INDICATIONS AND USAGE

Juleber™ (desogestrel and ethinyl estradiol tablets, USP) provide an oral contraceptive regimen of 21
orange tablets each containing 0.15 mg desogestrel (13-ethyl-11-methylene-18,19-dinor-17 alpha-
progesterone-3-en-20-yn-17-ol), and 0.03 mg ethinyl estradiol (19-nor-17 alpha-pregna-1,3,5 (10)-trien-20-
yne-3,17, diol).

In a clinical trial with desogestrel and ethinyl estradiol tablets 1,195 subjects completed 11,656 cycles
of oral contraceptive use. The contraceptive efficacy of Juleber™ tablets is demonstrated by a pregnancy
rate of 1.12 per 100 women-years. This rate includes patients who did not take the tablets correctly.

Table 1 lists the typical accidental pregnancy rates for users of various oral contraceptives and the
percentage continuing use at the end of the first year. The contraceptive efficacy of Juleber™ tablets
is similar to that of other oral contraceptives, including minipills.
Emergency Contraceptive Pills: Treatment initiated within 72 hours after unprotected intercourse reduces the risk of pregnancy by at least 75%.1,2,4,5,8

Lactational Amenorrhea Method: LAM is highly effective, temporary method of contraception.5


1 Among couples attempting to avoid pregnancy, the percentage who continue to use a method for one year.
2 Among couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.
3 Among couples who initiate use of a method (not necessarily for the first time) and who use it perfectly (both consistently and correctly), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.
4 The treatment schedule is one dose within 72 hours after unprotected intercourse, and a second dose 12 hours after the first dose. The FDA has declared the following brands of oral contraceptives to be safe and effective for emergency contraception Ovral® (1 dose is 2 white pills), Alesse® (1 dose is 5 pink pills), Nortef® or Levlen® (1 dose is 4 yellow pills).
5 However, to maintain effective protection against pregnancy, another method of contraception must be used as soon as menstruation resumes, the frequency of duration of breastfeeds is reduced, bottle feeds are introduced, or the baby reaches 6 months of age.
6 The percents becoming pregnant in columns (2) and (3) are based on data from populations where contraception is not used and from women who cease using contraception in order to become pregnant.
7 Among such populations, about 85% become pregnant within one year. This estimate was lowered slightly (to 83%) to represent the percent who would become pregnant within one year among women now relying on reversible methods of contraception if they abandoned contraception altogether.
8 Cervical mucus (ovulation) method supplemented by calendar in the pre-ovulatory and basal body temperature in the post-ovulatory phases.
9 With spermicide cream or jelly.
10 Without spermicides.

JULEBER™ has not been studied for and is not indicated for use in emergency contraception.

CONTRAINDICATIONS

Oral contraceptives should not be used in women who currently have the following conditions:

- Thrombophlebitis or thromboembolic disorders
- A past history of deep vein thrombophlebitis or thrombembolic disorders
- Known thrombophilic condition
- Cerebrovascular or coronary artery disease (current or history)
- Valvular heart disease with complications
- Persistent blood pressure values of 160 mm Hg systolic or 100 mm Hg diastolic
- Diabetes with vascular involvement
- Headaches with focal neurological symptoms
- Major surgery with prolonged immobilization
- Known or suspected carcinoma of the breast or personal history of breast cancer
- Carcinoma of the endometrium or other known or suspected estrogen-dependent neoplasia
- Undiagnosed abnormal genital bleeding
- Chloral hydrate of pregnancy or jaundice with prior pill use
- Acute or chronic hepatic disease with abnormal liver function
- Hepatic adenomas or carcinomas
- Known or suspected pregnancy
- Hypersensitivity to any component of this product
- Are receiving Hepatitis C drug combination containing ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, due to the potential for ALT elevations (see WARNINGS, Risk of Liver Enzyme Elevations with Concurrent Hepatitis C Treatment).

WARNINGS

Cigarette smoking increases the risk of serious cardiovascular events from combination oral contraceptives. This risk increases with age, particularly in women over 35 years of age, and with the number of cigarettes smoked. For this reason, combination oral contraceptives, including JULEBER™, should not be used by women who are over 35 years of age and smoke.

The use of oral contraceptives is associated with increased risks of several serious conditions including myocardial infarction, thrombembolism, stroke, hepatic neoplasia, and gallbladder disease, although the risk of serious morbidity or mortality is very small in healthy women without underlying risk factors. The risk of morbidity and mortality increases significantly in the presence of other underlying risk factors such as hypertension, hyperlipidemias, obesity, and diabetes.

Practitioners prescribing oral contraceptives should be familiar with the following information relating to these risks.

The information contained in this package insert is principally based on studies carried out in patients who used oral contraceptives with formulations of higher doses of estrogens and progestogens than those in common use today. The effect of long-term use of the oral contraceptives with formulations of lower doses of both estrogens and progestogens remains to be determined.

Throughout this labeling, epidemiological studies reported are of two types: retrospective or case control studies and prospective or cohort studies. Case control studies provide a measure of the relative risk of a disease, namely, the rate of the incidence of a disease among oral contraceptive users to that among nonusers. The relative risk does not provide information on the actual clinical occurrence of a disease. Cohort studies provide a measure of attributable risk, which is the difference in the incidence of disease between oral contraceptive users and nonusers. The attributable risk does provide information about the actual occurrence of a disease in the population (Adapted from refs. 2 and 3 with the author’s permission). For further information, the reader is referred to a text on epidemiological...
methods.

