

Package leaflet: Information for the user

Norimin®**1 mg/0.035 mg tablets**

norethisterone/ethinylestradiol



Important things that you SHOULD know about your medicine:

- Norimin is an oral contraceptive medicine for use by women.
- This medicine has been prescribed for you. Do not pass it on to others.
- You should take Norimin regularly as instructed by your doctor or nurse, in order for it to be effective. When taken as instructed, it is a very effective contraceptive. See section 3 'If you forget to take Norimin'.
- Taking some other medicines may stop Norimin from working properly. See section 2 for details. Check with your doctor, nurse or pharmacist before taking any other medicines while you are taking Norimin.

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

- What Norimin is and what it is used for
- What you need to know before you take Norimin
- How to take Norimin
- Possible side effects
- How to store Norimin
- Contents of the pack and other information

1. What Norimin is and what it is used for

Norimin is one of a group of medicines called combined hormonal contraceptives or "the Pill" for short.

Norimin contains two hormones - a progestogen hormone called norethisterone and an estrogen hormone called ethinylestradiol. These two hormones act together to prevent pregnancy from occurring.

2. What you need to know before you take Norimin**⚠ Do not take Norimin:**

- if you are allergic to norethisterone, ethinylestradiol or any of the other ingredients of this medicine (listed in section 6).
- if you are currently pregnant.
- if you have had blood clots in the legs, blood clots in varicose veins, the lungs, the brain or elsewhere (coronary and cerebral thrombotic disorders).
- if you or a member of your family have ever had a problem with blood clots, including deep vein thrombosis (DVT).
- if you have had swelling (inflammation) of a vein caused by a blood clot.
- if you have had a heart attack or stroke or have had or have angina.
- if you have had or have high levels of fats in your blood (hyperlipidaemia) or other disorders of body fats.
- if you have had or have cancer of the breast, cervix, vagina or womb.
- if you have had the following during pregnancy:
 - pruritus (itching of the whole body)
 - jaundice (yellowing of the skin or eyes), for which your doctor could not find the cause
 - pemphigoid gestationis (a rash previously known as herpes gestationis typically with blistering of the palms of the hands and the soles of the feet).
- if you have had or have severe chronic liver disease (liver tumours, Dubin-Johnson or Rotor syndrome).
- if you have had or have vaginal bleeding, for which your doctor could not find the cause.
- if you have had or have bad migraines.
- if you have hepatitis C and are taking the medicinal products containing ombitasvir/paritaprevir/ritonavir, dasabuvir, glecaprevir/pibrentasvir or sofosbuvir/velpatasvir/voxilaprevir (see also in section 'Other medicines and Norimin').

⚠ Warnings and precautions

Talk to your doctor, pharmacist or nurse before taking Norimin if you have any of the following conditions. This will help them decide if Norimin is suitable for you:

- Migraine
- Headaches
- Slow or sudden development of visual disturbances such as complete or partial loss of vision
- Asthma
- Epilepsy (a condition where you suffer from fits)
- Diseases of the heart and blood vessels (cardiovascular disease)
- High blood pressure (hypertension)
- Kidney disease
- Diabetes
- Multiple sclerosis (a problem of the nervous system)
- Tetany (muscle twitches)
- Breast problems of any sort
- Varicose veins (widened or twisted vein usually in the leg)
- Liver dysfunction
- Severe depression
- Fibroids in your uterus
- Irregular periods
- Sharp pain in your abdomen
- Gallstones
- Sickle-cell anaemia
- Otosclerosis (an inherited form of deafness)
- Porphyria (a metabolic disease)
- Chloasma (brown patches on your skin which can happen during pregnancy but may not fade completely)
- Any disease that is likely to get worse during pregnancy
- If you experience symptoms of angioedema such as swollen face, tongue and/or throat and/or difficulty swallowing or hives potentially with difficulty breathing contact a doctor immediately. Products containing estrogens may cause or worsen the symptoms of hereditary and acquired angioedema.

