Zoely® ▼ (Nomegestrol acetate/estradiol)

PRESCRIBING INFORMATION
Refer to the Summary of Product Characteristics (SPC) before prescribing.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to MSD, UK (Tel: 01992 467272). By clicking the above link, you will leave the MSD website and be taken to the MHRA website.

PRESENTATION
White active film-coated tablets, containing 2.5 mg nomegestrol acetate and 1.5 mg estradiol. Yellow placebo film-coated tablets containing no active substances.

USES
Oral Contraception.

Consider the individual woman’s risk factors, particularly for venous thromboembolism (VTE), and how the risk of VTE with Zoely compares with other combined hormonal contraceptives (CHCs) before prescribing.

DOSAGE AND ADMINISTRATION
Dosage: One tablet daily around the same time for 28 consecutive days, 24 white active tablets should be taken, followed by 4 yellow placebo tablets. Each subsequent pack should start immediately after finishing the previous pack, without a break in daily tablet intake regardless of presence or absence of withdrawal bleeding.

No preceding hormonal contraceptive use (in the past month:) Start on day 1 of natural cycle. No additional contraceptive measures are necessary.

Changing from a combined hormonal contraceptive (combined oral contraceptive (COC), vaginal ring or transdermal patch): Preferably start on day after last active tablet of previous COC, but at the latest on the day following the usual tablet-free or placebo tablet interval. If vaginal ring or transdermal patch has been used, preferably start on day of removal, but at the latest when the next application would have been due.

Changing from a progestogen-only-method (minipill, implant, injectable) or from a hormone medicated intra uterine system (IUS): Switch any day from the minipill and start on the next day. An implant or IUS may be removed any day. Start on day of removal. When changing from an injectable, start on day when next injection would have been due. Advise woman to use a barrier method until 7 days of uninterrupted white active tablet taking are completed. Missing a white active tablet for more than 24 hours may reduce contraceptive efficacy; a missed yellow placebo tablet does not reduce contraceptive protection.

Refer to SPC for full advice on starting Zoely, switching methods,
management of missed tablets and advice on gastro-intestinal disturbances.

CONTRAINDICATIONS
Presence or risk of VTE; Current VTE (on anti-coagulants); History of DVT or pulmonary embolism; Known hereditary or acquired predisposition for VTE, major surgery with prolonged immobilisation, high risk of VTE due to multiple risk factors (see section 4.4 of SmPC for full details).

Presence/history or risk of arterial thromboembolism (ATE); Current/history of ATE (e.g. myocardial infarction) or prodromal conditions (e.g. angina pectoris), cerebrovascular disease - current/ history of stroke, or prodromal condition (e.g. transient ischaemic attack), known hereditary or acquired predisposition for ATE, such as hyperhomocysteinaemia and antiphospholipid-antibodies, history of migraine with focal neurological symptoms, high risk of ATE due to multiple risk factors or one serious risk factor such as: diabetes mellitus with vascular symptoms, severe hypertension, severe dyslipoproteinemia (see section 4.4 of SmPC for more information). Pancreatitis or history of if associated with severe hypertriglyceridaemia, severe hepatic disease with current abnormal liver function tests, liver tumours (benign or malignant), known or suspected sex-steroid-influenced malignancies (e.g. of the genital organs or the breasts), undiagnosed vaginal bleeding, hypersensitivity to the active substances or excipients.

PRECAUTIONS
Use of any CHC increases the risk of VTE, ATE or cerebrovascular accident. Advise user to seek urgent medical attention if possible symptoms of thrombosis experienced. In cases of suspected/confirmed thrombosis discontinue use. Products that contain levonorgestrel, norgestimate or norethisterone are associated with the lowest risk of VTE. It is not yet known how the risk with Zoely compares with these lower risk products. The decision to use any product other than one known to have the lowest VTE risk should be taken only after a discussion with the woman. There is some evidence that the risk is increased when a CHC is re-started after a break in use of 4 weeks or more.

