

**JAYDESS®/KYLEENA™**  
(levonorgestrel 13.5 mg/19.5 mg intrauterine delivery system)  
EU Risk Management Plan

**Part VI – Summary of the Risk Management Plan by Product**

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### **Part VI.1 Summary of risk management plan for Jaydess**

This is a summary of the risk management plan (RMP) for Jaydess. The RMP details important risks of Jaydess, how these risks can be minimised, and how more information will be obtained about Jaydess risks and uncertainties (missing information).

Jaydess' summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Jaydess should be used.

#### **I. The Medicine and what it is used for**

Jaydess is used for contraception for up to three years.

Jaydess is a levonorgestrel (LNG, active substance) releasing intrauterine delivery system (LNG-IUS, total LNG content 13.5 mg). Jaydess is placed in the uterus with a preloaded, ready-to-use inserter.

Jaydess and Kyleena (IUS with LNG content 19.5mg) have similar inserter and T-body dimensions and are referred to as "LCS" in this document when data relate to both products (LCS = low dose levonorgestrel contraceptive intrauterine system; LCS12 = Jaydess and LCS16 = Kyleena).

#### **II. Risks Associated with the Medicine and Activities to Minimise or further Characterise the Risks**

Important risks of Jaydess, together with measures to minimise such risks and the proposed studies for learning more about Jaydess' risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Jaydess, these measures are supplemented with additional risk minimization measures mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, including PBRER/PSUR assessment, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

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**II.A. List of important risks and missing information**

Important risks of Jaydess are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely used. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Jaydess. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine).

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**List of important risks and missing information for Jaydess**

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Important identified risks	Pelvic inflammatory disease Ectopic pregnancy Uterine perforation Unintended pregnancy with Jaydess in situ Ovarian cysts Expulsion Bleeding changes
Important potential risks	Potential for medication error Potential for off-label use in indications other than contraception Potential of use beyond approved duration of use
Missing information	None identified

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**II.B. Summary of important risks**

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**Important identified risk: Pelvic inflammatory disease (PID)**

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Evidence for linking the risk to the medicine	As with other intrauterine contraceptives there is an increased risk of pelvic inflammatory disease (PID) at the time of placement and during the first weeks after the placement (clinical trial evidence, epidemiological data).
Risk factors and risk groups	The risk of PID is increased in women with sexually-transmitted infections, women who have multiple sexual partners and women who have had PID in the past.
Risk minimisation measures	<b>Routine risk minimization measures:</b> <u>SmPC</u> : Section 4.2, 4.3, 4.4, 4.8 <u>PIL</u> : Section 2, 4 <b>Additional risk minimisation measures:</b> None
Additional pharmacovigilance activities	EURAS-LCS12 See Section II.C of this summary for an overview of the post-

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**Important identified risk: Pelvic inflammatory disease (PID)**

authorisation development plan.

**Important identified risk: Ectopic pregnancy**

Evidence for linking the risk to the medicine	Jaydess is very effective in preventing pregnancy. The absolute risk of ectopic pregnancy in LCS (LCS12/Jaydess and LCS16/Kyleena) users is low. However, when pregnancy occurs with LCS in situ, the pregnancy is more likely to be ectopic than in women who become pregnant without LCS in place. This is a risk which is common to all intrauterine contraceptives when contraceptive failure occurs (clinical trial evidence, observational study evidence). About half of the unintended pregnancies with LCS are ectopic pregnancies.
Risk factors and risk groups	<p>The observed frequencies of ectopic pregnancy for LCS in subgroup analyses including age, parity and BMI gave no evidence for a higher incidence in any of the subgroups studied. Some of the subgroups were too small for a conclusive assessment.</p> <p><i>Risk factors for ectopic pregnancy in general:</i> Women with a previous history of ectopic pregnancy, tubal surgery or pelvic infection carry a higher risk of ectopic pregnancy. Age, smoking, prior abortions, prior PID, prior history of tubal surgery or infertility are associated with a higher risk. In adolescents, prior PID and gonorrhoea/ chlamydia trachomatis infection are the more important risk factors</p>
Risk minimisation measures	<p><b>Routine risk minimization measures:</b>  <u>SmPC:</u> Section 4.4, 4.6, 4.8  <u>PIL:</u> Section 2</p> <p><b>Additional risk minimisation measures:</b>            Education material</p>
Additional pharmacovigilance activities	<p>EURAS-LCS12</p> <p>See Section II.C of this summary for an overview of the post-authorisation development plan.</p>

**Important identified risk: Uterine perforation**

Evidence for linking the risk to the medicine	Uterine perforation may occur with the use of all types of intrauterine contraceptives, including LNG-IUS (clinical trial evidence, observational study evidence).
Risk factors and risk groups	The risk of uterine perforation is increased in women who are breastfeeding at time of insertion, or have given birth up to 36 weeks before insertion. The risk of perforation may be increased in women with fixed retroverted uterus.

