and the 4,5-dihydrodrospirenone-3-sulfate, formed by reduction and subsequent sulfation. These metabolites were shown not to be pharmacologically active. Drospirenone is also subject to oxidative metabolism catalyzed by CYP3A4.

Excretion

Drospirenone serum concentrations are characterized by a terminal disposition phase half-life of approximately 30 hours after both single and multiple dose regimens. Excretion of drospirenone

was nearly complete after ten days and amounts excreted were slightly higher in feces compared to urine. Drospirenone was extensively metabolized and only trace amounts of unchanged Drospirenone were excreted in urine and feces.

Specific Populations

Patients with Hepatic Impairment:

The mean exposure to Drospirenone in females with moderate liver impairment is approximately three times higher than the exposure in females with normal liver function. Drospirenone Chewable Tablets has not been studied in females with severe hepatic impairment *[see Contraindications (4) and Warnings and Precautions (5.5)]*.

Patients with Renal Impairment:

The effect of renal impairment on the pharmacokinetics of drospirenone (3 mg daily for 14 days) and the effect of drospirenone on serum potassium concentrations were investigated in three separate groups of female subjects (n = 28, age 30–65). All subjects were on a low potassium diet. During the study, 7 subjects continued the use of potassium-sparing drugs for the treatment of their underlying illness. On the 14th day (steady-state) of drospirenone treatment, the serum drospirenone concentrations in the group with CLcr of 50–79 mL/min were comparable to those in the control group with CLcr ≥ 80 mL/min. The serum drospirenone concentrations were on average 37% higher in the group with CLcr of 30–49 mL/min compared to those in the control group. Drospirenone treatment did not show any clinically significant effect on serum potassium concentration. Although hyperkalemia was not observed in the study, in five of the seven subjects who continued use of potassium-sparing drugs during the study, mean serum potassium concentrations increased by up to 0.33 mEq/L *[see Contraindications (4) and Warnings and Precautions (5.1)]*.

Drug Interaction Studies:

In a clinical drug-drug interaction study conducted in 20 premenopausal females, co-administration of a combined oral contraceptive product containing drospirenone (3 mg)/EE (0.02 mg) with the strong CYP3A4 inhibitor ketoconazole (200 mg twice daily) for 10 days increased the AUC(0-24h) and C_{max} of drospirenone by 2.68-fold (90% CI: 2.44, 2.95) and 1.97-fold (90% CI: 1.79, 2.17), respectively.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

In a 24-month oral carcinogenicity study in mice with doses up to 10 mg/kg/day drospirenone, equating to 2 times the maximum clinical exposure (based on AUC), there was an increase in carcinomas of the harderian gland in the high dose drospirenone group. In a similar study in rats given doses up to 10 mg/kg/day drospirenone, 10 times the maximum clinical exposure (based on AUC), there was an increased incidence of benign and total (benign and malignant) adrenal gland pheochromocytomas in the high dose drospirenone group. Mutagenesis studies for drospirenone were conducted in vivo and in vitro and no evidence of mutagenic activity was observed.

14 CLINICAL STUDIES

The efficacy of Drospirenone Chewable Tablets has been established based upon studies of drospirenone tablets. The data presented below reflect results from clinical studies of drospirenone tablets.

The efficacy of drospirenone tablets was evaluated in Study CF111/303 (NCT02269241), a single arm multicenter, clinical trial conducted in the U.S. The efficacy population consisted of 953 females ⩽ 35 years of age with 5,547 evaluable cycles. The demographic profile for females was: mean age 26.4 years and mean BMI 28.5 kg/m^2. The racial distribution was 53.3% Caucasian; 38.5% African American; 2.2% Asian and 6% other. During these cycles, a total of 17 (1.8%) females reported pregnancy, leading to a Pearl Index (95% CI) of 4.0 (2.3, 6.4).

One female who became pregnant during the study was breastfeeding and not included in the Pearl Index (PI) calculation. The confidence interval for the PI was calculated assuming that events of pregnancy had a Poisson distribution.

Out of the 953 females evaluated for efficacy, 332 subjects had a baseline BMI ⩾ 30 (35%) and 173 females had a baseline BMI ⩾ 35 (18%). Data were insufficient to analyze PI by BMI subgroups.