1. Thromboembolic Disorders and Other Vascular Problems

a. Thromboembolism

An increased risk of thromboembolic and thrombotic disease associated with the use of oral contraceptives is well established. Case control studies have found the relative risk of users compared to nonusers to be 3 for the first episode of superficial venous thrombosis, 4 to 13 for deep vein thrombosis or pulmonary embolism, and 5 to 6 for women with predisposing conditions for venous thromboembolism disease.\(^1\)\(^-\)\(^4\) Cohort studies have shown the relative risk to be somewhat lower, about 3 for new cases and about 4.5 for new cases requiring hospitalization.\(^5\) The risk of thromboembolic disease associated with oral contraceptives gradually disappears after combined oral contraceptive (COC) use is stopped.\(^6\) The risk is highest in the first year of use and when restarting hormonal contraception after a break of four weeks or longer.

Several epidemiologic studies indicate that third generation oral contraceptives, which contain desogestrel, are associated with a higher risk of venous thrombembolism than certain second generation oral contraceptives.\(^7\) In general, these studies indicate an approximate 2-fold increased risk, which corresponds to an additional 1-2 cases of venous thromboembolism per 10,000 woman-years of use. However, data from additional studies have not shown this 2-fold increase in risk.

A two-to-four fold increase in relative risk of post-operative thrombotic complications has been reported with the use of oral contraceptives.\(^6\) The relative risk of venous thrombosis in women who have predisposing conditions is twice that of women without such medical conditions.\(^9\) If feasible, oral contraceptives should be discontinued at least four weeks prior to and for two weeks after elective surgery of a type associated with an increase in risk of thromboembolism and during and following prolonged immobilization. Since the immediate postpartum period is also associated with an increased risk of thromboembolism, oral contraceptives should be started no earlier than four weeks after delivery in women who elect not to breastfeed.

b. Myocardial Infarction

An increased risk of myocardial infarction has been attributed to oral contraceptive use. This risk is primarily in smokers or women with other underlying risk factors for coronary artery disease such as hypertension, hypercholesterolemia, obesity, and diabetes. The relative risk of heart attack for current oral contraceptive users has been estimated to be two to six.\(^10\) The risk is very low in women under the age of 30.

Smoking in combination with oral contraceptive use has been shown to contribute substantially to the incidence of myocardial infarctions in women in their mid-thirties or older with smoking accounting for the majority of excess cases.\(^11\) Mortality rates associated with coronary disease have been shown to increase substantially in smokers, especially in those 35 years of age and older and in nonsmokers over the age of 40 among women who use oral contraceptives. (See Figure 1.)

### Figure 1: Circulatory Disease Mortality Rates per 100,000 Women-Years by Age, Smoking Status and Oral Contraceptive Use

(Adapted from P.M. Lloyd and V. Beral, ref. 11.)

Oral contraceptives may compound the effects of well-known risk factors, such as hypertension, diabetes, hyperlipidemia, age and obesity.\(^12\) In particular, some progestogens are known to decrease HDL cholesterol and cause glucose intolerance, while estrogens may create a state of hyperinsulinemia.\(^13\) Oral contraceptives have been shown to increase blood pressure among users (see section 10 in WARNINGS). Similar effects on risk factors have been associated with an increased risk of heart disease. Oral contraceptives must be used with caution in women with cardiovascular disease risk factors.

There is some evidence that the risk of myocardial infarction associated with oral contraceptives is lower when the progesterin has mild androgenic activity than when the activity is greater. Receptor binding and animal studies have shown that desogestrel or its active metabolite has minimal androgenic activity (see CLINICAL PHARMACOLOGY), although these findings have not been confirmed in adequate and well-controlled clinical trials.

c. Cerebrovascular diseases

Oral contraceptives have been shown to increase both the relative and attributable risks of cerebrovascular events (thrombotic and hemorrhagic strokes), although, in general, the risk is greatest among older (<35 years), hypertensive women who also smoke. Hypertension was found to be a risk factor for both users and nonusers, for both types of strokes, and smoking interacted to increase the risk of stroke.\(^14\)\(^-\)\(^20\)

In a large study, the relative risk of thrombotic strokes has been shown to range from 3 for non-smokers in 14 for users with severe hypertension.\(^26\) The relative risk of hemorrhagic stroke is reported to be 1.2 for non-smokers who used oral contraceptives, 2.6 for smokers who did not use oral contraceptives, 7.6 for smokers who used oral contraceptives, 1.8 for non-smokers and 2.7 for users with severe hypertension.\(^27\) The attributable risk is also greater in older women.\(^28\)

d. Dose-related risk of vascular disease from oral contraceptives

A positive association has been observed between the amount of estrogen and progesterone in oral contraceptives and the risk of vascular disease.\(^29\)\(^-\)\(^34\) A decline in serum high density lipoprotein (HDL) has been reported with many progestogen agents.\(^35\)\(^-\)\(^38\) A decline in serum high density lipoprotein has been associated with an increased incidence of ischemic heart disease. Because estrogens increase HDL cholesterol, the net effect of oral contraceptive depends on a balance achieved between doses of estrogen and progesterone and the nature and absolute amount of progestogens used in the contraceptive. The amount of both hormones should be considered in the choice of oral contraceptive.

Minimizing exposure to estrogens and progesterone is in keeping with good principles of therapeutics. For any particular estrogen/progestogen combination, the dosage regimen prescribed should be one of estrogen and progestogen and the nature and absolute amount of progestogens used in the contraceptive.

### 2. Estimates of Mortality From Contraceptive Use

One study gathered data from a variety of sources which have estimated the mortality rate associated with different methods of contraception at different ages (Table 2). These estimates include the combined risk of death associated with contraceptive methods plus the risk attributable to pregnancy in the event of method failure. Each method of contraception has its specific benefits and risks. The study...
increased with increasing progestational activity and concentrations of progestogens.

Women with significant hypertension should not be started on hormonal contraception. A small proportion of women will have persistent hypertriglyceridemia while on the pill. As discussed fasting blood glucose.