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**Important identified risk: Uterine perforation**

Risk minimisation measures	<p><b>Routine risk minimization measures:</b>  <u>SmPC</u>: Section 4.2, 4.3, 4.4, 4.8  <u>PIL</u>: Section 2, 4</p> <p><b>Additional risk minimisation measures:</b>  None</p>
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**Important identified risk: Unintended pregnancy with Jaydess in situ**

Evidence for linking the risk to the medicine	<p>Jaydess is very effective in preventing pregnancy. The nature of the risk is related to the presence of an intrauterine foreign body (risk of spontaneous abortion, premature labor). This is a risk which is common to all pregnancies occurring with intrauterine contraceptives (clinical trial evidence, observational study evidence and spontaneous post-marketing reporting).</p>
Risk factors and risk groups	<p>In the clinical trials with LCS, no differences were noted for subgroup analyses by age, parity and BMI. For some of the subgroup analyses the size of the subgroups was too small to allow for detection of differences in PI (Pearl Index).</p> <p>Incorrect position of the IUS (or partial or complete expulsion, uterine perforation) may decrease the effectiveness of LCS.</p> <p><i>Risk factors for spontaneous abortion in general:</i> The risk of spontaneous abortion increases with maternal age and varies with obstetric history, e.g. women whose only or last pregnancy ended in early pregnancy loss are at increased risk of miscarriage. Women with uterine abnormalities including congenital anomalies or e.g. uterine leiomyoma, autoimmune and endocrine disorders, thrombophilia are at increased risk for early pregnancy loss.</p> <p><i>Risk factors for preterm delivery in general:</i> Risk factors for preterm delivery include e.g. previous preterm delivery, first-trimester bleeding, low education, previous medical condition and new medical condition or health problem during pregnancy.</p>
Risk minimisation measures	<p><b>Routine risk minimization measures:</b>  <u>SmPC</u>: Section 4.4, 4.6  <u>PIL</u>: Section 2</p> <p><b>Additional risk minimisation measures:</b>  None</p>
Additional pharmacovigilance activities	<p>EURAS-LCS12</p> <p>See Section II.C of this summary for an overview of the post-authorisation development plan.</p>

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**Important identified risk: Ovarian cysts**

Evidence for linking the risk to the medicine	Women using progestin-only contraception, including Jaydess, have an increased risk of development of functional ovarian cysts (clinical trial evidence, known for class).
Risk factors and risk groups	No specific risk factors for the development of ovarian cysts with LNG-IUS use are known.
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC</u>: Section 4.4, 4.8</p> <p><u>PIL</u>: Section 2, 4</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

**Important identified risk: Expulsion**

Evidence for linking the risk to the medicine	Expulsion may occur with the use of all types of intrauterine contraceptives (IUCs), including Jaydess (clinical trial evidence, known for class).
Risk factors and risk groups	<p>The expulsion rate was low regardless of age or parity. Generally, more partial and total expulsions occurred in parous than in nulliparous women.</p> <p><i>IUD expulsion in general:</i> The risk of expulsion is somewhat increased when an IUD is inserted immediately post partum (“post-placental”), and significantly increased &gt;48 hours to 4 weeks after delivery.</p>
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC</u>: Section 4.2, 4.4, 4.8</p> <p><u>PIL</u>: Section 2, 4</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

**Important identified risk: Bleeding changes**

Evidence for linking the risk to the medicine	Progestogenic effects of LNG on the endometrium: Over time, the frequency of amenorrhea and infrequent bleeding increases, and the frequency of both prolonged and frequent bleeding decrease (clinical trial evidence, known for class).
Risk factors and risk groups	None identified.
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC</u>: Section 4.3, 4.4, 4.8</p> <p><u>PIL</u>: Section 2, 4</p>

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**Additional risk minimisation measures:**

None

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**Important potential risk: Potential for medication error**

