Levest®(150mcg levonorgestrel and 30mcg ethinylestradiol) Prescribing Information (Please refer to the full SmPc before prescribing)

Indication: Oral contraception and the recognised gynaecological indications for such oestrogen and progesterone combinations. The decision to prescribe should take into consideration the individual woman's current risk factors, particularly those for venous thromboembolism (VTE), and how the risk of VTE compares with other combined hormonal contraceptives (CHCs). Not indicated during pregnancy. **Dosage & Administration:** One tablet daily, at about the same time, for 21 consecutive days, starting on Day 1 of the normal menstrual cycle. Start each subsequent pack after a 7-day tablet-free interval, beginning on the same day of the week as the first pack. Please refer to the SmPC for full advice on starting Levest, switching from a different contraceptive method, post-partum and post-abortum, and management of incorrect use (missed tablets) or gastrointestinal disturbances (including vomiting and diarrhoea). **Contraindications:** Presence, history, risk/high risk of, or hereditary or acquired predisposition for VTE or arterial thromboembolism (ATE), including: current VTE on anticoagulants; major surgery with prolonged immobilisation; history of deep venous thrombosis, pulmonary embolism, myocardial infarction, prodromal conditions (angina pectoris or transient ischaemic attack [TIA]), stroke or migraine with focal neurology; presence of multiple risk factors for VTE or ATE or a serious risk factor for ATE (diabetes mellitus with vascular symptoms, severe hypertension or severe dyslipoproteinaemia); cerebrovascular disease (stroke). Presence or a history of: breast cancer, liver tumours, severe hepatic disease (e.g., active viral hepatitis and severe cirrhosis) with currently abnormal liver function tests, hypersensitivity to active substance or excipients of the tablet, rare hereditary problems of galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, fructose intolerance or sucrase-isomaltase insufficiency. Concomitant ombitasvir/paritaprevir/ritonavir/dasabuvir, or medicinal products containing glecaprevir/pibrentasvir, sofosbuvir/velpatasvir/voxilaprevir. **Precautions & Warnings:** Patients should be advised to contact their physician in the event of aggravation or first appearance of any of the following conditions/risk factors so discontinuation can be considered. Take a complete history, conduct a physical examination including blood pressure and rule out pregnancy prior to starting or resuming CHC use. The decision to prescribe must be made using clinical judgement in consultation with the patient; weigh benefits of CHC use against possible risks and discuss with the patient before use. Products that contain levonorgestrel, such as Levest, norgestimate or norethisterone are associated with the lowest risk of VTE. If multiple risk factors for ATE and/or VTE are present they may constitute a contraindication; total risk should be considered before prescribing. Instruct patients to read the user leaflet carefully and adhere to advice; draw attention to the information on VTE and ATE, and ensure the woman understands the VTE risk of her CHC. Include full discussion of individual risk factors (how risks are highest during the first ever year of use or following a pill-free interval of 4 weeks or more), the symptoms and known risk factors of VTE and ATE, and advise what to do in the event of a suspected thrombosis or first appearance of risk factors. Increased risk of thromboembolism during puerperium must be considered. Consider stopping prior to long-term immobilisation due to surgery or trauma. Discontinue at least 4 weeks in advance of major elective surgery, any surgery to the legs, medical treatment for varicose veins or prolonged immobilisation; do not resume until 2 weeks after complete remobilisation. If undergoing emergency surgery thrombotic prophylaxis is usually indicated. Women >35 years of age should be strongly advised not to smoke if they wish to use a CHC. Discontinue if thrombosis is suspected or confirmed. Patients who experience increase in frequency or severity of migraine may need to immediately discontinue use. Please consult SmPC for full information on risk factors for VTE and ATE. Women should be advised that hormonal contraceptives do not protect against HIV infections (AIDS) and other sexually transmitted diseases. Undiagnosed vaginal bleeding that is suspicious for underlying conditions should be investigated. Advise women to contact their physician in the event of aggravation or first appearance of any of the following conditions so discontinuation can be considered: diabetes mellitus with mild vascular disease or mild nephropathy, retinopathy or neuropathy; hypertension that is adequately controlled (systolic >140 to159mm Hg or diastolic >90 to 94mm Hg); porphyria; obesity; migraine; cardiovascular diseases. Discontinue immediately in the event of: first occurrence or exacerbation of migrainous or unusually frequent/severe headaches; sudden disturbances of vision, hearing or other perceptual disorders; first signs of thrombosis/blood clots; pain and tightness in the chest; jaundice, hepatitis or whole body pruritus; significant rise in blood pressure; severe upper abdominal pain/liver enlargement; clear exacerbation of conditions known to be capable of deterioration during oral contraception or pregnancy. High dose CHCs offer substantial protection against ovarian and endometrial cancers; it is unclear whether low dose CHCs confer protective effects to the same level. Slightly increased risk of breast cancer though no direct causation has been shown; this may be due to an earlier diagnosis, biological effects of the pill or a combination of both. The excess number of breast cancer diagnoses in current/recent CHC users is small vs overall risk of breast cancer. Age of discontinuation is the most important risk factor for breast cancer in CHC