Table 5: Pearl Index Based on Evaluable Cycles and Reported Pregnancies in Females ⩽ 35 Years of Age in Study CF111/303

	Drospirenone Tablets (N = 953)
Subjects with pregnancy, n (%)	17 (1.8)
Subjects without pregnancy, n (%)	936 (98.2)
Total number of evaluable cycles	5547
Pearl Index for evaluable cycles	4.0
95% Confidence Interval for Pearl Index, Lower Limit, Upper Limit	2.3, 6.4

Effect on Bleeding Patterns

The bleeding pattern with drospirenone tablets was assessed systematically using patient diaries in Study CF111/303 in adult females.

The percentage of females experiencing scheduled bleeding or unscheduled bleeding/spotting decreased over time. Overall, the percentage of females with scheduled bleeding or spotting decreased from 81% in Cycle 1 to 26% in Cycle 13. Similarly, the overall percentage of females with unscheduled bleeding or spotting decreased from 61% in Cycle 1 to 40% in Cycle 13. The percentages of females with scheduled and unscheduled bleeding or spotting generally decreased through Cycle 10 and were maintained at a consistent level thereafter.

Table 6: Adult Females with Scheduled and Unscheduled Bleeding or Spotting: (Safety Set)

	Scheduled		Unscheduled	
Cycle	n/m*	Rate and 95% CI (%)	n/m*	Rate and 95% CI (%)
Cycle 1	1768/2178	81.2 (79.5, 82.8)	1337/2178	61.4 (59.3, 63.4)
Cycle 6	507/1482	34.2 (31.8, 36.6)	703/1482	47.4 (44.9, 50.0)
Cycle 13	185/700	26.4 (23.2, 29.7)	282/700	40.3 (36.7, 43.9)

*Abbreviations: m = number of subjects with cycle data; n = number of subjects with bleeding or spotting.

In Study CF111/304 conducted in Europe in post-menarchal, female, adolescents (12 through 17 years of age), bleeding data were generally consistent with those from Study CF111/303 in adult females. Drospirenone tablets was associated with a decrease in the percentage of adolescent females experiencing bleeding or spotting over time. The percentage of adolescent females with scheduled bleeding or spotting decreased from 98.0% in Cycle 1 to 28.4% in Cycle 13. The percentage of adolescent females with scheduled bleeding or spotting generally decreased through Cycle 9 and was maintained at a consistent level thereafter. In contrast, the percentage of adolescent females with unscheduled bleeding or spotting was maintained at a relatively consistent level during the study (53.0% in Cycle 1 versus 52.2% in Cycle 13).

In addition to Studies CF111/303 and CF111/304, an additional two studies evaluated bleeding associated with drospirenone tablets. A total of 91 females (0.4%) from these four studies discontinued drospirenone tablets due to problems with irregular bleeding or amenorrhea.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

Drospirenone Chewable Tablets is packaged in clear to a slightly opaque PVC-PVDC/Aluminum blister cards. Each blister card holds 28 5-mm round, film-coated and unscored chewable tablets in the following order:

- 24 white active chewable tablets each containing 3.5 mg of drospirenone debossed with a “C” on one side and a “D” on the other side
- 4 green inert chewable tablets debossed with a “E” on one side and a “C” on the other side

Drospirenone Chewable Tablets is supplied in cardboard carton containing a blister card of 28 chewable tablets: NDC 0642-7478-01

16.2 Storage and Handling

Store at 20°C to 25°C (68°F to 77°F); excursions permitted from 15°C to 30°C (59°F to 86°F) [*see USP Controlled Room Temperature*].

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved Patient Labeling (Patient Information and Instructions for Use).

Drospirenone Chewable Tablets and Dosing Instructions

Advise females on proper daily use of Drospirenone Chewable Tablets and what to do if she misses a pill *[see Dosage and Administration (2)]*. Inform patient that amenorrhea may occur and instruct patient to check for pregnancy if she misses two consecutive periods.

Counsel patients on the following information:
Recommendation to check serum potassium levels during the first treatment cycle in females receiving daily, long-term treatment for chronic conditions of diseases with medications that may increase serum potassium concentrations.

Sexually Transmitted Infections
Drospirenone Chewable Tablets does not protect against HIV-infection (AIDS) and other sexually transmitted infections.

Use During Pregnancy
Drospirenone Chewable Tablets is not to be used during pregnancy; instruct the patient to stop use if pregnancy is confirmed during treatment *[see Use in Specific Populations (8.1)]*.