Evidence for linking the risk to the medicine	Mirena and LCS16/Kyleena are approved for 5 years of use. LCS12/Jaydess is approved for 3 years of use. Each brand of LNG-IUS can be identified by its specific features. An incorrect decision on treatment continuation or IUS removal/replacement could theoretically occur in situations where the type of LNG-IUS that was inserted some years ago is not (no longer) known to the user or health care provider.
Risk factors and risk groups	Not applicable
Risk minimisation measures	<p><b>Routine risk minimization measures:</b> <u>SmPC:</u> Section 3, 4.1, 4.2</p> <p><b>Additional risk minimisation measures:</b> Educational material and patient reminder card</p>

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**Important potential risk: Potential for off-label use in indications other than contraception**

Evidence for linking the risk to the medicine	LCS12/Jaydess or LCS16/Kyleena have not been studied in indications other than contraception. Off-label use of LCS12/Jaydess and LCS16/Kyleena in other indications Mirena is approved for (e.g. idiopathic menorrhagia, protection from endometrial hyperplasia during estrogen replacement therapy) might occur but is expected to be low, since an effective treatment in the form of Mirena is available.
Risk factors and risk groups	Not applicable
Risk minimisation measures	<p><b>Routine risk minimization measures:</b> <u>SmPC:</u> Clearly mentions approved indication</p> <p><b>Additional risk minimisation measures:</b> None</p>
Additional pharmacovigilance activities	<p>EURAS-LCS12 DUS for Jaydess</p> <p>See Section II.C of this summary for an overview of the post-authorisation development plan.</p>

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**Important potential risk: Potential of use beyond approved duration of use**

Evidence for linking the risk to the medicine	The efficacy of LCS12/Jaydess has been demonstrated for a full period of 3 years. Mirena and LCS16/Kyleena are approved for 5
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**Important potential risk: Potential of use beyond approved duration of use**

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	years. Intentional use of LCS12/Jaydess for longer than the approved duration of use might occur but the risk is estimated as low, given that the duration of use is clearly stated in the Product Label.
Risk factors and risk groups	Not applicable
Risk minimisation measures	<b>Routine risk minimization measures:</b> <u>SmPC</u> : Clearly mentions duration of use <b>Additional risk minimisation measures:</b> None
Additional pharmacovigilance activities	EURAS-LCS12 DUS for Jaydess See Section II.C of this summary for an overview of the post-authorisation development plan.

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## II.C. Post-authorisation Development Plan

### II.C.1 Studies which are conditions of the Marketing Authorisation

The following studies are conditions of the marketing authorization:

#### EURAS-LCS12

##### *European Active Surveillance Study of LCS12*

Purpose of the study:

The EURAS-LCS12 study is designed to investigate whether Jaydess (LCS12) is associated with an increased risk of unintended pregnancy (including ectopic pregnancy) compared to Mirena and to copper IUDs. The objective is to assess among new users the risks of certain events (e.g., contraceptive failure rate, ectopic pregnancy and PID) associated with the use of Jaydess/LCS12 compared with the established hormonal IUD Mirena and compared with established copper IUDs during standard clinical practice. In addition, drug utilization patterns will be described.

### II.C.2 Other Studies in Post-authorisation Development Plan

#### DUS for Jaydess

##### *Pharmacoepidemiological study (Drug Utilization Study) of Jaydess use in routine clinical practice in Sweden.*

Purpose of the study:

Jaydess is approved for contraception for a maximum of 3 years. The purpose of the study is to characterize new users of LCS12/Jaydess, to estimate the duration of LCS12/Jaydess

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method use, to study switching patterns among women using LCS12/Jaydess and comparator method(s) as well as to study possible off-label use of LCS12/Jaydess.



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## **Part VI.2 Summary of risk management plan for Kyleena**

This is a summary of the risk management plan (RMP) for Kyleena. The RMP details important risks of Kyleena, how these risks can be minimised, and how more information will be obtained about Kyleena risks and uncertainties (missing information).

Kyleena's summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Kyleena should be used.

### **I. The Medicine and what it is used for**

Kyleena is used for contraception for up to five years.

Kyleena is a levonorgestrel (LNG, active substance) releasing intrauterine delivery systems (LNG-IUS, total LNG content 19.5 mg). Kyleena is placed in the uterus with a preloaded, ready-to-use inserter.

Kyleena and Jaydess (IUS with LNG content 13.5mg) have similar inserter and T-body dimensions and are referred to as "LCS" in this document when data relate to both products (LCS = low dose levonorgestrel contraceptive intrauterine system; LCS12 = Jaydess and LCS16 = Kyleena).