users; risk gradually declines up to 10 years after termination, at which point there appears to be no excess risk. Possible increased risk of breast cancer should be discussed with the user and weighed against the benefits of CHCs, taking into account the evidence that they offer substantial protection against the risk of developing certain other cancers (ovarian and endometrial). A possible increased risk of cervical cancer has been reported with long-term CHC use. In rare cases benign (and even rarer cases malignant) hepatic tumours have been observed after the use of hormonal substances such as those contained in Levest. Certain chronic diseases may occasionally deteriorate during the use of CHCs. Presence or family history of hypertriglyceridaemia may increase risk of pancreatitis. Women with hyperlipidaemias are at increased risk of arterial disease. Clinically relevant increases in blood pressure are rare; in the event of sustained hypertension instigate antihypertensive therapy and at lower BP levels consider discontinuation of CHCs/alternative contraception. Consider discontinuation in the event of: jaundice and/or pruritus related to cholestatis, gallstone formation, systemic lupus erythematosus, herpes gestationis, otosclerosis-related hearing loss, sickle cell anaemia, renal dysfunction, hereditary angioedema, any other condition the patient experienced exacerbation of during previous CHC use/pregnancy. Discontinue if cholestatic jaundice/cholestatis-related pruritus previously experienced during pregnancy or sex steroid use recurs. Acute or chronic disturbance of liver function may necessitate discontinuation until liver function returns to normal. Monitor patients with diabetes during the first months of use. Depressed mood and depression are well-known undesirable effects of hormonal contraceptive use. Depression can be serious and is a well-known risk factor for suicidal behaviour and suicide. Women should be advised to contact their physician in case of mood changes and depressive symptoms, including shortly after initiating the treatment. Chloasma may occasionally occur especially in women with history of chloasma gravidarum. Women with a tendency to chloasma should avoid exposure to the sun or ultraviolet radiation whilst taking CHCs. Reduction in menstrual flow/lack of withdrawal bleeding may occur. Irregular bleeding may occur, especially during the first months of use; evaluate bleeding after approximately three cycles. If bleeding irregularities occur after three months or previously regular cycles, further diagnostic procedures should be considered. Efficacy may be reduced in the event of missed tablets, vomiting, diarrhoea or concomitant medication. When stopping oral contraception non-hormonal contraception should be used to ensure contraceptive protection is maintained. Exogenous estrogen may induce of exacerbate symptoms of angioedema. **Interactions:** Consult prescribing information of concomitant medications for potential interactions. Drugs that induce microsomal enzymes (especially cytochrome P450 3A4) can increase clearance of sex hormones which may lead to breakthrough bleeding and/or contraceptive failure; during short-term concomitant treatment temporarily use another method of contraception or a barrier method (continued for 28 days following discontinuation, if this runs beyond the end of a pack the next pack should be started without the usual tablet-free interval). An alternative method of contraception should be used by women on long-term therapy with enzyme-inducers. Strong/moderate CYP3A4 inhibitors such as azole antifungals (e.g., itraconazole, voriconazole, fluconazole) may decrease clearance of CHCs. Macrolides (e.g., erythromycin) can increase plasma concentrations of the oestrogen or the progestin or both. The following have clinically important interactions with CHCs: barbiturates, primidone, phenytoin, carbamazepine, oxycarbazepine, topiramate, griseofulvin, rifampicin, St. John's Wort (Hypericum perforatum), ritonavir, nelfinavir, nevirapine. Other antiretroviral agents may increase plasma concentrations of sex hormones. Oral contraceptives may interfere with the metabolism of certain drugs, plasma and tissue concentrations may be increased (cyclosporin) or decreased (lamotrigine). CHCs may influence the results of certain laboratory tests, including biochemical parameters of the liver, thyroid, adrenal and renal function, serum levels of proteins, parameters of carbohydrate metabolism, parameters of coagulation and fibrinolysis. Concomitant medicinal products containing ombitasvir/paritaprevir/ritonavir and dasabuvir (with or without ribavirin), glecaprevir/pibrentasvir and voxilaprevir may increase risk of ALT elevations. **Pregnancy & Lactation:** Not indicated during pregnancy; treatment should be withdrawn immediately if pregnancy occurs. Increased risk of VTE during postpartum period should be considered when re-starting Levest. Not recommended during breastfeeding; minute amounts of active substance are excreted within breast milk, this may affect the child, particularly in the first 6 weeks post-partum. **Effects on ability to drive & use machinery:** No or negligible influence. **Adverse Events:** Common (≥1/100): nausea, abdominal pain, weight increase, headache, depressed or altered mood, breast tenderness, breast pain. **Overdose:** no serious effects have been reported with overdose. **Refer to SmPC for full information on adverse events and overdose management. Legal Category:** POM. **Price:** 3 x 21 tablets £1.80. **Marketing Authorisation Number:** PL 20117/0044. **Marketing Authorisation Holder:** Morningside Healthcare Ltd, Unit C, Harcourt Way, Leicester, LE19 1WP United Kingdom. **Date Reviewed:** June 2023. **Version number:** 10103471855 v1.0 June 2023

Please refer to full SmPC text before prescribing. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Morningside Healthcare Ltd.'s Medical Information Department on Tel: 0116 478 0322.