Drug Interactions
Advise females to inform their healthcare provider if they take herbal supplements such as St. John's wort *[see Drug Interactions (7.1)]*.

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Manufactured by: Laboratorios León Farma, S.A., Navatejera, Spain 24008

PATIENT INFORMATION
Drospirenone Chewable Tablets
(drospirenone)
for oral use

Progestin pills help to lower the chance of becoming pregnant when taken as directed. They do not protect against HIV infection (AIDS) and other sexually transmitted diseases (STDs).

What is Drospirenone Chewable Tablets?

Drospirenone Chewable Tablets is a birth control pill (oral contraceptive) also called a POP (progestin only pill) that is used by females who can become pregnant to prevent pregnancy.

The progestin drospirenone may increase potassium levels in your blood. You should not take Drospirenone Chewable Tablets if you have kidney, liver or adrenal disease because this could cause serious heart problems as well as other health problems. Other medicines may also increase potassium levels in your blood. If you are currently on daily, long-term treatment for a chronic health condition with any of the medicines listed below, talk to your healthcare provider about whether Drospirenone Chewable Tablets is right for you. If you take any of the medicines listed below for a chronic health condition, you should have a blood test to check the potassium level in your blood before you start taking Drospirenone Chewable Tablets and during the first month that you take Drospirenone Chewable Tablets.

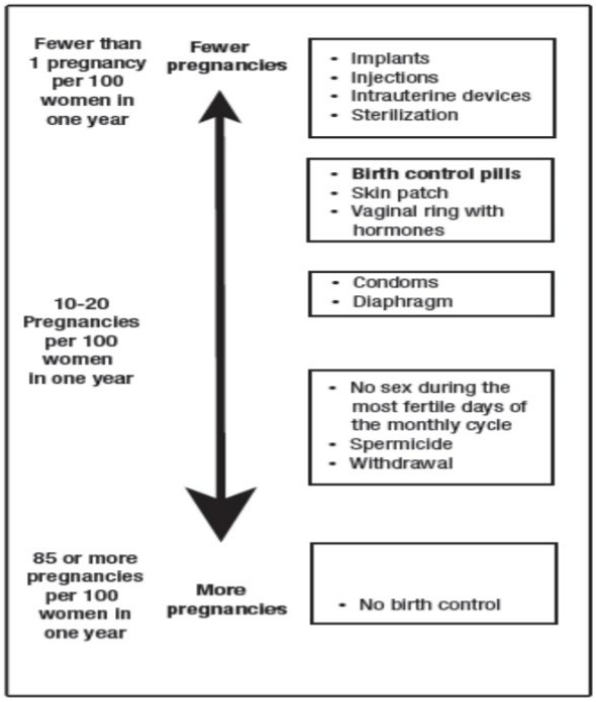
- medicines to treat fungal infections, such as ketoconazole, itraconazole, or voriconazole
- medicines to treat Human Immunodeficiency Virus (HIV) infection or Hepatitis C infection, such as indinavir or boceprevir
- clarithromycin

How does Drospirenone Chewable Tablets work for contraception?

Your chance of getting pregnant depends on how well you follow the directions for taking your birth control pills. The better you follow the directions, the less chance you have of getting pregnant.

Based on the results of one clinical study of a 28-day regimen of Drospirenone Chewable Tablets, about 4 out of 100 females may get pregnant within the first year they use Drospirenone Chewable Tablets.

The following chart shows the chance of getting pregnant for females who use different methods of birth control. Each box on the chart contains a list of birth control methods that are similar in effectiveness. The most effective methods are at the top of the chart. The box on the bottom of the chart shows the chance of getting pregnant for females who do not use birth control and are trying to get pregnant.



Do not take Drospirenone Chewable Tablets if you:

- have kidney disease or kidney failure.
- have reduced adrenal gland function (adrenal insufficiency).
- have or have had cervical cancer or any cancer that is sensitive to female hormones.

- have liver disease, including liver tumors.
- have unexplained vaginal bleeding.

Tell your healthcare provider if you have or have had any of these conditions. Your healthcare provider can suggest a different method of birth control.

If any of these conditions happen while you are taking Drospirenone Chewable Tablets, stop taking Drospirenone Chewable Tablets right away and talk to your healthcare provider. Use non-hormonal contraception when you stop taking Drospirenone Chewable Tablets.

