Guidance for Industry
Labeling for Combined Oral Contraceptives

DRAFT GUIDANCE

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For questions on the content of the draft document contact Margaret Kober, 301-827-4243.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

March 2004
Labeling

Revision 1

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Labeling for Combined Oral Contraceptives

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I. INTRODUCTION

This guidance describes the recommended labeling for health care providers and patient instructions for use for new drug applications (NDAs) and abbreviated new drug applications (ANDAs) for combined oral contraceptives (OCs) that contain estrogen and progestin. A draft guidance on this topic was issued for comment in June 2000. Many comments were received on the 2000 draft guidance and, as a result, many changes have been made to the guidance. Because of the many changes, we are making the guidance available again in draft to allow for additional public review and input. The references listed at the end of this guidance do not go in the labeling.

[1] This guidance was developed by the Division of Reproductive and Urologic Drug Products in the Center for Drug Evaluation and Research (CDER), Food and Drug Administration (FDA).

II. LABELING FOR PACKAGE INSERT

We recommend the following labeling be used for combined oral contraceptives:

PROPRIETARY NAME (ESTABLISHED NAME)

Supplied by manufacturer

WARNING: CIGARETTE SMOKING

Combined oral contraceptives (OCs) are not recommended for women who are over 35 years old and smoke. Cigarette smoking increases the risk of serious cardiovascular side effects from OC use. The risk increases with age and with the number of cigarettes smoked.

This product does not protect against infection from HIV (the virus that causes AIDS) or other sexually transmitted diseases.

DESCRIPTION

Supplied by manufacturer

CLINICAL PHARMACOLOGY

Mode of action

OCs lower the risk of becoming pregnant primarily by suppressing ovulation. Other possible mechanisms may include cervical mucus changes that inhibit sperm penetration and endometrial changes that reduce the likelihood of implantation.

Receptor binding studies can be summarized briefly here if clinically relevant.

Pharmacokinetics

Supplied by manufacturer, to include the following subsections:

- *Absorption*
- *Distribution*
- *Metabolism*
- *Excretion*
- *Special Populations*
- *Renal and Hepatic Impairment*
- *Drug-drug Interactions (include mechanism for drug interaction for specific product, refer to PRECAUTIONS for class-labeling for OC products.)*

INDICATIONS AND USAGE

(Name of OC) is indicated for use by women to lower the risk of becoming pregnant.

Other approved indications appear here.

Pregnancy rates from clinical trials should be placed here.
In clinical trials of (*insert name of OC here*), about (*insert whole number here*) out of 100 women became pregnant during the first year of use. The effectiveness of any OC depends on correct and consistent use, and factors that affect ability to conceive, including age and frequency of intercourse.

The following table shows estimates of the number of women who become pregnant during the first year of use, based mainly on clinical trial data, for various birth control methods.

Approximate Percentage of Women Who Become Pregnant During the First Year of Use of a Birth Control Method*	
METHOD	PREGNANCIES PER 100 WOMEN PER YEAR
estrogen/progestin injection levonorgestrel implants levonorgestrel IUD and copper IUD medroxyprogesterone acetate injection sterilization	Fewer than 1
estrogen/progestin contraceptive products: • pills • skin patch • vaginal ring	1
progestin-only pills	2
condom (male) diaphragm	15
spermicides	25 or more

* The estimates for drugs, condoms, diaphragms, and IUDs are derived from clinical trial data reviewed by the Food and Drug Administration. The estimates for sterilization and spermicides come from the medical literature.

Clinical Studies

This section can contain a brief description of the extent of the Phase III program, such as the number of patients, the number of patients less than 35 years old, the number of treatment months. This section can also be used when there is an efficacy or safety issue specific to the product that is not addressed in class labeling. The location of this section may vary, depending on content.