Psychiatric disorders

Some women using hormonal contraceptives including Norimin have reported depression or depressed mood. Depression can be serious and may sometimes lead to suicidal thoughts. If you experience mood changes and depressive symptoms contact your doctor for further medical advice as soon as possible.

Possible risk of thrombosis (blood clot)

Some evidence suggests that women who take the Pill are more likely to develop various blood circulation disorders than women who don't take the Pill. A thrombosis is a blood clot. A thrombosis can develop in veins or in arteries and can cause a blockage. The chance of a thrombosis forming in women taking the Pill and women not taking the Pill is rare. When blood clots form in arteries they can cause chest pain (angina), strokes (blood clots in or bleeding from the blood vessels in the brain) and heart attacks. If blood clots form in the veins they can often be treated, with no long-term danger. On rare occasions a piece of

thrombosis may break off. It can travel to the lungs to cause a condition called pulmonary embolism. Therefore in rare cases a thrombosis can cause serious permanent disability or could even be fatal.

It is important to note that a thrombosis can form in people who are not taking the Pill as well as those who are taking it. The risk is higher in women who take the Pill than in women who don't take the Pill, but is not as high as the risk during pregnancy. The excess risk of thrombosis is highest during the first year a woman ever uses a combined hormonal contraceptive pill.

What is the risk of developing a blood clot?

The overall risk of a blood clot in the leg or lung (DVT or PE) with Norimin is small.

- Out of 10,000 women who are not using any combined hormonal contraceptive and are not pregnant, about 2 will develop a blood clot in a year.
- Out of 10,000 women who are using a combined hormonal contraceptive that contains norethisterone such as Norimin about 5-7 will develop a blood clot in a year.
- The risk of having a blood clot will vary according to your personal medical history (see "Factors that increase your risk of a blood clot" below)

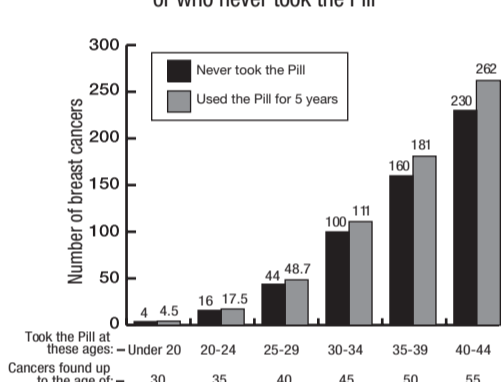
	Risk of developing a blood clot in a year
Women who are not using a combined hormonal pill/patch/ring and are not pregnant	About 2 out of 10,000 women
Women using a combined hormonal contraceptive pill containing norethisterone	About 5-7 out of 10,000 women
Women using Norimin	About 5-7 out of 10,000 women

The risk of heart attacks and strokes for women who use the combined Pill increases with age and smoking. Other conditions also increase the risk of blood clots in the arteries. These include being greatly overweight, having diseased arteries (atherosclerosis), high blood pressure during pregnancy (pre-eclamptic toxemia), high blood levels of cholesterol, and diabetes. If you have any of these conditions, you should check with your doctor or nurse to see if the Pill is suitable for you. Smokers over 35 are usually told to stop taking these pills.

Possible risk of breast cancer

Every woman is at risk of breast cancer whether or not she takes the Pill. Breast cancer is rare under the age of 40 years, but the risk increases as a woman gets older. Breast cancer has been found slightly more often in women who take the Pill than in women of the same age who do not take the Pill. If women stop taking the Pill, this reduces the risk so that 10 years after stopping the Pill, the risk of finding breast cancer is the same as for women who have never taken the Pill. Breast cancer seems less likely to have spread when found in women who take the Pill than in women who do not take the Pill. It is not certain whether the Pill causes the increased risk of breast cancer. It may be that women taking the Pill are examined more often, so that breast cancer is noticed earlier. The risk of finding breast cancer is not affected by how long a woman takes the Pill but by the age at which she stops. This is because the risk of breast cancer strongly increases as a woman gets older. The chart below shows the background chances of breast cancer at various ages for 10,000 women who have never taken the Pill (black bars) and for 10,000 women whilst taking the Pill and during the 10 years after stopping it (grey bars). The small extra risk of finding breast cancer can be seen for each age group. This small possible additional risk in women who take the Pill has to be balanced against the fact that the Pill is a very effective contraceptive and it helps prevent cancer of the womb or ovary.