VTE risk is highest in the first year of use.

Tumors:
An increased risk of cervical cancer has been reported in long-term studies of COC use (>5 years) although the contribution of confounding factors e.g sexual behavior or HPV are not fully understood.

Evidence suggests a slightly increased risk of breast cancer which gradually disappears during the 10 years following cessation of COC use.

Rarely, malignant and benign hepatic tumours have been reported in COC users.

Hepatitis C:
Use caution when co-administering with ombitasvir/paritaprevir/ritonavir with or without dasabuvir.

Other:
COC users with a personal or family history of hypertriglyceridaemia, may be at an increased risk of pancreatitis.
If clinically significant hypertension develops suspend COC use and treat the hypertension.

Jaundice and/or pruritus related to cholestasis, gallstone formation, porphyria, systemic lupus erythematosus, haemolytic uraemic syndrome, Sydenham’s chorea, herpes gestationis and otosclerosis-related hearing loss, angioedema, depression, Crohn’s disease and ulcerative colitis may occur or worsen.
Discontinue use if liver function tests become abnormal or if cholestatic jaundice recurs.

Monitor patients with diabetes.

Women with a tendency to chloasma should avoid sun or ultraviolet radiation exposure whilst taking Zoely.

Women with galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Zoely.

Irregular bleeding may occur, especially in the first few months of use. If bleeding irregularities persist or occur after previously regular cycles, consider non-hormonal causes and carry out tests to exclude malignancy or pregnancy.

If absence of withdrawal bleeding occurs and Zoely has been taken as instructed, pregnancy is unlikely. Rule out pregnancy before continuation of Zoely if it has not been taken as instructed or if two consecutive withdrawal bleeds are missed.

It is unknown whether the amount of estradiol in Zoely is sufficient to maintain adequate levels of estradiol in adolescents, especially for bone mass accrual.

**Drug interactions:** Interactions with enzyme-inducing medicinal products may lead to breakthrough bleeding and/or contraceptive failure. Substances that induce CYP450 enzymes can result in reduced concentrations of sex hormones and decreased effectiveness of COCs. These are mainly anticonvulsants (e.g. carbamazepine, topiramate, phenytoin, phenobarbital, primidone, oxcarbazepine, felbamate); anti-infective drugs (e.g. rifampicin, rifabutin, griseofulvin); St. John’s wort; bosentan and HIV or Hepatitis C virus (HCV) protease inhibitors (e.g. ritonavir, boceprevir, telaprevir) and non-nucleoside reverse transcriptase inhibitors (e.g. efavirenz).

A barrier contraceptive method should also be used during the concomitant use of an enzyme inducer, and for 28 days after its discontinuation. In case of long-term treatment with hepatic enzyme-inducing substances another method of contraception should be considered.

Oral contraceptives may affect the metabolism of other medicinal products, use caution with lamotrigine.

**Pregnancy:** Not indicated.

**Breastfeeding:** Not recommended.

The increased risk of VTE during the postpartum period should be considered when re-starting Zoely.

**SIDE EFFECTS**

Very common and common side effects include acne, abnormal withdrawal bleeding, decreased libido, depression/depressed mood, altered mood, headache, migraine, nausea, metrorrhagia, menorrhagia, breast pain, pelvic pain and increased weight. Other clinically important (serious and/or severe) adverse reactions include breast mass, increased hepatic
enzymes, cholelithiasis and cholecystitis. Venous thromboembolism, cerebrovascular accident, transient ischaemic attack and hypersensitivity reactions have also been reported but the frequency is rare.

See SmPC for full details of side effects.

PACKAGE QUANTITIES AND BASIC NHS COST
84 Tablets (3x28) – £16.50

MA Number
EU/1/11/690/002

MA Holder:
Teva B.V.
Swensweg 5, 2031 GA Haarlem,
Netherlands

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