Before you take Drospirenone Chewable Tablets, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or think you may be pregnant.
- have ever had blood clots in your legs (deep vein thrombosis), lungs (pulmonary embolism) or a stroke or heart attack (myocardial infarction).
- have or have had depression.

Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins and herbal supplements, such as St. John's Wort.

Drospirenone Chewable Tablets may affect the way other medicines work, and other medicines may affect how well Drospirenone Chewable Tablets works.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take Drospirenone Chewable Tablets?

Read the detailed Instructions for Use at the end of this Patient Information leaflet about the right way to take Drospirenone Chewable Tablets.

What are the possible serious side effects of Drospirenone Chewable Tablets?

Drospirenone Chewable Tablets may cause serious side effects, including:

- **High potassium levels in your blood (hyperkalemia).** Certain medicines and conditions can also increase the potassium levels in your blood. Your healthcare provider may check the potassium levels in your blood before and during treatment with Drospirenone Chewable Tablets. **Call your healthcare provider or go to a hospital emergency room right away if you have signs or symptoms of high potassium levels in your blood including:**
  - weakness or numbness in an arm or leg
  - palpitations (feel like your heart is racing or fluttering) or irregular heartbeat
  - nausea
  - vomiting
  - severe pain in your chest
  - shortness of breath
- **Blood clot forming in blood vessels (thromboembolism problems).** Tell your healthcare provider if you have had a blood clot. Tell your healthcare provider if you plan to have surgery or are not able to be active due to illness or injury. **Call your healthcare provider or go to a hospital emergency room right away if you have:**
  - leg pain that will not go away
  - a sudden, severe headache unlike your usual headaches
  - sudden, severe shortness of breath
  - sudden change in vision or blindness
  - chest pain
  - weakness or numbness in your arm or leg
  - trouble speaking
- **Bone loss.** It is not known if the decrease in a sex hormone that happens with Drospirenone Chewable Tablets can result in decreased bone density (bone loss).
- **Cervical cancer.** See "Do birth control pills cause cancer?"
- **Liver problems, including rare liver tumors.** Call your healthcare provider right away if you have yellowing of your skin or eyes.
- **Ectopic pregnancy (pregnancy in your tubes).** If you get pregnant while using Drospirenone Chewable Tablets, you might have an ectopic pregnancy. That means that the pregnancy is not in the uterus. Ectopic pregnancy is a medical emergency that often requires surgery. If you have severe abdominal (belly) pain, call your healthcare provider or go to a hospital emergency room right away.

- **Risk of high blood sugar levels in people with diabetes.** If you have diabetes, you may need to monitor your blood sugar level more often or adjust your diabetes medicine.
- **Changes in menstrual bleeding.** Irregular vaginal bleeding, especially between menstrual periods, and irregular periods or the absence of menstrual periods are common side effects of Drospirenone Chewable Tablets, but can sometimes be serious. Tell your healthcare provider if you have any of these changes in menstrual bleeding.
- **Depression, especially if you have had depression in the past.** Call your healthcare provider immediately if you have any thoughts of harming yourself.

What are the most common side effects of Drospirenone Chewable Tablets?
The most common side effects of Drospirenone Chewable Tablets include:

- acne
- headache
- breast pain and tenderness
- weight gain
- menstrual cramps
- nausea
- severe vaginal bleeding
- less sexual desire

These are not all the possible side effects of Drospirenone Chewable Tablets.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What else should I know about taking Drospirenone Chewable Tablets?

- If you are scheduled for any lab tests, tell your healthcare provider you are taking Drospirenone Chewable Tablets. Certain blood tests may be affected by Drospirenone Chewable Tablets.

How should I store Drospirenone Chewable Tablets?

- Store Drospirenone Chewable Tablets at room temperature between 68°F to 77°F (20°C to 25°C).
- **Keep Drospirenone Chewable Tablets and all medicines out of the reach of children.**

General information about the safe and effective use of Drospirenone Chewable Tablets.
Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use Drospirenone Chewable Tablets for a condition for which it was not prescribed. Do not give Drospirenone Chewable Tablets to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about Drospirenone Chewable Tablets that is written for health professionals.