Oral contraceptives have been shown to cause a decrease in glucose tolerance in a significant 9. Carbohydrate and Lipid Metabolic Effects

Earlier studies have reported an increased lifetime relative risk of gallbladder surgery in users of oral contraceptives and estrogens. However, there continues to be controversy about the extent to which such findings may be due to differences in sexual behavior and other factors.

In spite of many studies of the relationship between oral contraceptive use and breast and cervical cancers, a cause-and-effect relationship has not been established.

4. Hepatic Neoplasia

Benign hepatic adenomas are associated with oral contraceptive use, although the incidence of benign tumors is rare in the United States. Indirect calculation has estimated the attributable risk to be in the range of 3.3 cases/100,000 for users, a risk that increases after four or more years of use especially with oral contraceptives of higher dose. Lesions of benign hepatic adenoma may cause death via intra-abdominal hemorrhage.

Studies from Britain have shown an increased risk of developing hepatocellular carcinoma in long-term (18 years) oral contraceptive users. However, these cancers are extremely rare in the U.S. and the attributable risk (excess incidence of liver cancers in oral contraceptive users) approaches less than one per million users.

5. Risk of Liver Enzyme Elevations with Concomitant Hepatitis C Treatment

During clinical trials with the Hepatitis C combination drug regimen that contains ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, ALT elevations greater than 5 times the upper limit of normal (ULN), including some cases greater than 20 times the ULN, were significantly higher in patients treated with the combination drug regimen ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, than in patients treated with the combination drug regimen ombitasvir/paritaprevir/ritonavir, with or without dasabuvir. In patients treated with the combination drug regimen ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, ALT elevations greater than 5 times the ULN, including some cases greater than 20 times the ULN, were significantly higher in patients treated with the combination drug regimen ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, than in patients treated with the combination drug regimen ombitasvir/paritaprevir/ritonavir, with or without dasabuvir.

6. Uterine Leiomyomas

These have been clinical observations of rectal hemorrhage associated with the use of oral contraceptives. Oral contraceptives should be discontinued if there is unexplained partial or complete loss of vision, onset of proptosis or diplopia, papilledema, or retinal vascular lesions. Appropriate diagnostic and therapeutic measures should be undertaken immediately.

7. Oral Contraceptive Use Before or During Early Pregnancy

Extensive epidemiological studies have revealed an increased risk of birth defects in women who have used oral contraceptives prior to pregnancy. The majority of recent studies also do not indicate a teratogenic effect, particularly in cases without cardiac anomalies and limb reduction defects are concerned.

The administration of oral contraceptives to induce withdrawal bleeding should not be used as a test for pregnancy. Oral contraceptives should not be used during pregnancy to treat threatened or habitual abortion.

8. Gallbladder Disease

Earlier studies have reported an increased lifetime relative risk of gallbladder surgery in users of oral contraceptives and estrogens. More recent studies, however, have shown that the relative risk of developing gallbladder disease among oral contraceptive users may be minimal. The recent findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogen and progesterone.

9. Carbohydrate and Lipid Metabolic Effects

Oral contraceptives have been shown to cause a decrease in glucose tolerance in a significant percentage of users. This effect has been shown to be directly related to estrogen dose. In general, progesterone increase insulin secretion and create insulin resistance, this effect varying with different progestational agents. The insulinemic women, oral contraceptives appear to have no effect on fasting blood glucose. Because of these demonstrated effects, premenopausal and diabeticswomen should be carefully monitored while taking oral contraceptives.

The American College of Obstetricians and Gynecologists has published guidelines for the use of oral contraceptives in women with pre-existing hyperlipidemia while on the pill. As discussed earlier (see WARNINGS 1.6.1, and 1.6.2), changes in serum triglycerides and lipoprotein levels have been reported in oral contraceptive users.

10. Elevated Blood Pressure

Women with significant hypertension should not be started on hormonal contraception. An increase in blood pressure has been reported in women taking oral contraceptives and this increase is more likely in older oral contraceptive users and with extended duration of use. Data from the Royal College of General Practitioners and subsequent randomized trials have shown that the incidence of hypertension increases with increasing progesteronal activity and concentrations of progesterone.
Women with a history of hypertension or hypertension-related diseases, or renal disease should be encouraged to use another method of contraception. If these women elect to use oral contraceptives, they should be monitored closely and if a clinically significant persistent elevation of blood pressure (BP) occurs (160 mm Hg systolic or 100 mm Hg diastolic) and cannot be adequately controlled, oral contraceptives should be discontinued. In general, women who develop hypertension during hormonal contraceptive therapy should be switched to a non-hormonal contraceptive. If other contraceptive methods are not suitable, hormonal contraceptive therapy may continue combined with antihypertensive therapy. Regular monitoring of BP throughout hormonal contraceptive therapy is recommended. There is no difference in the occurrence of hypertension among former and never users.

11. Headache
The onset or exacerbation of migraine or development of headache with a new pattern which is recurrent, persistent or severe requires discontinuation of oral contraceptives and evaluation of the cause.

12. Bleeding Irregularities
Breakthrough bleeding and spotting are sometimes encountered in patients on oral contraceptives, especially during the first three months of use. Nonhormonal causes should be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy in the event of breakthrough bleeding, as in the case of any abnormal vaginal bleeding. If pathology has been excluded, time or a change to another formulation may solve the problem. In the event of amenorrhea, pregnancy should be ruled out.

Some women may encounter post-pill amenorrhea or oligomenorrhea, especially when such a condition was pre-existent.

13. Ectopic Pregnancy
Ectopic as well as intrauterine pregnancy may occur in contraceptive failures.

PRECAUTIONS

1. General
Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

2. Physical Examination and Follow-Up
It is good medical practice for all women to have annual history and physical examination, including women using oral contraceptives. The physical examination, however, may be deferred until after initiation of oral contraceptives if requested by the woman and judged appropriate by the clinician. The physical examination should include special reference to blood pressure, breasts, abdomen and pelvic organs, including cervical cytology, and relevant laboratory tests. In case of undiagnosed persistent or recurrent abnormal vaginal bleeding, appropriate measures should be considered to rule out malignancy. Women with a strong family history of breast cancer or who have breast nodules should be monitored with particular care.