Estimated number of breast cancers found in 10,000 women who took the Pill for 5 years then stopped, or who never took the Pill



- There have been some reports on the risk of liver tumors and cervical cancer associated with the use of oral contraceptives.
- There is evidence to suggest that the use of combined hormonal contraceptives offers protection against both ovarian and endometrial cancer.

Cervical cancer

Some research suggests an increased risk of getting cancer of the cervix (neck of the uterus or womb) in women who take combined hormonal contraceptives for a long time. However, this may be due to other causes, such as sexual behaviour.

Liver cancer

Very rarely, tumours of the liver have been seen in women taking combined hormonal contraceptives, especially if they have been taken for a long time. If you are worried about any of these things or if you have had cancer in the past, talk to your doctor to see if you should take the combined hormonal contraceptive pill.

Endometrial and ovarian cancer

Research shows that combined hormonal contraceptives protect against cancer of the ovary and cancer of the endometrium (lining of the womb).

If you are going to have a major operation

Make sure your doctor knows about it. You may need to stop taking Norimin about 4 weeks before the operation until at least 2 weeks after the operation and until you are fully mobile. Alternatively, your doctor may prescribe an estrogen-free hormonal contraceptive.

Your doctor or nurse will advise whether you can still take Norimin.

Medical check-ups

Your doctor or nurse will give you regular checkups while you are taking Norimin. Your blood pressure will be checked before you start Norimin and then at regular intervals whilst you are on Norimin. You may be required to have an examination of your breasts, abdomen and pelvis including a cervical smear test at regular intervals, if this is considered necessary by the doctor.

Sexually transmitted diseases

Norimin helps to prevent pregnancy. It will not protect against sexually transmitted diseases including AIDS. For safer sex, use a condom as well as your usual contraceptive.

⚠ Other medicines and Norimin

Tell your doctor, pharmacist or nurse if you are taking, have recently taken or might take any other medicines. This includes the following medicines, as the effect of Norimin may be altered when they are taken at the same time:

- the herbal remedy St John's wort – Latin name *Hypericum perforatum* (depression)
- carbamazepine (epilepsy)
- oxcarbazepine (epilepsy)
- phenytoin (epilepsy)
- phenobarbital (sleeplessness, anxiety, epilepsy)

- primidone (epilepsy)
- topiramate (epilepsy)
- nelfinavir (HIV – Human Immunodeficiency Virus - infection)
- nevirapine (HIV infection and AIDS)
- ritonavir (HIV infection and AIDS)
- rifabutin (bacterial infection)
- rifampicin (bacterial infection)
- griseofulvin (fungal infection)
- modafinil (narcolepsy i.e. daytime sleepiness)

Do not use Norimin if you have Hepatitis C and are taking the medicinal products containing ombitasvir/paritaprevir/ritonavir, dasabuvir, glecaprevir/pibrentasvir or sofosbuvir/velpatasvir/voxilaprevir as these products may cause increases in liver function blood test results (increase in ALT liver enzyme).

Your doctor will prescribe another type of contraceptive prior to start of the treatment with these medicinal products.

Norimin can be restarted approximately 2 weeks after completion of this treatment. See section 'Do not take Norimin'.

If you do need to take any of the medicines listed above, Norimin may not be suitable for you. Your doctor or nurse will advise you whether to stop taking these medicines or use an additional contraceptive method, such as a condom whilst taking Norimin.

⚠ Laboratory Tests

Norimin may interfere with some tests, tell your doctor or nurse if you need to give samples for laboratory assessment.

⚠ Taking Norimin with food and drink

Please refer to section 3.

⚠ Pregnancy, breast-feeding and fertility

Do not take Norimin if you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

If you miss a period while you are taking Norimin, tell your doctor, nurse or pharmacist. You will need to have a pregnancy test before you continue to take Norimin.