Do birth control pills cause cancer?
Hormonal contraceptives do not appear to cause breast cancer. However, if you have breast cancer now, have had it in the past, or you have (or have had) another cancer that may be sensitive to hormones, do not use hormonal contraceptives.

Women who use hormonal contraceptives may have a higher chance of getting cervical cancer. However, this may be due to other reasons such as having more sexual partners and exposure to the human papilloma virus (HPV).

What if I want to become pregnant?
You may stop taking Drospirenone Chewable Tablets whenever you wish. Consider a visit with your healthcare provider for a pre-pregnancy checkup before you stop taking Drospirenone Chewable Tablets.

What should I know about my period when taking Drospirenone Chewable Tablets?
Some females may miss a period. Irregular vaginal bleeding or spotting may happen while you are taking Drospirenone Chewable Tablets, especially during the first few months of use. If the irregular vaginal bleeding or spotting continues or happens again after you have had regular menstrual cycles call your healthcare provider. It is important to continue taking your pills on a regular schedule to prevent a pregnancy.

What if I miss my scheduled period when using Drospirenone Chewable Tablets?
Some females miss periods on hormonal birth control, even when they are not pregnant. However, if you go 2 or more months in a row without a period, or you miss your period after a month where you did not use all of your Drospirenone Chewable Tablets correctly, call your healthcare provider because you may be pregnant. Also call your healthcare provider if you have symptoms of pregnancy such as morning sickness or unusual breast tenderness. Stop taking Drospirenone Chewable Tablets if you are pregnant.

What are the ingredients in Drospirenone Chewable Tablets?
White chewable tablets
Active ingredient: drospirenone
Inactive ingredients: microcrystalline cellulose, anhydrous lactose, colloidal silicon dioxide, and magnesium stearate. The white film coating contains polyvinyl alcohol-partially hydrolyzed, polyethylene glycol (Macrogol) 3350, talc, and titanium dioxide. The peppermint flavor contains peppermint oil, maltodextrin and modified starch (E 1450).

Green chewable tablets
Inactive ingredients: lactose monohydrate, colloidal silicon dioxide, corn starch, magnesium stearate, and povidone K 30. The peppermint flavor contains peppermint oil, maltodextrin and modified starch (E 1450). The green film

coating contains FD&C blue 2 aluminum lake, ferric oxide yellow, hypromellose 2910, polysorbate 80, titanium dioxide, and triacetin.

INSTRUCTIONS FOR USE
Drospirenone Chewable Tablets
(drospirenone)
for oral use

Important Information about taking Drospirenone Chewable Tablets

Before you start taking Drospirenone Chewable Tablets

- Decide what time of day you want to take your pill. It is important to take it at the same time every day and in the order as directed on your blister pack.
- Both the white pills and the green pills must be chewed completely before swallowing. **Do not swallow whole**. Drospirenone Chewable Tablets can be taken with or without water and food.
- Have backup contraception (condoms or spermicide) available.

How to take Drospirenone Chewable Tablets

- Take **1** pill every day at the same time. Take the pills in the order directed on your blister pack.
- Both the white pills and the green pills must be chewed completely before swallowing. **Do not swallow whole.**
- Do not skip your pills, even if you do not have sex often. If you miss pills (including starting the blister pack late) **you could get pregnant**. The more pills you miss, the more likely you are to get pregnant.
- If you have trouble remembering to take Drospirenone Chewable Tablets, talk to your healthcare provider. When you first start taking Drospirenone Chewable Tablets, spotting or light bleeding in between your periods may occur. Contact your healthcare provider if this does not go away after a few months.
- You may feel sick to your stomach (nauseous), especially during the first few months of taking Drospirenone Chewable Tablets. If you feel sick to your stomach, do not stop taking the pill. The problem will usually go away. If your nausea does not go away, call your healthcare provider.
- Missing pills can also cause spotting or light bleeding, even when you take the missed pills later. On the days you take **2** pills to make up for missed pills (see **"What should I do if I miss any Drospirenone Chewable Tablets?"**), you could also feel a little sick to your stomach.
- Some females miss periods on hormonal birth control, even when they are not pregnant. However, if you miss a period and have not taken Drospirenone Chewable Tablets according to directions, or miss **2** periods in a row, or feel like you may be pregnant, call your healthcare provider. If you have a positive pregnancy test, you should stop taking Drospirenone Chewable Tablets.
- If you have vomiting or diarrhea within **3 to 4** hours of taking your pill, take a new pill (the pill scheduled for the next day) from your blister pack within 12 hours of the usual time you take your pill, if possible. Continue taking all your remaining pills in order. Start the first pill of your next blister pack the day after finishing your current blister pack. This will be 1 day earlier than originally scheduled. Continue on your new schedule.
- If you have vomiting or diarrhea for more than 1 day, your birth control pills may not work as well. If you have sex within 7 days after 1 or more days of vomiting or having diarrhea, use an additional form of birth control, like condoms or spermicide, as back-up contraception.