3. Lipid Disorders
Women who are being treated for hyper-cholesterolemia should be followed closely if they elect to use oral contraceptives. Some progestogens may elevate LDL levels and may render the control of hyperlipidemia more difficult.

4. Liver Function
If jaundice develops in any woman receiving such drugs, the medication should be discontinued. Steroid hormones may be poorly metabolized in patients with impaired liver function.

5. Fluid Retention
Oral contraceptives may cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring, in patients with conditions which might be aggravated by fluid retention.

6. Emotional Disorders
Women with a history of depression should be carefully observed and the drug discontinued if depression recurs to a serious degree.

7. Contact Lenses
Contact lens wearers who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist.

8. Drug Interactions
Consult the labeling of concurrently-used drugs to obtain further information about interactions with hormonal contraceptives or the potential for enzyme alterations.

Effects of Other Drugs on Combined Hormonal Contraceptives

Substances decreasing the plasma concentrations of COCs and potentially diminishing the efficacy of COCs:

Drugs or herbal products that induce certain enzymes, including cytochrome P450 3A4 (CYP3A4), may decrease the plasma concentrations of COCs and potentially diminish the effectiveness of COCs or increase breakthrough bleeding. Some drugs or herbal products that may decrease the effectiveness of hormonal contraceptives include phenytoin, barbiturates, carbamazepine, bostman, flurazepam, griseofulvin, norgestimate, loratadine, rifabutin, rifapentine, and products containing St. John’s wort. Interactions between hormonal contraceptives and other drugs may lead to breakthrough bleeding and/or contraceptive failure. Counsel women to use an alternative method of contraception or a back-up method when enzyme inducers are used with CHCs, and to continue back-up contraception for 20 days after discontinuing the enzyme inducer to ensure contraceptive reliability.

Substances increasing the plasma concentrations of COCs:

Co-administration of atorvastatin and certain COCs containing EE increase AUC values for EE by approximately 20-25%. Acetaminophen and acetaminophen with non-nucleoside reverse transcriptase inhibitors.

Human immunodeficiency virus (HIV)/ Hepatitis C virus (HCV) protease inhibitors and non-nucleoside reverse transcriptase inhibitors.

Concomitant Use with HCV Combination Therapy – Liver Enzyme Elevation

Do not co-administer Juleber™ with HCV drug combinations containing ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, due to potential for ALT elevations (see section 5 in WARNINGS, Risk of Liver Enzyme Elevation with Concomitant Hepatitis C Treatment).

Co-prescribed Colesevelam, a bile acid sequestrant, given together with a combination oral hormonal contraceptive, has been shown to significantly decrease the AUC of EE. A drug interaction between the contraceptive and colesevelam was decreased when the two drug products were given 4 hours apart.

Effects of Combined Hormonal Contraceptives on Other Drugs

COCs containing EE may inhibit the metabolism of other compounds (e.g., cyclosporine, prednisolone, theophylline, theodolide, and warfarin) and increase their plasma concentrations. COCs have been shown to decrease plasma concentrations of acetaminophen, chloral hydrate, morphine, salicylic acid, tiagabine, and lamotrigine. Significant decrease in plasma concentration of lamotrigine has been shown, likely due to induction of lamotrigine glucuronidation. This may reduce seizure control. Therefore, dosage adjustments of lamotrigine may be necessary.

Women on thyroid hormone replacement therapy may need increased doses of thyroid hormone because serum concentrations of thyroid-binding globulin increases with use of COCs.

9. Interactions with Laboratory Tests
Certain endocrine and liver function tests and blood components may be affected by oral contraceptives:

a. Increased prothrombin and factors V, VIII, IX, and X; decreased antithrombin 3; increased proopio-melanocortin-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.

c. Other binding proteins may be elevated in serum.

d. Sex hormone binding globulins are increased and result in reduced 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.

g. Serum folate levels may be depressed by oral contraceptive therapy. This may be of clinical significance if a woman becomes pregnant shortly after discontinuing oral contraceptives.

10. Carcinogenesis
See WARNINGS.

11. Pregnancy
Pregnancy Category X.
See CONTRAINDICATIONS and WARNINGS.

12. Nursing Mothers
Small amounts of oral contraceptive steroids have been identified in the milk of nursing mothers and a few adverse effects in the child have been reported, including jaundice and breast enlargement. In addition, oral contraceptives given to the postpartum period may interfere with lactation by decreasing the quantity and quality of breast milk. If possible, the nursing mother should be advised not to use oral contraceptives but to use other forms of contraception until she has completely weaned her child.

13. Pediatric Use
Safety and efficacy of norethindrone and ethinyl estradiol tablets have been established in women of reproductive age. Safety and efficacy are expected to be the same for postpubertal adolescents under the age of 16 and for users 16 years and older. Use of this product before menarche is not indicated.

14. Geriatric Use
This product has not been studied in women over 65 years of age and is not indicated in this population.

INFORMATION FOR PATIENTS
See Patient Labeling printed below.

ADVERSE REACTIONS
An increased risk of the following serious adverse reactions has been associated with the use of oral contraceptives (See WARNINGS).