CONTRAINDICATIONS

OCs should not be used by women who have the following conditions:

- Breast cancer or other hormone-sensitive cancer, now or in the past
- Liver tumors, now or in the past, or liver disease
- Undiagnosed abnormal genital bleeding
- Any condition predisposing to thrombotic diseases
- Thrombophlebitis or pulmonary embolism, now or in the past
- Cerebrovascular disease
- Coronary artery disease
- Thrombogenic valvular or thrombogenic rhythm diseases of the heart
- Congenital hypercoagulopathies
- Diabetes with vascular disease
- Uncontrolled hypertension
- Migraines with focal neurologic symptoms
- Smoking and over age 35
- Pregnancy
- Allergy to any components of this drug product

WARNINGS

The use of OCs with estrogen and progestin increases the risk of serious conditions, including myocardial infarction, thromboembolism, stroke, hepatic neoplasia, and gallbladder disease. However, the risk of serious morbidity or mortality is small in healthy women without underlying risk factors. When considering OCs for a woman with underlying risk factors, the risks of pregnancy and the feasibility of other birth control methods must also be considered.

Minimizing exposure to estrogen and progestin reduces the risk of thrombotic events. For any particular estrogen/progestin combination, the recommended dosage regimen is that which contains the least amount of estrogen and progestin that is compatible with a low pregnancy rate and the medical needs of the individual patient.

1. Vascular Risks

a. Mortality

For nonsmokers, the risk of cardiovascular death from OC use is less than the risk of death from pregnancy. However, for smokers over age 35, the risk of cardiovascular death from OC use is greater than the risk of death from pregnancy for women over age 35.[1]

b. Thromboembolism

Observational studies suggest an increased risk of superficial thrombophlebitis, deep vein thrombosis, and pulmonary embolism in OC users compared to non-OC users.[2,3,4,5,6,7,8,9,10] The risk

of thromboembolic disease associated with OCs is not related to length of use and disappears after use of the drug product is stopped.[2]

A 2- to 4-fold increase in relative risk of postoperative thromboembolic complications has been reported with the use of OCs.[7] The relative risk of venous thrombosis in women who have predisposing conditions is twice that of women without such medical conditions.[11] If feasible, OCs should be stopped at least 4 weeks before through 2 weeks after elective surgery of a type associated with an increase in risk of thromboembolism and during prolonged immobilization.[12,13]

OCs should be started no earlier than 3 to 4 weeks after delivery in women who elect not to breast-feed. The increased risk of thromboembolism in the postpartum period appears to decrease after the third postpartum week, whereas the risk of ovulation increases after the third postpartum week.[14,15]

OCs are associated with retinal vein thrombosis in case reports. OCs should be discontinued if there is unexplained partial or complete loss of vision; onset of proptosis or diplopia, papilledema, or retinal vascular lesions. Symptoms of retinal vein thrombosis should be evaluated immediately.[16,17,18]

OC use may also increase the risk of thrombosis in women with valvular heart conditions[19] or arrhythmias that predispose to thrombosis, such as atrial fibrillation.

The presence of factor V Leiden mutation and other hereditary or acquired coagulation disorders increases the risk of thromboembolic disease.[20]

For desogestrel containing products: Several epidemiologic studies indicate that OCs containing desogestrel are associated with a higher risk of venous thromboembolism than OCs containing other progestins. In general, these studies indicate an approximate 2-fold increased risk, which corresponds to an additional 1 to 2 cases of venous thromboembolism per 10,000 women-years of use. However, data from other studies have not shown this 2-fold increase in risk.

c. Myocardial infarction

An increased risk of myocardial infarction is attributed to OC use. This risk is mainly in women with underlying risk factors for coronary artery disease such as smoking, hypertension, hypercholesterolemia, morbid obesity, and diabetes. The relative risk of heart attack for current OC users compared to nonusers is estimated to be two to six.[21,22,23,24,25,26,27] The risk is very low under the age of 30.

