Summary of the risk management plan

The content of this part is the same for all invented names of dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets covered by this RMP.

This is a summary of the RMP for dienogest/ ethinylestradiol 2 mg/0.02 mg prolongedrelease tablets. The RMP details important risks for dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets, how these risks can be minimised, and how more information will be obtained about dienogest/ ethinylestradiol 2 mg/0.02 mg prolongedrelease tablets risks and uncertainties (missing information).

Dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how dienogest/ ethinylestradiol 2 mg/0.02 mg prolongedrelease tablets should be used.

Important new concerns or changes to the current ones will be included in updates of dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets RMP.

I. The medicine and what it is used for

Dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets is indicated for oral hormonal contraception. It contains dienogest and ethinylestradiol as active substances and it is given orally.

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets, together with measures to minimise such 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 dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets, these measures are supplemented with additional risk minimisation measures mentioned under relevant important risks, below.

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

II.A List of important risks and missing information

Important risks of dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablet,s are risks that need special risk minimisation activities to further investigate or minimise the risk, so that the medicinal product can be safely administered. 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 dienogest/ ethinylestradiol 2 mg/0.02 mg prolonged-release tablets. 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 longterm use of the medicine).

List of important risks and missing information	
Important Identified Risks	- Venous Thromboembolism - Arterial Thromboembolism
Important Potential Risks	None
Missing Information	None

II.BSummary of important risks

Important identified risk: Venous Thromboembolism	
Evidence for linking the risk to the medicine	Reported in the clinical development program. Described in the medical literature. Serious adverse effect. Class effect of CHCs.
Risk factors and risk groups	The risk for venous thromboembolic complications in CHC users increases with: - Obesity (body mass index over 30 kg/m²) - Prolonged immobilisation, major surgery, any surgery to the legs or pelvis, neurosurgery, or major trauma

	(temporary immobilisation including air travel > 4 hours can also be a risk factor for VTE, particularly in women with other risk factors) - Positive family history (VTE ever in a sibling or parent especially at a relatively early age e.g., before 50). - Other medical conditions associated with VTE (cancer, systemic lupus erythematosus, haemolytic uraemic syndrome, chronic inflammatory bowel disease (Crohn's disease or ulcerative colitis) and sickle cell disease) - Increasing age (particularly above 35 years)
Risk minimisation measures	Routine risk minimisation measures: Listed in section 4.8 of the SmPC. Warning in section 4.1 of the SmPC. Contraindications in section 4.3 of the SmPC. Recommendation for the early detection of thromboembolism is included in section 4.4 of SmPC. Warning in SmPC section 4.6 Fertility, pregnancy and lactation How to detect early signs and symptoms of thromboembolism is included in PIL sections 2 and 3. Prescription Only Medicine Additional risk minimisation measures: Check-list for prescribers. Patient information card.

Important identified risk: Arterial Thromboembolism	
Evidence for linking the risk to the medicine	Described in the literature. Although it was not reported during the clinical development program of this product, it has been reported with rare frequency for another products in the market containing DNG/EE. Serious adverse effect. Class effect of CHCs.

Risk factors and risk groups	The risk of arterial thromboembolic complications or of a cerebrovascular accident in CHC users increases in women with: - Increasing age (particularly above 35 years) - Smoking (women should be advised not to smoke if they wish to use a CHC). Women over 35 who continue to smoke should be strongly advised to use a different method of contraception. - Hypertension. - Obesity (body mass index over 30 kg/m^2). - Positive family history (ATE ever in a sibling or parent especially at relatively early age e.g., below 50). - Migraine (an increase in frequency or severity of migraine during CHC use (which may be prodromal of a cerebrovascular event) may be a reason for immediate discontinuation). - Other medical conditions associated with adverse vascular events (diabetes mellitus, hyperhomocysteinaemia, valvular heart disease and atrial fibrillation, dyslipoproteinaemia and systemic lupus erythematosus). The presence of one serious or multiple risk factors for ATE is a contraindication.
Risk minimisation measures	Routine risk minimisations measures: Reference in SmPC section 4.8 Warning in section 4.1 of the SmPC. Contraindications in section 4.3 of the SmPC. Recommendation for the early detection of thromboembolism is included in section 4.4 of SmPC. How to detect early signs and symptoms of thromboembolism is included in PIL sections 2 and 3. Prescription Only Medicine. Additional risk minimisation measures:

	Check-list for prescribers. Patient information card.

Important missing information: None

II.CPost-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies, which are conditions or specific obligation of the marketing authorisation.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for of dienogest/ ethinylestradiol 2 mg/0.02 mg prolongedrelease tablets.