When should I start taking Drospirenone Chewable Tablets?

If you start taking Drospirenone Chewable Tablets and you are not currently using a hormonal birth control method:

- Start Drospirenone Chewable Tablets on the first day (Day 1) of your natural menstrual period (Day 1 Start). Your healthcare provider should tell you when to start taking your birth control pill.

If you start taking Drospirenone Chewable Tablets and you are switching from another birth control pill:

- Start your new Drospirenone Chewable Tablets blister pack on the same day that you would start the next pack of your previous birth control method.
- Do not continue taking the pills from your previous birth control pack.

If you start taking Drospirenone Chewable Tablets and you are switching from a vaginal ring or transdermal patch:

- Start taking Drospirenone Chewable Tablets on the day you would have inserted the next ring or applied the next patch.

If you start taking Drospirenone Chewable Tablets and you are switching from a progestin-only method such as an implant or injection:

- Start taking Drospirenone Chewable Tablets on the day of removal of your implant or on the day when you would have had your next injection.

If you start taking Drospirenone Chewable Tablets and you are switching from an intrauterine device or system (IUD or IUS):

- Start taking Drospirenone Chewable Tablets on the day of removal of your IUD or IUS.

Keep a calendar to track your period:

Drospirenone Chewable Tablets Day 1 Start:

You will use a **Day 1 Start** if your healthcare provider told you to take your first pill (Day 1) on the **first day of your period**.

- Take **1** pill every day in the order of the blister pack, at the same time each day, for **28** days.
- After taking the last pill on **Day 28** from the blister pack, start taking the first pill from a new blister pack, on the same day of the week as the first blister pack. Take the first pill in the new blister pack whether or not you are having your period.

Instructions for using your blister pack:

Step 1. Look at your Drospirenone Chewable Tablets blister pack. See **Figure A**.

The Drospirenone Chewable Tablets blister pack has:

- **24 white** (active) chewable pills with hormones for **Week 1 through Week 3** and the first 3 days of Week 4 (Days 1-24)
- **4 green** (inactive) chewable pills without hormones for the last 4 days of **Week 4** (Days 25-28).

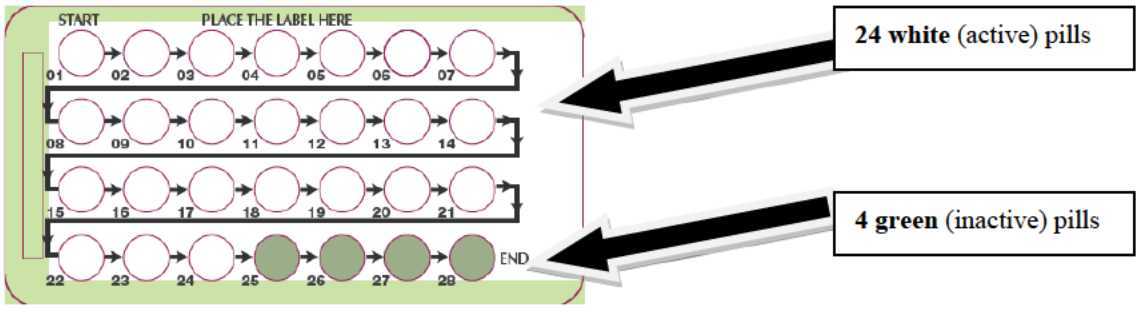


FIGURE A

Step 2.

Place the day label strip (see **Figure B**) that starts with the first day of your period (Day 1) on top of the blister pack over "Place the label here". See **Figure C**. For example, if your period begins on Monday, place the day label strip with Monday as the first day on the top of your blister pack. See **Figure C**.