- Thrombophlebitis and venous thrombosis with or without embolism
- Arterial thromboembolism
- Pulmonary embolism
- Myocardial infarction
- Cerebral hemorrhage
- Cerebrovascular disease
- Hypertension
- Gallbladder disease
- Hepatic adenomas or benign liver tumors

There is evidence of an association between the following conditions and the use of oral contraceptives:

- Mesenteric thrombosis
- Retinal thrombosis

The following adverse reactions have been reported in patients receiving oral contraceptives and are believed to be drug-related:

- Nausea
- Vomiting
- Gastrintestinal symptoms (such as abdominal cramps and bloating)
- Breakthrough bleeding
- Spotting
- Change in menstrual flow
- Amenorrhea
- Temporary infertility after discontinuation of treatment
- Edema
- Melasma which may persist
- Breast changes: tenderness, enlargement, secretion
- Change in weight (increase or decrease)
- Change in cervical erosion and secretion
- Diminution in lactation when given immediately postpartum
- Cholestatic jaundice
- Migraine
- Allergic reaction, including rash, urticaria, angioedema
- Mental depression
- Reduced tolerance to carbohydrates
- Vaginal candidiasis
- Change in corneal curvature (steepening)
- Intolerance to contact lenses

The following adverse reactions have been reported in users of oral contraceptives and a causal association has been neither confirmed nor refuted:

- Pre-menstrual syndrome
- Cataracts
- Changes in appetite
- Cystitis-like syndrome
- Headache
- Nervousness
- Dizziness
- Hirsutism
- Loss of scalp hair
- Erythema multiforme
- Erythema nodosum
- Hemorrhagic eruption
- Vaginitis
- Porphyria
- Impaired renal function
- Hemolytic uremic syndrome
- Acne
- Changes in libido
- Celiac
OVERDOSAGE
Serious ill effects have not been reported following acute ingestion of large doses of oral contraceptives by young children. Overdose may cause nausea, and withdrawal bleeding may occur in females.

NON-CONTRACEPTIVE HEALTH BENEFITS
The following non-contraceptive health benefits related to the use of combined oral contraceptives are supported by epidemiological studies which largely utilized oral contraceptive formulations containing estrogen doses exceeding 0.05 mg of ethinyl estradiol or 0.05 mg mestranol.12-15

Effects on menstruation:
- increased menstrual cycle regularity
- decreased blood loss and decreased incidence of iron deficiency anemia
- decreased incidence of dysmenorrhea

Effects related to inhibition of ovulation:
- decreased incidence of functional ovarian cysts
- decreased incidence of ectopic pregnancies

Effects from long-term use:
- decreased incidence of fibroadenomas and fibrocystic disease of the breast
- decreased incidence of acute pelvic inflammatory disease
- decreased incidence of endometrial cancer
- decreased incidence of ovarian cancer

DOSE AND ADMINISTRATION
To achieve maximum contraceptive effectiveness, JULIEBER™ must be taken exactly as directed and at intervals not exceeding 24 hours. JULIEBER™ is available in a blister card with a tablet dispenser which is preset for a Sunday Start. Day 1 Start is also provided.

DAY 1 START
The dosage of JULIEBER™ for the initial cycle of therapy is one orange “active” tablet administered daily from the 1st day through the 21st day of the menstrual cycle, counting the first day of menstrual flow as “Day 1.” Tablets are taken without interruption as follows: One orange “active” tablet daily for 21 days, then one white “reminder” tablet daily for 7 days. After 28 tablets have been taken, a new course is started and a orange “active” tablet is taken the next day.

The use of JULIEBER™ for contraception may be initiated 4 weeks peripartum in women who elect not to breastfeed. When the tablets are administered during the puerperal period, the increased risk of thromboembolic disease associated with the postpartum period must be considered. See CONTRAINDICATIONS AND WARNINGS concerning thromboembolic disease. See also PRECAUTIONS Nursing Mothers. If the patient starts on JULIEBER™ peripartum, and has not yet had a period, she should be instructed to use another method of contraception until a orange “active” tablet has been taken daily for 7 days. The possibility of ovulation and conception prior to initiation of medication should be considered. If the patient misses one (1) orange “active” tablet in Weeks 1, 2, or 3, the orange “active” tablet should be taken as soon as she remembers. If the patient misses two (2) orange “active” tablets in Week 1 or Week 2, the patient should take two (2) orange “active” tablets the day she remembers and two (2) orange “active” tablets the next day; and then continue taking one (1) orange “active” tablet a day until she finishes the pack. The patient should be instructed to use a back-up method of birth control such as condom or spermicide if she has sex in the seven (7) days after missing pills. If the patient misses two (2) orange “active” tablets in the third week or misses three (3) or more orange “active” tablets in a row, the patient should throw out the rest of the pack and start a new pack that same day. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills.

SUNDAY START
When taking JULIEBER™, the first orange “active” tablet should be taken on the first Sunday after menstruation begins. If the period begins on Sunday, the first orange “active” tablet is taken oral day.

If switching directly from another oral contraceptive, the first orange “active” tablet should be taken on the first Sunday after the last ACTIVE tablet of the previous product. Tablets are taken without interruption as follows: One orange “active” tablet daily for 21 days, then one white “reminder” tablet daily for 7 days. After 28 tablets have been taken, a new course is started and a orange “active” tablet is taken the next day (Sunday). When initiating a Sunday start regimen, another method of contraception should be used until after the first 7 consecutive days of administration.

The use of JULIEBER™ for contraception may be initiated 4 weeks peripartum. When the tablets are administered during the puerperal period, the increased risk of thromboembolic disease associated with the postpartum period must be considered. See CONTRAINDICATIONS AND WARNINGS concerning thromboembolic disease. See also PRECAUTIONS Nursing Mothers. If the patient starts on JULIEBER™ postpartum, and has not yet had a period, she should be instructed to use another method of contraception until a orange “active” tablet has been taken daily for 7 days. The possibility of ovulation and conception prior to initiation of medication should be considered. If the patient misses one (1) orange “active” tablet in Weeks 1, 2, or 3, the orange “active” tablet should be taken as soon as she remembers. If the patient misses two (2) orange “active” tablets in Week 1 or Week 2, the patient should take two (2) orange “active” tablets the day she remembers and two (2) orange “active” tablets the next day; and then continue taking one (1) orange “active” tablet a day until she finishes the pack. The patient should be instructed to use a back-up method of birth control such as condom or spermicide if she has sex in the seven (7) days after missing pills. If the patient misses two (2) orange “active” tablets in the third week or misses three (3) or more orange “active” tablets in a row, the patient should continue taking one orange “active” tablet every day until Sunday. On Sunday the patient should throw out the rest of the pack and start a new pack that same day. The patient should be instructed to use a back-up method of birth control if she has sex in the seven (7) days after missing pills.