Smoking in combination with OC use contributes substantially to the incidence of myocardial infarctions in women in their mid-30s or older, with smoking accounting for the majority of excess cases. In one study, the relative risk of myocardial infarction in heavy smokers who use OCs was 39, compared to 4.9 for nonsmokers who use OCs, and 1.0 for nonsmokers who do not use OCs.[28] Estimates of the annual mortality rate from cardiovascular disease in OC users over age 35 show a five-fold higher risk for smokers compared to nonsmokers.[29]

OCs must be used with caution in women with cardiovascular disease risk factors. OCs may further increase the effects of well-known risk factors, such as hypertension, diabetes, hyperlipidemias, age, and obesity. [30]

d. Cerebrovascular diseases

In observational studies, OCs appear to increase the risk of strokes, although, in general, the risk is greatest among hypertensive women over age 35 who also smoke. [31,32,33]

The relative risk of thrombotic strokes has been shown to range from 3 for normotensive users to 14 for users with severe hypertension.[34] The relative risk of hemorrhagic stroke is reported to be 1.2 for nonsmokers who used OCs, 2.6 for smokers who did not use OCs, 7.6 for smokers who used OCs, 1.8 for normotensive users, and 25.7 for users with severe hypertension.[24]

e. Dose-related risk of vascular disease from OCs

A positive association has been observed between the amount of estrogen and progestin in OCs and the risk of vascular disease.[35,36,37] A decline in serum high-density lipoproteins (HDL) is seen with many progestational agents.[38,39,40]

2. Carcinoma of the Breast and Cervix

Women who currently have or have had breast cancer should not use oral contraceptives because breast cancer may be hormonally sensitive.

There is substantial evidence that OCs do not increase the incidence of breast cancer.[41,42] Although some past studies have suggested that OCs might increase the incidence of breast cancer, more recent and thorough studies have not confirmed such findings.

Some studies suggest that OCs are associated with an increase in the risk of cervical cancer or intraepithelial neoplasia.[43,44,45,46] However, there is controversy about the extent to which these findings are due to differences in sexual behavior and other factors.

3. Liver Disease

Benign hepatic adenomas are associated with OC use. Indirect calculations have estimated the attributable risk to be 3.3 cases/100,000 for OC users.[47] Rupture of benign, hepatic adenomas may cause death through intra-abdominal hemorrhage.[48,49]

Studies from Britain have shown an increased risk of developing hepatocellular carcinoma in long-term (more than 8 years) OC users.[50,51,52,53] However, the attributable risk (the excess incidence) of liver cancers in OC users is less than one per million users.

OC-related cholestasis has been described in women with a history of pregnancy-related cholestasis. Women with a history of OC-related cholestasis may have the condition recur with subsequent OC use.[54]

OCs should be discontinued if jaundice develops. Steroid hormones may be poorly metabolized in patients with impaired liver function.

4. Gallbladder Disease

Studies have shown that the increased relative risk of developing gallbladder disease among OC users may be minimal.[55,56,57,58,59,60,61]

5. Carbohydrate and Lipid Metabolic Effects

OCs may decrease glucose tolerance in a dose-related fashion.[62,63] Therefore, prediabetic and diabetic women should be carefully monitored while taking OCs. However, in nondiabetic women, OCs appear to have no effect on fasting blood glucose.[64]

A small proportion of women will have adverse lipid changes while on OCs. Alternative contraception should be considered in women with uncontrolled dyslipidemias.[65] Elevations of plasma triglycerides may lead to pancreatitis and other complications.

6. High Blood Pressure

Women with uncontrolled hypertension or hypertension with vascular disease should not use OCs.[66,67,68] An increase in blood pressure has been reported in women taking OCs,[69] and this increase is more likely in older OC users[70] and with extended duration of use. Data from the Royal College of General Practitioners[71] and subsequent randomized trials have shown that the incidence of hypertension increases with increasing progestational activity and concentrations of progestins. If OCs are prescribed for women with well-controlled hypertension, close blood pressure monitoring is recommended and OCs should be discontinued if blood pressure rises significantly.

7. Headache

The onset or exacerbation of migraine or development of headache with a new pattern that is recurrent, persistent, or severe requires discontinuation of OCs and evaluation of the cause.

8. Vaginal Bleeding Problems

Breakthrough bleeding and spotting are sometimes seen in patients on OCs, especially during the first 3 months of use. If bleeding persists, nonhormonal causes such as pregnancy or malignancy should be considered. If pathology and pregnancy are excluded, time or a change to another formulation may solve the problem.