### **II. Risks Associated with the Medicine and Activities to Minimise or further Characterise the Risks**

Important risks of Kyleena, together with measures to minimise such risks and the proposed studies for learning more about Kyleena's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Kyleena, these measures are supplemented with additional risk minimization measures mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, including PBRER/PSUR assessment, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

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**II.A. List of important risks and missing information**

Important risks of Kyleena are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely used. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Kyleena. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine).

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**List of important risks and missing information for Kyleena**

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Important identified risks	<ul style="list-style-type: none"> <li>Pelvic inflammatory disease</li> <li>Ectopic pregnancy</li> <li>Uterine perforation</li> <li>Unintended pregnancy with Kyleena in situ</li> <li>Ovarian cysts</li> <li>Expulsion</li> <li>Bleeding changes</li> </ul>
Important potential risks	<ul style="list-style-type: none"> <li>Potential for medication error</li> <li>Potential for off-label use in indications other than contraception</li> </ul>
Missing information	None identified

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**II.B. Summary of important risks**

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**Important identified risk: Pelvic inflammatory disease**

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Evidence for linking the risk to the medicine	As with other intrauterine contraceptives there is an increased risk of pelvic inflammatory disease (PID) at the time of placement and during the first weeks after the placement (clinical trial evidence, epidemiological data).
Risk factors and risk groups	The risk of PID is increased in women with sexually-transmitted infections, women who have multiple sexual partners and women who have had PID in the past.
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC</u>: Section 4.2, 4.3, 4.4, 4.8</p> <p><u>PIL</u>: Section 2, 4</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

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**Important identified risk: Ectopic pregnancy**

Evidence for linking the risk to the medicine	Kyleena is very effective in preventing pregnancy. The absolute risk of ectopic pregnancy in LCS (LCS12/Jaydess and LCS16/Kyleena) users is low. However, when pregnancy occurs with LCS in situ, the pregnancy is more likely to be ectopic than in women who become pregnant without LCS in place. This is a risk which is common to all intrauterine contraceptives when contraceptive failure occurs (clinical trial evidence, observational study evidence). About half of the unintended pregnancies with LCS are ectopic pregnancies.
Risk factors and risk groups	<p>The observed frequencies of ectopic pregnancy for LCS in subgroup analyses including age, parity and BMI gave no evidence for a higher incidence in any of the subgroups studied. Some of the subgroups were too small for a conclusive assessment.</p> <p><i>Risk factors for ectopic pregnancy in general:</i> Women with a previous history of ectopic pregnancy, tubal surgery or pelvic infection carry a higher risk of ectopic pregnancy. Age, smoking, prior abortions, prior PID, prior history of tubal surgery or infertility are associated with a higher risk. In adolescents, prior PID and gonorrhoea/ chlamydia trachomatis infection are the more important risk factors</p>
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC:</u> Section 4.4, 4.6, 4.8</p> <p><u>PIL:</u> Section 2</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

**Important identified risk: Uterine perforation**

Evidence for linking the risk to the medicine	Uterine perforation may occur with the use of all types of intrauterine contraceptives, including LNG-IUS (clinical trial evidence, observational study evidence)
Risk factors and risk groups	The risk of uterine perforation is increased in women who are breastfeeding at time of insertion, or have given birth up to 36 weeks before insertion. The risk of perforation may be increased in women with fixed retroverted uterus.
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC:</u> Section 4.2, 4.3, 4.4, 4.8</p> <p><u>PIL:</u> Section 2, 4</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

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**Important identified risk: Unintended pregnancy with Kyleena in situ**

Evidence for linking the risk to the medicine	Kyleena is very effective in preventing pregnancy. The nature of the risk is related to the presence of an intrauterine foreign body (risk of spontaneous abortion, premature labor). This is a risk which is common to all pregnancies occurring with intrauterine contraceptives (clinical trial evidence, observational study evidence and spontaneous post-marketing reporting).
Risk factors and risk groups	<p>In the clinical trials with LCS, no differences were noted for subgroup analyses by age, parity and BMI. For some of the subgroup analyses the size of the subgroups was too small to allow for detection of differences in PI (Pearl Index).</p> <p>Incorrect position of the IUS (or partial or complete expulsion, uterine perforation) may decrease the effectiveness of LCS.</p> <p><i>Risk factors for spontaneous abortion in general:</i> The risk of spontaneous abortion increases with maternal age and varies with obstetric history, e.g. women whose only or last pregnancy ended in early pregnancy loss are at increased risk of miscarriage. Women with uterine abnormalities including congenital anomalies or e.g. uterine leiomyoma, autoimmune and endocrine disorders, thrombophilia are at increased risk for early pregnancy loss.</p> <p><i>Risk factors for preterm delivery in general:</i> Risk factors for preterm delivery include e.g. previous preterm delivery, first-trimester bleeding, low education, previous medical condition and new medical condition or health problem during pregnancy.</p>
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC:</u> Section 4.4, 4.6</p> <p><u>PIL:</u> Section 2</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