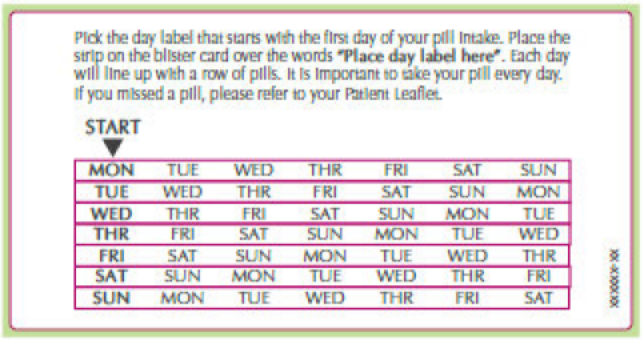


FIGURE B

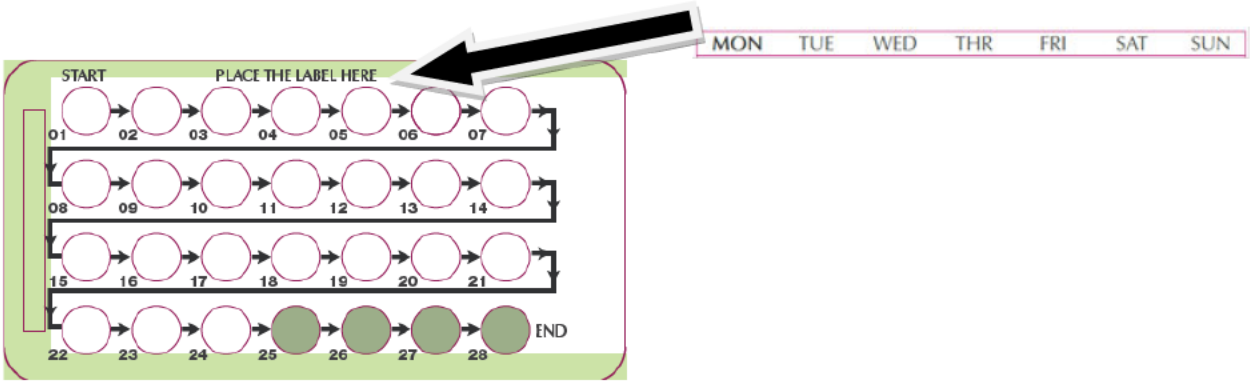


FIGURE C

Step 3.

Remove the white pill by pressing the pill through the foil in the bottom of the blister pack. Continue taking the white pills for 24 days.

Step 4.

In the middle of **Week 4** start taking the green pills. Take the green pill for **4 days**. Your period should start during this time.

Step 5.

When you have taken all of the green pills in your blister pack, get a new blister pack and start taking the white pills from the new blister pack at your usual time the following day, starting with the Day 1 pill.

For a Day 1 start:

- Begin your next blister pack on the same day of the week as your first cycle blister pack.

What should I do if I miss any Drospirenone Chewable Tablets?

If you miss 1 white pill (active pills):

- Take it as soon as you remember. Take the next pill at your regular time. This means you may take **2** pills in **1** day.
- Then continue taking **1** pill every day until you finish the blister pack.
- You do not need to use a back-up birth control method if you have sex.

If you miss 2 or more white pills (active pills), follow these steps:

- Take the last missed pill as soon as you remember. Take the next pill at your regular time. This means you may take **2** pills in **1** day.
- Then continue to take **1** pill every day until you finish the blister pack (this will mean 1 or more missed white pills will remain in the blister pack).
- Use a non-hormonal birth control method (such as a condom or spermicide) as a back-up if you have sex during the first **7 days** after missing your pills.

If you miss 1 or more green pills (inactive pill):

- You do not need to take 1 or more missed green pills. Take the next green pill at your regular time, every day until you finish the blister pack (this means 1 or more missed green pills will remain in the blister pack).

If you have any questions or are unsure about the information in this leaflet, call your healthcare provider. You can ask your healthcare provider or pharmacist for information about Drospirenone Chewable Tablets that is written for health professionals.

Distributed by: Exeltis USA, Inc. Florham Park, NJ 07932

Manufactured by: Laboratorios León Farma, S. A., Navatejera, Spain 24008

4780101-01

This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.