Amenorrhea is sometimes seen in women who are using OCs. Pregnancy should be ruled out in the event of amenorrhea.

A description of vaginal bleeding patterns from the controlled clinical trials that supported drug approval should be placed here if relevant.

PRECAUTIONS

1. General

Women who are using oral contraceptives should have an annual history and physical examination, including special reference to blood pressure, breasts, abdomen and pelvic organs, as well as cervical cytology and relevant laboratory tests.

2. Information for Patients

See patient labeling.

3. Hypocalcemia

Estrogens should be used with caution in individuals with severe hypocalcemia because this condition may be aggravated.

4. Drug Interactions

Changes in contraceptive effectiveness associated with co-administration of other products:

a. Anti-infective agents and anticonvulsants

Contraceptive effectiveness may be reduced when hormonal contraceptives are co-administered with antibiotics, anticonvulsants, and other drugs that increase the metabolism of contraceptive steroids.[72] This could result in unintended pregnancy or breakthrough bleeding. Some examples include rifampin, barbiturates, phenylbutazone, phenytoin, carbamezepine, felbamate, oxcarbazepine, topiramate, and griseofulvin.

b. Anti-HIV protease inhibitors

Several of the anti-HIV protease inhibitors have been studied with co-administration of oral combination hormonal contraceptives; significant changes (increase and decrease) in the plasma levels of the estrogen and progestin have been noted in some cases. The safety and efficacy of OC products may be affected with co-administration of anti-HIV protease inhibitors. Health care providers should refer to the label of the individual anti-HIV protease inhibitors for further drug-drug interaction information.

c. Herbal products

Herbal products containing St. John's Wort (hypericum perforatum) may induce hepatic enzymes (cytochrome P450) and p-glycoprotein transporter and may reduce the effectiveness of contraceptive steroids. This may also result in breakthrough bleeding.

Increase in plasma levels of estradiol associated with co-administered drugs:

Co-administration of atorvastatin and certain OCs containing ethinyl estradiol increase AUC values for ethinyl estradiol by approximately 20%. Ascorbic acid and acetaminophen may increase plasma ethinyl estradiol levels, possibly by inhibition of conjugation. CYP 3A4 inhibitors such as itraconazole or ketoconazole may increase plasma hormone levels.

Changes in plasma levels of co-administered drugs:

Combination hormonal contraceptives containing some synthetic estrogens (e.g., ethinyl estradiol) may inhibit the metabolism of other compounds. Increased plasma concentrations of cyclosporin, prednisolone, and theophylline have been reported with concomitant administration of OCs. Decreased plasma concentrations of acetaminophen and increased clearance of temazepam, salicylic acid, morphine and clofibric acid, due to induction of conjugation have been noted when these drugs were administered with OCs.

5. Interactions with Laboratory Tests

Certain endocrine and liver function tests and blood components may be affected by OCs:

a. Increased prothrombin and factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability.

b. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by protein-bound iodine (PBI), T4 by column or by radioimmunoassay. Free T3 resin uptake is decreased, reflecting the elevated TBG, free T4 concentration is unaltered. Patients dependent on thyroid hormone replacement therapy who are also receiving estrogens may require increased doses of their thyroid replacement therapy.

c. Other binding proteins may be elevated in serum.

d. Sex hormone binding globulins are increased and result in elevated levels of total circulating sex steroids; however, free or biologically active levels either decrease or remain unchanged.

e. Triglycerides may be increased and levels of various other lipids and lipoproteins may be affected.

f. Glucose tolerance may be decreased.

6. Carcinogenesis, Mutagenesis, Impairment of Fertility

See CONTRAINDICATIONS and WARNINGS (subsection **2. Carcinoma of the Breast and Cervix)**. *If the OC contains a new progestin or estrogen, data on animal carcinogenicity, mutagenicity, and return to fertility should be placed here.*

7. Pregnancy

There appears to be little or no increased risk of birth defects in women who have used OCs inadvertently during early pregnancy.[73,74] *However, if any component of the drug product is associated with birth defects, add a statement about the types of defects, estimated frequency, the associated doses, and the gestational age of exposure, if known.*

If the OC contains a new progestin or estrogen, a statement that summarizes what is known about pregnancy risk should be placed here, followed by a summary of the animal/human data.