ADDITIONAL INSTRUCTIONS FOR ALL DOSING REGIMENS
Breakthrough bleeding, spotting, and amenorrhea are frequent reasons for patients discontinuing oral contraceptives. In breakthrough bleeding, as in all cases of irregular bleeding from the vagina, nonfunctional causes should be borne in mind. Undiagnosed precocious or recurrent abnormal bleeding from the vagina, adequate diagnostic measures are indicated to rule out pregnancy or malignancy. If pathology has been excluded, time or a change to another formulation may solve the problem. Changing to an oral contraceptive with a higher estrogen content, while potentially useful in minimizing menstrual irregularity, should be done only if necessary since this may increase the risk of thromboembolic disease.

Use of oral contraceptives in the event of a missed menstrual period:
1. If the patient has not adhered to the prescribed schedule, the possibility of pregnancy should be considered at the time of the first missed period and oral contraceptive use should be discontinued if pregnancy is confirmed.
2. If the patient has not adhered to the prescribed regimen and misses two consecutive periods, pregnancy should be ruled out.

HOW SUPPLIED
JULIEBER™ (desogestrel and ethinyl estradiol tablets, USP) contain 21 round orange tablets, and 7 round white tablets in a blister card (NDC 16714-464-01). Each orange tablet (dibossed with “32” on one side) contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol. Each white tablet (dibossed with “P” on one side and “M” on the other side) contain inert ingredients.

JULIEBER™ is available in the following configurations:
Carton of 1 NDC 16714-464-02
Carton of 3 NDC 16714-464-03
Carton of 6 NDC 16714-464-04
Store at 20° to 25°C (68° to 77°F)[See USP Controlled Room Temperature].

REFERENCES
53. Neuberger J, Shapiro D, Kaufman DW, Rosenberg L, Miettinen OS, Stenfert RD. Risk of myelocytic
305:420-424.
54. Vessey MP. Female hormone and vascular disease—an epidemiological overview. Br J Fam Plann
1980; 6 (Supplement) 1–12.
55. Russell-Briefel RG, Ezzati TM, Fulmer R, Kelman JA, Murphy RS. Cardiovascular risk factors
56. Goldhaber GS, Korobkin M, Goldstein AJ, Weissman JS. The relative impact of smoking and oral
57. Layde PM, Berel V. Further analyses of mortality in oral contraceptive users; Royal College of
General Practitioners' Oral contraceptive study. (Table 5) Lancet 1981; i:541–546.
59. Bein NN, Goldsmith HS. Recurrent massive hemorrhage from benign hepatic tumors secondary to
60. Castano RM, Roy S, Mishell DR, Casaprade J, Pike MC. Effects of two low-dose oral
contraceptives on serum lipids and lipoproteins: Differential changes in high density lipoprotein
62. Wyman Y, Neuberg J. The effect of progesterone on the serum lipids of women with special
1988; 33(Supplement)892-897.
31(Supplement)906–912.
65. Inman WH, Vessey MP. Investigation of deaths from pulmonary, coronary, and cerebral
66. Maguire MG, Fonseca J, Samwell PE, Stenfert RD, Tolman MD. Increased risk of
smoking, oral contraceptives, noncontraceptive estrogen, and other factors. JAMA 1979;
242:1319–1324.
68. Vessey MP, Doll R. Investigation of relationship between use of oral contraceptives and
69. Vessey MP, Doll R. Investigation of relationship between use of oral contraceptives and
72. Royal College of General Practitioners: Oral Contraceptives, venous thrombosis, and vascular
73. Collaborative Group for the Study of Stroke in Young Women: Oral contraception and increased


93. Data on file, Organon Inc.


95. Lawrence, DM et al. Reduced sex hormone binding globulin and derived free testosterone levels in women on oral contraceptives. Contraception 1988;38:325-328.


93. Data on file, Organon Inc.
Missed side effects of the pill are not serious. The most common such effects are nausea, vomiting, bleeding between menstrual periods, weight gain, breast tenderness, headache, and difficulty wearing contact lenses. These side effects, especially nausea and vomiting, may subside within the first three months of use.

The serious side effects of the pill occur very infrequently, especially if you are in good health and are young. However, you should know that the following medical conditions have been associated with or made worse by the pill:

1. Blood clots in the legs (thrombophlebitis) or lungs (pulmonary embolism), stoppage or rupture of a blood vessel (the brain or heart), blockage of blood vessels (the heart or other organs) or other organ of the body. As mentioned above, smoking increases the risk of heart attacks and strokes, and subsequent serious medical consequences.

2. Irregular periods, oral contraceptives can cause breast tenderness and breast tenderness, and subsequent serious medical consequences.

3. Breast cancer, oral contraceptives can cause breast cancer, breast cancer, and benign liver tumors. These benign liver tumors can rupture and cause fatal internal bleeding. In addition, some studies report an increased risk of developing liver cancer. However, liver cancers are rare.

3. High blood pressure, although blood pressure usually returns to normal when the pill is stopped. The symptoms associated with these serious side effects are discussed in the detailed patient labeling given with your supply of pills. Notify your healthcare professional if you notice any unusual physical disturbances while taking the pill. In addition, drugs such as rifampin, bosentan, as well as some seizure medicines and herbal preparations containing St. John’s wort (hypericum perforatum) may decrease oral contraceptive effectiveness.

