MIRENA® - Levonorgestrel 20µg/24h Intrauterine Delivery System. Qualitative and Quantitative Composition: Each sterile intrauterine system contains levonorgestrel IP 52 mg. The initial release rate is 20 micrograms /24 hours. Indication: MIRENA® is indicated for (1) Contraception (2) Menorrhagia (3) Endometrial hyperplasia during estrogen replacement therapy in women. Dosage and method of administration: Mirena is inserted into the uterine cavity and is effective for five years. The in vivo dissolution rate is approximately 20 µg/24 hours initially and is reduced to approximately 18µg/24 hours after 1 year and 10 µg/24 hours after five years. The mean dissolution rate of levonorgestrel is about 15 µg/24 hours over the time up to five years. In women under hormonal replacement therapy, Mirena can be used in combination with oral or transdermal estrogen preparations without progestogens. Mirena, when inserted according to the insertion instructions, has a failure rate of approximately 0.2% at 1 year and a cumulative failure rate of approximately 0.7% at 5 years. In women of fertile age, Mirena is to be inserted into the uterine cavity within seven days of the onset of menstruation. Mirena can be replaced by a new system at any time in the cycle. The system can also be inserted immediately after first trimester abortion. Postpartum insertions should be postponed until the uterus is fully involuted, however not earlier than six weeks after delivery. If involution is substantially delayed, consider waiting until 12 weeks postpartum. In case of a difficult insertion and/or exceptional pain or bleeding during or after insertion, physical examination and ultrasound should be performed immediately to exclude perforation. It is recommended that Mirena should only be inserted by physicians/health care professionals who are experienced in Mirena insertions and/or have undergone sufficient training for Mirena insertion. Mirena is removed by gently pulling on the threads with a forceps. The system should be removed after five years. Contraindications: Known or suspected pregnancy; Current or recurrent pelvic inflammatory disease; Lower genital tract infection; Postpartum endometritis; Infected abortion during the past three months; Cervicitis; Cervical dysplasia; Uterine or cervical malignancy; Progestogen-dependent tumors; Undiagnosed abnormal uterine bleeding; Congenital or acquired uterine anomaly including fibroids if they distort the uterine cavity; Conditions associated with increased susceptibility to infections; Acute liver disease or liver tumor; Hypersensitivity to the active substance or to any of the Excipients. Special Warnings and precautions for use: Mirena may be used with caution after specialist consultation, or removal of the system should be considered if any of the following conditions exist or arise for the first time:migraine, focal migraine with asymmetrical visual loss or other symptoms indicating transient cerebral ischemia; exceptionally severe headache; jaundice; marked increase in blood pressure; severe arterial disease such as stroke or myocardial infarction. Please refer to the product insert for additional information on special warnings and precautions for use. Interaction with other medicinal products and other forms of interaction: Substances increasing the clearance of levonorgestrel: Phenytoin, barbiturates, primidone, carbamazepine, rifampicin, and possibly also oxcarbazepine, topiramate, felbamate, griseofulvin, and products containing St. John’s wort. The influence of these drugs on the contraceptive efficacy of Mirena is not known, but it is not believed to be of major importance due to the local mechanism of action. Substances with variable effects on the clearance of levonorgestrel: When co-administered with sex hormones, many HIV/HCV protease inhibitors and non-nucleoside reverse transcriptase inhibitors can increase or decrease plasma concentrations of the progestin. Substances decreasing the clearance of levonorgestrel: Strong and moderate CYP3A4 inhibitors such as azole antifungals (e.g. fluconazole, itraconazole, ketoconazole, voriconazole), verapamil, macrolides (e.g. clarithromycin, erythromycin), diltiazem and grapefruit juice can increase plasma concentrations of the progestin. Pregnancy and Lactation: The use of Mirena during an existing or suspected pregnancy is contraindicated. If the woman becomes pregnant when using Mirena removal of the system is recommended, since any intrauterine contraceptive left in situ may increase the risk of abortion and preterm labor. Removal of Mirena or probing of the uterus may result in spontaneous abortion. Ectopic pregnancy should be excluded. About 0.1% of the levonorgestrel dose is transferred to the infant during breast-feeding. However, it is not likely that there will be a risk for the infant with the dose released from Mirena, when it is inserted in the uterine cavity. There appears to be no deleterious effect on infant growth or development when using Mirena after six weeks postpartum. Undesirable effects Very common: Headache, Abdominal/pelvic pain, Bleeding changes including increased and decreased menstrual bleeding, spotting, oligomenorrhoea and amenorrhoea, vulvovaginitis, genital discharge. Common: Upper genital tract infection, Ovarian cyst, Dysmenorrhea, Breast pain, Intra-uterine contraceptive device expelled

(complete and partial), Depressed mood/depression, migraine, nausea, acne, hirsutism, back pain. For full listing of undesirable effects, please refer to the full product insert. For further prescribing information, please contact Bayer Zydus Pharma Private Limited, Bayer House, Central Avenue, Hiranandani Estate, Thane, Maharashtra, India Pin-400607. Email: medicalinfo.india@bayerzyduspharma.com. Source: Based on CCDS / Version 19 / 06 Dec 2016. Date of revision of text: 25 Oct 2017.