8. Nursing Mothers

Small amounts of OC steroids have been identified in the milk of nursing mothers. In addition, OCs given in the postpartum period may interfere with lactation by decreasing the quantity and quality of breast milk. If possible, the nursing mother should be advised to use other forms of contraception until she has weaned her child.

9. Pediatric Use

Safety and efficacy are expected to be the same for postpubertal adolescents and adult women. OCs are not indicated before menarche.

10. Geriatric Use

OCs have not been studied in postmenopausal women and are not indicated in this population.

ADVERSE EXPERIENCES

The most serious adverse reactions associated with the use of OCs are in the WARNINGS and PRECAUTIONS sections.

Other side effects commonly reported by OC users are:

- Nausea
- Breast tenderness
- Headaches

The following adverse reactions may occur less frequently:

- Acne
- Decreased libido
- Dizziness
- Fluid retention
- Increased cervical ectopia

- Melasma
- Mood changes and depression
- Ocular effects, including decreased tolerability to contact lenses
- Vaginal candidiasis
- Vomiting and other gastrointestinal symptoms (e.g., bloating)
- Weight changes

It is not always clear whether these side effects are caused by OCs and, if so, whether the estrogen and/or the progestin is responsible. These side effects are most common in the first 1 to 3 pill cycles.

Manufacturers should add additional details regarding adverse experiences and cycle control unique to the product.

POSSIBLE HEALTH BENEFITS

Possible benefits associated with OC use beyond lowering of risk of becoming pregnant include the following effects on menses:

- More regular
- Less blood loss
- Less dysmenorrhea

OVERDOSAGE

There have been no reports of serious ill effects from overdose, including ingestion by children. Overdose may cause nausea and withdrawal bleeding.

DOSAGE AND ADMINISTRATION

To achieve maximum contraceptive effectiveness, OCs must be taken as directed. One tablet is taken at about the same time every day. Single missed pills should be taken as soon as remembered. For detailed instructions, see the patient labeling that is printed below.

OCs may be started 3 to 4 weeks postpartum in women who do not breast feed. When OCs are used during the postpartum period, the increased risk of thromboembolic disease associated with the postpartum period must be considered.[14] The possibility of ovulation and conception before starting OCs should also be considered.[15]

HOW SUPPLIED

Manufacturer to provide information on available dosage forms, potency, color, and packaging.

Manufacturer to include statement such as "Keep out of reach of children."

STORAGE

Manufacturer to provide information on pill storage.

REFERENCES

Supplied upon request.

III. PATIENT LABELING

Guide for Using (*OC name*)

WARNING TO WOMEN WHO SMOKE

Do not use *(OC name)* if you smoke cigarettes and are over 35 years old. Smoking increases your risk of serious side effects from birth control pills, including death from heart attack, blood clots, or stroke. The risk increases with age and the number of cigarettes you smoke.

Birth control pills help to lower the chances of becoming pregnant. They do not protect against HIV infection (AIDS) and other sexually transmitted diseases.

WHAT IS (OC NAME)?

(OC name) is a birth control pill. It contains two hormones, an estrogen called *(name of estrogen),* and a progestin called *(name of progestin).*