Oral contraceptives may interact with lamotrigine (LAMICTAL®), a seizure medicine used for epilepsy. This may increase the risk of seizures so your healthcare professional may need to adjust the dose of lamotrigine.

Various studies give conflicting reports on the relationship between breast cancer and oral contraceptive use. Oral contraceptive use may slightly increase your chance of having breast cancer diagnosed, particularly after using hormonal contraceptives at a younger age. After you stop using hormonal contraceptives, the chances of having breast cancer diagnosed begin to go back down.

You should have regular breast examinations by a healthcare professional and examine your own breasts monthly. Tell your healthcare professional if you have a family history of breast cancer or if you have had breast nodules or an abnormal mammogram. Women who currently have or have had breast cancer should have regular breast examinations by a healthcare professional and examine your own breasts monthly. Women who currently have or have had breast cancer should not use oral contraceptives because breast cancer is usually hormone-sensitive tumors.

Some studies have found an increase in the incidence of cancer of the cervix in women who use oral contraceptives. However, this finding may be related to factors other than the use of oral contraceptives. There is insufficient evidence to rule out the possibility that the pill may cause such cancers.

Taking the pill provides some important non-contraceptive benefits. These include less painful menstruation, less menorrhagia and anemia, fewer pelvic infections, and fewer cancers of the ovary and the lining of the uterus.

Be sure to discuss any medical problems you may have with your healthcare professional. Your healthcare professional will take a medical and family history before prescribing oral contraceptives and will examine you. The physical examination may be delayed to another time if you request it and the healthcare professional believes that it is a good medical practice to postpone it. You should be examined at least once a year while taking oral contraceptives. The detailed patient labeling gives you further information which you should read and discuss with your healthcare professional.

This product (like all oral contraceptives) is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

HOW TO TAKE THE PILL

IMPORTANT POINTS TO REMEMBER

BEFORE YOU START TAKING YOUR PILLS:

1. BE SURE TO READ THESE DIRECTIONS:

Before you start taking your pills. Anytime you are not sure what to do.

2. THE RIGHT WAY TO TAKE THE PILL IS TO TAKE ONE PILL EVERY DAY AT THE SAME TIME.

If you miss pills you could get pregnant. This includes starting the pack late.

The more pills you miss, the more likely you are to get pregnant.

3. MANY WOMEN HAVE SPOTTING OR LIGHT BLEEDING, OR MAY FEEL SICK TO THEIR STOMACH DURING THE FIRST 1-3 PACKS OF PILLS. If you feel sick to your stomach, do not stop taking the pill. The problem will usually go away. If it doesn’t go away, check with your healthcare professional.

4. MISSED PILLS CAN ALSO CAUSE SPOTTING OR LIGHT BLEEDING, even when you make up these missed pills.

On the days you take 2 pills to make up for missed pills, you could also feel a little sick to your stomach.

5. IF YOU HAVE VOMITING OR DIARRHEA, or IF YOU TAKE SOME MEDICINES, your pills may not work as well.

Use a back-up method (such as a condom or spermicide) until you check with your healthcare professional.

6. IF YOU HAVE TROUBLE REMEMBERING TO TAKE THE PILL, talk to your healthcare professional about how to make pill taking easier or about using another method of birth control.

7. IF YOU HAVE ANY QUESTIONS OR ARE UNSURE ABOUT THE INFORMATION IN THIS LEAFLET, call your healthcare professional.

BEFORE YOU START TAKING YOUR PILLS

1. DECIDE WHAT TIME OF DAY YOU WANT TO TAKE YOUR PILL.
It is important to take it at about the same time every day.

2. LOOK AT YOUR PILL PACK.
The pill pack has 21 orange “active” pills (with hormones) to take for 3 weeks, followed by 1 week of white “reminder” pills (without hormones).

3. ALSO FIND:
1) where on the pack to start taking pills,
2) in what order to take the pills (follow the arrows) and
3) check picture of pill pack and additional instructions for using this package below.

4. BE SURE YOU HAVE READY AT ALL TIMES:
ANOTHER KIND OF BIRTH CONTROL (such as a condom or spermicide) to use as a back-up method in case you miss pills.
AN EXTRA, FULL PILL PACK.

WHEN TO START THE FIRST PACK OF PILLS
You have a choice of which day to start taking your first pack of pills. JULEBER™ tablets are available in blister card with a tablet dispenser which is preset for a Sunday Start. Day 1 Start stickers are also provided. Decide with your healthcare professional which is the best day for you. Pick a time of day that will be easy to remember.

DAY 1 START:
1. Pick the day label strip that starts with the first day of your period (this is the day you start bleeding or spotting, even if it is almost midnight when the bleeding begins).
2. Place this day label strip in the cycle tablet dispenser over the area that has the days of the week (starting with Sunday) imprinted in the plastic.

Note: If the first day of your period is a Sunday, you can skip steps #1 and #2.
3. Take the first “active” orange pill of the first pack during the first 24 hours of your period.
4. You will not need to use a back-up method of birth control, since you are starting the pill at the beginning of your period.

SUNDAY START:
1. Take the first “active” orange pill of the first pack on the Sunday after your period starts, even if you are still bleeding. If your period begins on Sunday, start the pack that same day.
2. Use another method of birth control such as a condom or spermicide as a back-up method if you have sex anytime from the Sunday you start your first pack until the next Sunday (7 days).

WHAT TO DO DURING THE MONTH
1. TAKE ONE PILL AT THE SAME TIME EVERY DAY UNTIL THE PACK IS EMPTY.
Do not skip pills even if you are spotting or bleeding between monthly periods or feel sick to your stomach (nausea).
Do not skip pills even if you do not have sex very often.
2. WHEN YOU FINISH A PACK OR SWITCH YOUR BRAND OF PILLS:
Start the next pack on the day after your last white “reminder” pill. Do not wait any days between packs.