Issued: 06/2022


NDC 0642-7478-01
Rx Only
Drospirenone Chewable Tablets, 3.5 mg
Chew tablets completely before swallowing.
Do not swallow whole.
Exeltis
1 blister card with 28 chewable tablets / Oral Use
THIS PRODUCT (LIKE ALL ORAL CONTRACEPTIVES) IS INTENDED TO PREVENT PREGNANCY. IT DOES NOT PROTECT AGAINST HIV INFECTION (AIDS) AND OTHER SEXUALLY TRANSMITTED DISEASES.
GTIN: 00306427478010
SN: 11111111111111
Lot LF11111A
Exp: MM / YYYY
Pharma Code
Read Directions
Each white active tablet contains 3.5 mg of drospirenone.
Contains: 1 blister card of 28 chewable tablets. 24 white tablets each containing drospirenone 3.5 mg and 4 green inert tablets. Contains lactose.
Recommended Dosage: one tablet daily for 28 days or as directed by physician. Must be chewed completely before swallowing. See prescribing information. This package is not child resistant.
Store at 20°C to 25°C (68°F to 77°F), excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
KEEP OUT OF THE SIGHT AND REACH OF CHILDREN
NDC 0642-7478-01
Drospirenone Chewable Tablets, 3.5 mg
Pharma Code
Read Directions
NDC 0642-7478-01
Rx Only
Drospirenone Chewable Tablets, 3.5 mg
Chew tablets completely before swallowing.
Do not swallow whole.
Exeltis
1 blister card with 28 chewable tablets / Oral Use
KEEP OUT OF THE SIGHT AND REACH OF CHILDREN
Manufactured by:
Laboratorios León Farma, S.A.
c/ La Vallina s/n. Pol. Ind. Navatejera
24008 Navatejera, León, Spain
Distributed by:
Exeltis USA, Inc.
Florham Park, NJ 07932
www.exeltisUSA.com
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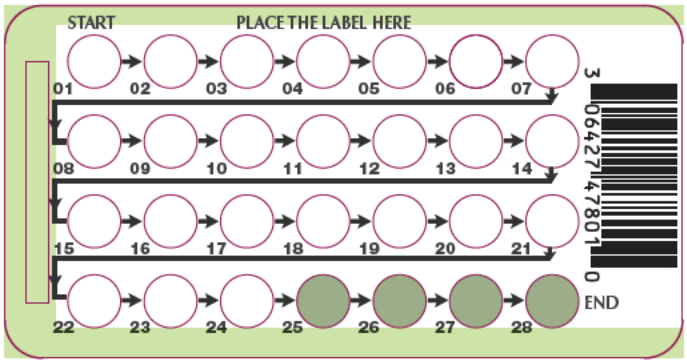
(b) (4)

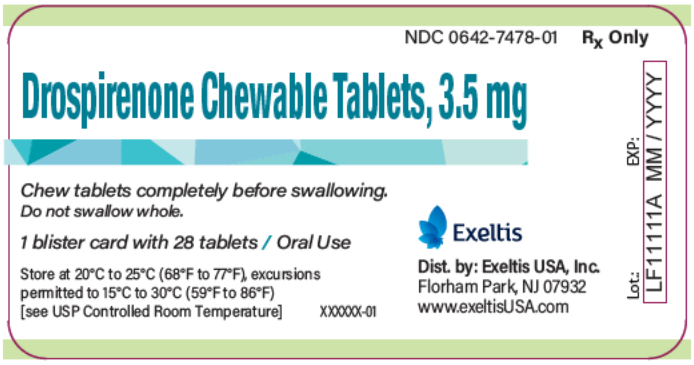
FRONT SIDE / FRENTE



DROSPIRENONE 3.5 mg
Chewable Tablets

PLACEBO
Inactive green chewable tablets

BACK SIDE / DORSO



(b) (4)

Each white active tablet contains 3.5 mg of drospirenone.
Contains: 1 blister card of 28 chewable tablets. 24 white tablets each containing drospirenone 3.5 mg and 4 green inert tablets. Contains lactose.
Recommended Dosage: one tablet daily for 28 days or as directed by physician. Must chew before swallowing. See prescribing information. This package is not child resistant.
Store at 20°C to 25°C (68°F to 77°F), excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].
XXXXXX 01
Rx Only
Drospirenone Chewable Tablets, 3.5 mg
Chew tablets completely before swallowing.
Do not swallow whole.
Exeltis

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

AUDREY L GASSMAN
06/29/2022 01:49:38 PM