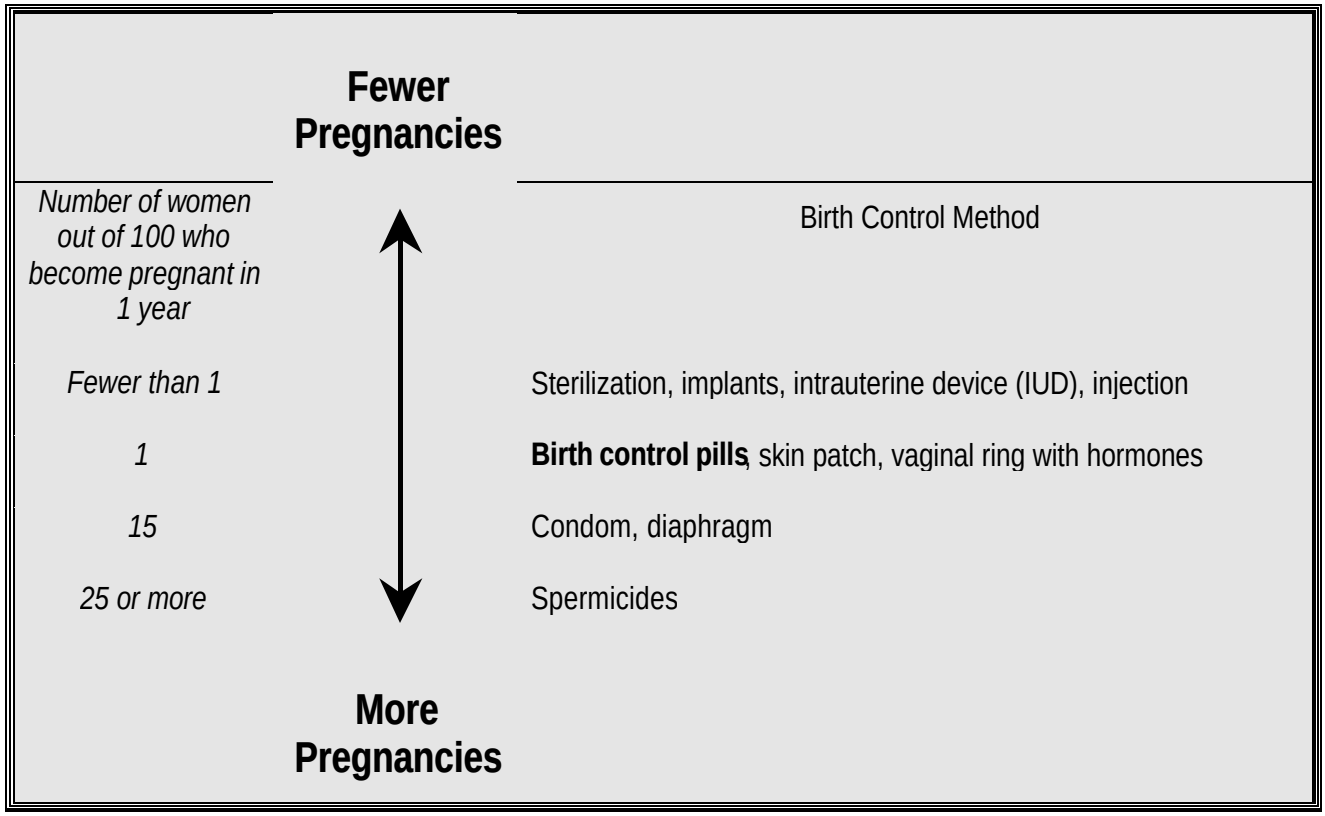
HOW WELL DOES (OC NAME) WORK?

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

In clinical studies, about (*insert whole number here)* out of 100 women got pregnant during the first year that they used (*insert OC name here).*

The following table shows how the birth control pill compares with some other methods of birth control. The numbers are estimates of the number of women out of 100 women who become pregnant in 1 year of use.[2]

[2] The estimates for drugs and devices come from clinical trial data reviewed by the Food and Drug Administration. The IUDs include the levonorgestrel IUD and the copper IUD. The estimates for sterilization and spermicides come from the medical literature.



HOW DO I TAKE (OC NAME)?

Consider the instructions given to women during clinical trials when crafting the text for this section. To minimize errors, all OC instructions should be similar, but some differences are inevitable because of the diversity of OCs.

To improve clarity, place the instructions for only one brand and regimen in the patient label for a given birth control pill. For example, package only 21-day pill instructions with 21-day pills, and only 28-day pill instructions with 28-day pills.