⚠ Driving and using machines

Norimin is not known to affect the ability to drive or use machinery.

⚠ Norimin contains lactose

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

3. How to take Norimin

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

Norimin can be taken with or without food.

Starting your first blister strip

- Take the first tablet on your first day of bleeding. This is the day when your period starts. If you are not having periods, ask your doctor or clinic when you should start taking your tablets.
- Take the tablet marked with the correct day of the week.
- You will be protected at once as long as you take a tablet every day.
- You can take the tablet at a time that suits you, **but you must take it at about the same time every day.**
- Take a tablet every day until you finish a blister strip.
- If you cannot start the tablet on the first day of your period you may start to take it on any day up to the fifth day. However, if you do this, you may not be protected for the first seven days, so you should use another method of contraception such as a condom during those days.

Starting the next blister strip

- Once you have finished all 21 tablets, **stop for seven days.** You will probably bleed during some or all of these seven days.
- Then, start the blister strip. Do this whether or not you are still bleeding. You will always start the next blister strip on the same day of the week.
- You are protected during the seven day break, but only if you start the next blister strip on time. The first tablet in your blister strip is the worst pill of all to miss or take late.

⚠ If you notice a change in your periods

It is normal that your periods may become irregular and you may notice some bleeding between periods. Your periods may become lighter and you may occasionally have no bleeding during the tablet free days. Make a note of what happens so that you can tell your doctor or nurse at your next check-up.

⚠ If you take more Norimin than you should

Taking too many tablets at once may make you sick, cause vaginal bleeding or breast swelling. Contact your doctor or go to your nearest hospital casualty department immediately.

⚠ If you forget to take Norimin

- If you forget to take a tablet take it as soon as you remember and take the next one at your normal time. This may mean taking two tablets on the same day.
- If you are 12 or more hours late in taking one or more tablets, it may not work. As soon as you remember, take your last missed tablet and carry on taking them normally. However, you may not be protected for the next seven days, so either avoid sexual intercourse or use an extra contraceptive method, such as a condom.
- If you have fewer than seven tablets in your blister strip after you have missed taking a dose, you should complete the blister strip and start the next blister strip without a break. This will give you protection from when you took the last missed tablet. You may not have a period until the end of two blister strips, but this will not harm you. You may also have some bleeding on days when you take the tablets.

⚠ If you want to stop taking Norimin or want to have a baby?

If you stop taking Norimin, this will result in the loss of contraceptive protection and the risk of pregnancy.

If you wish to become pregnant, you should contact your doctor or nurse about stopping the tablets. It is advisable to stop taking Norimin 3 months before you want to start trying to have a baby.

If you have any further questions on the use of this product, ask your doctor or pharmacist.

⚠ If you change brands of oral contraceptive

- Take the first tablet of your new blister strip on the day immediately after you have finished your old blister strip. Your period will usually be delayed until the new blister strip is finished, but you may have some breakthrough bleeding during the first few days of the new blister strip. This is quite normal and you will still be protected against pregnancy.

⚠ If you have a stomach upset or you are sick

- Norimin may not work if you are sick or have severe diarrhoea. You should carry on taking the tablets as normal, but use a condom while you are ill and for the next seven days. If these seven days run beyond

the end of the blister strip, start the next pack without a break.

- If you do have a break, ask your doctor or nurse whether you need an extra contraceptive method, such as a condom.

⚠ If you have just had a baby

- If you are breast feeding, you should not take the combined hormonal contraceptive. This is because the estrogen in the tablets may reduce the amount of milk you produce. You should be able to take another type of contraceptive instead. Ask your doctor or nurse for advice.
- If you are not breast feeding, you may start taking Norimin 21 days after your baby is born. This will protect you immediately. If you start later than this, you may not be protected until you have taken the tablets for seven days.

⚠ If you have just had a miscarriage or abortion

You may be able to start taking Norimin immediately. If you can, you will be protected straight away. Ask your doctor or nurse if you should do so.

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