**Important identified risk: Ovarian cysts**

Evidence for linking the risk to the medicine	Women using progestin-only contraception, including Kyleena, have an increased risk of development of functional ovarian cysts (clinical trial evidence, known for class).
Risk factors and risk groups	No specific risk factors for the development of ovarian cysts with LNG-IUS use are known.
Risk minimisation measures	<p><b>Routine risk minimization measures:</b></p> <p><u>SmPC:</u> Section 4.4, 4.8</p> <p><u>PIL:</u> Section 2, 4</p> <p><b>Additional risk minimisation measures:</b></p> <p>None</p>

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**Important identified risk: Expulsion**

Evidence for linking the risk to the medicine	Expulsion may occur with the use of all types of intrauterine contraceptives (IUCs), including Kyleena (clinical trial evidence, known for class).
Risk factors and risk groups	The expulsion rate was low regardless of age or parity. Generally, more partial and total expulsions occurred in parous than in nulliparous women.  <i>IUD expulsion in general:</i> The risk of expulsion is somewhat increased when an IUD is inserted immediately post partum (“post-placental”), and significantly increased >48 hours to 4 weeks after delivery.
Risk minimisation measures	<b>Routine risk minimization measures:</b> <u>SmPC:</u> Section 4.2, 4.4, 4.8 <u>PIL:</u> Section 2, 4 <b>Additional risk minimisation measures:</b> None

**Important identified risk: Bleeding changes**

Evidence for linking the risk to the medicine	Progestogenic effects of LNG on the endometrium: Over time, the frequency of amenorrhea and infrequent bleeding increases, and the frequency of both prolonged and frequent bleeding decrease (clinical trial evidence, known for class).
Risk factors and risk groups	None identified.
Risk minimisation measures	<b>Routine risk minimization measures:</b> <u>SmPC:</u> Section 4.3, 4.4, 4.8 <u>PIL:</u> Section 2, 4 <b>Additional risk minimisation measures:</b> None

**Important potential risk: Potential for medication error**

Evidence for linking the risk to the medicine	Mirena and LCS16/Kyleena are approved for 5 years of use. LCS12/Jaydess is approved for 3 years of use. Each brand of LNG-IUS can be identified by its specific features. An incorrect decision on treatment continuation or IUS removal/replacement could theoretically occur in situations where the type of LNG-IUS that was inserted some years ago is not (no longer) known to the user or health care provider.
Risk factors and risk groups	Not applicable
Risk minimisation measures	<b>Routine risk minimization measures:</b> <u>SmPC:</u> Section 3, 4.1, 4.2

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**Important potential risk: Potential for medication error**

**Additional risk minimisation measures:**

Patient reminder card  
Educational material on product differences of LNG-IUSs  
(Mirena/Jaydess/Kyleena) – Kyleena included

**Important potential risk: Potential for off-label use in indications other than contraception**

Evidence for linking the risk to the medicine	LCS12/Jaydess or LCS16/Kyleena have not been studied in indications other than contraception. Off-label use of LCS12/Jaydess and LCS16/Kyleena in other indications Mirena is approved for (e.g. idiopathic menorrhagia, protection from endometrial hyperplasia during estrogen replacement therapy) might occur but is expected to be low, since an effective treatment in the form of Mirena is available.
Risk factors and risk groups	Not applicable
Risk minimisation measures	<p><b>Routine risk minimization measures:</b> <u>SmPC</u>: Clearly mentions approved indication</p> <p><b>Additional risk minimisation measures:</b> None</p>

## **II.C. Post-authorisation Development Plan**

### **II.C.1 Studies which are conditions of the Marketing Authorisation**

There are no studies which are conditions of the marketing authorisation or specific obligation of Kyleena. The results of the studies conducted with LCS12/Jaydess will be applicable for LCS16/Kyleena.

### **II.C.2 Other Studies in Post-authorisation Development Plan**

There are no studies required for Kyleena by EMA (European Medical Agency) or any other national competent authority in the EU.