Insert illustration of pill pack, direction in which pills are taken, and other labeling that might make the directions clearer, such as which pills are active and which are inactive.
The sample answers below apply to an imaginary birth control pill named Brand X, a 28-day pack with 21 active pills. In the Brand X clinical trials, women were told to start the first pack on day 1 of their menstrual periods. Brand X instructions do not include Sunday Start instructions because Sunday Start was not studied in the clinical trials.

If you have regular periods, take the first pill of the first pack on the first day of your period. If you are not having regular periods, talk with your health care provider about when to start your birth control pill.

Take one pill about the same time every day. Taking a pill every day must become a habit.

When you finish a pill pack, start the next pack on the following day so you are always taking one pill a day, whether or not you are having your period. You are more likely to get pregnant if you start the next pack late or miss any pills.

Look at the picture of your pill pack. There are 21 active *(insert color here)* pills that contain hormones and 7 inactive *(insert color here)* pills that do not contain hormones. You are most likely to have your period during the time you are taking the inactive pills.

WHAT SHOULD I DO IF I MISS ANY BIRTH CONTROL PILLS?

As noted in the preceding question, consider the instructions given to women during clinical trials when crafting the text for this section. The sample answers for Brand X follow.

Use a backup birth control method such as condoms or spermicide for 7 days after you miss any of the active *(insert color here)* pills.

If you miss 1 active *(insert color here)* pill take it as soon as you remember. Take the next pill at your regular time. You may take 2 pills in 1 day.

If you miss 2 active *(insert color here)* pills in a row in week 1 or week 2 of your pack, take 2 pills as soon as you remember and 2 pills the next day. Then take 1 pill a day until you finish the pack.

If you miss 2 active *(insert color here)* pills in a row in week 3 of your pack, throw out the rest of the pack and start a new pack that same day. You may not have your period this month. However, if you miss 2 periods in a row, call your health care provider to check for pregnancy.

If you miss 3 or more active *(insert color here)* pills in a row during the first 3 weeks, throw out the rest of the pack and start a new pack that same day. Call your health care provider for further advice.

If you forget any of the *(insert color here)* inactive pills, throw away the pills you missed and continue to take one pill a day. You do not need a backup method.

WHO SHOULD NOT TAKE (OC NAME)?

Birth control pills are safe for most women. However, taking birth control pills can cause serious health problems, especially for women with certain conditions. Do not take *(name of OC)* if you have:

- Ever had breast cancer or any cancer that is sensitive to hormones
- Liver disease, including liver tumors
- Unexplained bleeding from your vagina
- Ever had blood clots in your arms, legs, or lungs
- Ever had a stroke
- Ever had a heart attack or chest pains
- Certain heart valve problems or heart rhythm abnormalities that can cause blood clots to form in the heart
- An inherited problem with your blood that makes it clot more than normal
- High blood pressure that medicine can't control
- Diabetes with kidney, eye, or blood vessel damage
- Severe migraine headaches

Also, do not take birth control pills if you:

- Smoke and are over 35 years old
- Are pregnant
- Are allergic to anything in *(OC)*

If applicable, the following statement is inserted here: The risks for serious blood clots may be greater with desogestrel-containing pills such as (name of OC) than with certain other birth control pills.

Birth control pills may not be a good choice for you if you have ever had jaundice (yellowing of the skin or eyes) caused by pregnancy, also called cholestasis of pregnancy.

WHAT ELSE SHOULD I KNOW ABOUT TAKING (OC NAME)?

Do not skip any pills, even if you do not have sex often.

If you miss a period, you could be pregnant. However, some women miss periods or have light periods on birth control pills, even when they are not pregnant. Contact your health care provider for advice if you:

- Think you are pregnant
- Miss 1 period and have not taken your birth control pills according to directions
- Miss 2 periods

Birth control pills should not be taken during pregnancy. However, birth control pills taken by accident during pregnancy do not seem to cause birth defects. *If the OC contains a new progestin or estrogen, note that fact and summarize what is known about pregnancy risk here. If any component of the drug product is associated with birth defects, add a statement about the types of defects, estimated frequency, the associated doses, and the gestational age of exposure, if known.*

You should consider another birth control method if you are breast-feeding because birth control pills may decrease the amount and quality of your milk. A small amount of the pill's hormones are passed on to your baby in your milk.

If you need laboratory tests, tell your health care provider that you are taking birth control pills. Birth control pills may affect some blood tests.

Tell your health care provider about all medicines and herbal products that you take. Some medicines and herbal products may make birth control pills less effective. Some examples are rifampin, medicines used for epilepsy (such as barbiturates, topiramate, carbamazepine, and phenytoin), phenylbutazone, certain medicines used to treat HIV or AIDS, certain antibiotics, and the herbal product St. John's Wort. Consider using another birth control method when you take medicines that may make birth control pills less effective.

If you have vomiting or diarrhea, your birth control pills may not work as well. Use another birth control method, like condoms, until you check with your health care provider.

WHAT ARE COMMON SIDE EFFECTS OF BIRTH CONTROL PILLS?

The most common side effects of birth control pills are:

- Nausea
- Breast tenderness
- Headache
- Bleeding between menstrual periods

These side effects are usually mild and may disappear with time.

Less common side effects are:

- Bloating or fluid retention.
- Darkening of the skin, especially on the face. This problem may be related to the darkening of the skin that sometimes happens during pregnancy.
- High blood sugar, especially in women who already have diabetes.
- High triglycerides (high fat levels in the blood).
- Depression, especially if you have had depression in the past. Call your health care provider immediately if you have any thoughts of harming yourself.
- Weight changes.

This is not a complete list of possible side effects. Talk to your health care provider if you develop any side effects that concern you.

No serious problems have been reported from a birth control pill overdose, even when accidentally taken by children.

WHAT ARE THE MOST SERIOUS RISKS OF TAKING BIRTH CONTROL PILLS?

Like pregnancy, birth control pills increase the risk of serious blood clots. It is possible to die from a problem caused by a blood clot, such as a heart attack or a stroke. Some examples of serious blood clots are blood clots in the:

- Legs (thrombophlebitis)
- Lungs (pulmonary embolus)
- Eyes (blindness)
- Heart (heart attack)
- Brain (stroke)

A few women who take birth control pills may get:

- Rare cancerous or noncancerous liver tumors
- Gallbladder problems
- High blood pressure

Call your health care provider right away if you have:

- Persistent pain in the calf (lower leg)
- Sudden shortness of breath
- Sudden blindness, partial or complete
- Severe pain in your chest
- Sudden, severe headache
- Weakness or numbness in an arm or leg, or trouble speaking
- Yellowing of the skin or eyeballs

DO BIRTH CONTROL PILLS CAUSE CANCER?

Birth control pills do not seem to cause breast cancer. However, if you have breast cancer now, or have had it in the past, do not use birth control pills because some breast cancers are sensitive to hormones.

Women who use birth control pills may have a slightly higher chance of getting cervical cancer. However, this may be due to other reasons such as having more sexual partners.

WHAT IF I WANT TO BECOME PREGNANT?

Consider a visit with your health care provider for a pre-pregnancy checkup before you stop taking the pill. Your health care provider may advise you to wait for your first regular period before you try to become pregnant. A daily dose of the vitamin called folic acid is recommended for all women who are planning a pregnancy.

ARE THERE OTHER BENEFITS OF THE BIRTH CONTROL PILL?

Yes. Your menstrual periods may become:

- More regular
- Lighter
- Less painful

General Advice about *(OC name)*

Your health care provider prescribed *(OC name)* for you. Please do not share *(OC name)* with anyone else. Keep *(OC name)* out of the reach of children.

Birth control pills are sometimes prescribed for reasons other than those listed in your Guide. If you have concerns or questions, ask your health care provider. You may also ask your health care provider for a more detailed label written for medical professionals.

726
727 *List the name and place of business of the manufacturer, packer, or distributor of OC here.*
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729 *Write the date of the most recent revision of the Guide here.*
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