WHAT TO DO IF YOU MISS PILLS
If you MISS 1 “active” orange pill:
1. Take it as soon as you remember. Take the next pill at your regular time. This means you may take 2 pills in 1 day.
2. You do not need to use a back-up birth control method if you have sex.
If you MISS 2 “active” orange pills in a row in WEEK 1 OR WEEK 2 of your pack:
1. Take 2 pills on the day you remember and 2 pills the next day.
2. Then take 1 pill a day until you finish the pack.
3. You COULD BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST use another birth control method (such as a condom or spermicide) as a back-up method for those 7 days.
If you MISS 2 “active” orange pills in a row in THE 3RD WEEK:
1. If you are a Day 1 Starter:
THROW OUT the rest of the pill pack and start a new pack that same day.
If you are a Sunday Starter:
Keep taking 1 pill every day until Sunday. On Sunday, THROW OUT the rest of the pack and start a new pack of pills that same day.
2. If you have had your period this month but this is expected. However, if you miss your period 2 months in a row, call your doctor or healthcare professional because you might be pregnant.
3. You COULD BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST use another birth control method (such as a condom or spermicide) as a back-up method for those 7 days.
If you MISS 3 OR MORE “active” orange pills in a row (during the first 3 weeks):
1. If you are a Day 1 Starter:
THROW OUT the rest of the pill pack and start a new pack that same day.
If you are a Sunday Starter:
Keep taking 1 pill every day until Sunday. On Sunday, THROW OUT the rest of the pack and start a new pack of pills that same day.
2. You may not have your period this month but this is expected. However, if you miss your period 2 months in a row, call your healthcare professional because you might be pregnant.
3. You COULD BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST
use another birth control method (such as a condom or spermicide) as a back-up method for those 7 days.

A REMINDER
If you forgot any of the 7 white "reminder" pills in Week 4:

THROW AWAY the pills you missed.

Keep taking 1 pill each day until the pack is empty.

You do not need a back-up method.

FINALLY, IF YOU ARE STILL NOT SURE WHAT TO DO ABOUT THE PILLS YOU HAVE MISSED:

Use a BACK-UP METHOD anytime you have sex.

KEEP TAKING ONE "ACTIVE" PILL EACH DAY until you can reach your healthcare professional.

Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].

DETAILED PATIENT LABELING
This product (like all oral contraceptives) is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

PLEASE NOTE: This labeling is revised from time to time as important new medical information becomes available. Therefore, please review this labeling carefully.

The following oral contraceptive products contain a combination of a progestogen and estrogen, the two kinds of female hormones:

JULEBER™ (Desogestrel and Ethinyl Estradiol Tablets, USP)

Each orange tablet contains 0.15 mg desogestrel and 0.03 mg ethinyl estradiol. Each white tablet contains inert ingredients.

INTRODUCTION
Any woman who considers using oral contraceptives (the birth control pill or the pill) should understand the benefits and risks of using this form of birth control. This patient labeling will give you much of the information you will need to make this decision and will also help you determine if you are at risk of developing any of the serious side effects of the pill. It will tell you how to use the pill properly so that it will be as effective as possible. However, this labeling is not a replacement for a careful discussion between you and your healthcare professional. You should discuss the information provided in this labeling with him or her, both when you first start taking the pill and during your revists. You should also follow your healthcare professional's advice with regard to regular check-ups while you are on the pill.

EFFECTIVENESS OF ORAL CONTRACEPTIVES

Oral contraceptives or "birth control pills" or "the pill" are used to prevent pregnancy and are more effective than most other non-surgical methods of birth control. When they are taken correctly without missing any pills, the chance of becoming pregnant is approximately 3% (1 pregnancy per 100 women per year of use). Typical failure rates, including women who do not always take the pills exactly as directed, are approximately 5% per year. The chance of becoming pregnant increases with each missed pill during a menstrual cycle.

In comparison, typical failure rates for other methods of birth control during the first year of use are as follows:

- Implant: <1%
- Male sterilization: <1%
- Intrauterine device (IUD): 1% to 2%
- Condom alone (male): 14%
- Diaphragm with spermicides: 20%
- Cervical Cap with spermicides: 20 to 40%
- Spermicides alone: 26%
- Vaginal sponge: 20 to 40%
- Withdrawal: 19%
- Female sterilization: <1%
- No methods: 85%

WHO SHOULD NOT TAKE ORAL CONTRACEPTIVES

Some women should not use the pill. For example, you should not take the pill if you have any of the following conditions:

- A history of heart attack or stroke
- Blood clots in the legs (thrombophlebitis), lungs (pulmonary embolism), or eyes
- A history of blood clots in the deep veins of your legs
- A inherited problem that makes your blood clot more than normal
- Chest pain (angina pectoris)
- Known or suspected breast cancer or cancer of the lining of the uterus, cervix or vagina
- Unexplained vaginal bleeding (until a diagnosis is reached by your healthcare professional)
- Yellowing of the whites of the eyes or of the skin (jaundice) during pregnancy or during previous use of the pill
- Liver tumor (benign or cancerous)
- If you take any Hepatitis C drug combination containing ombitasvir/paritaprevir/ritonavir, with or without dasabuvir. This may increase levels of the liver enzyme "alanine aminotransferase" (ALT) in the blood.
- Known or suspected pregnancy
- If you plan to have surgery with prolonged bed rest

Tell your healthcare professional if you have ever had any of these conditions. Your healthcare professional can recommend a safer method of birth control.

OTHER CONSIDERATIONS BEFORE TAKING ORAL CONTRACEPTIVES

Tell your healthcare professional if you have or have had:

- Breast nodules, fibrocystic disease of the breast, or abnormal breast x-ray or mammogram
- Diabetes
- Elevated cholesterol or triglycerides
- High blood pressure
- Migraine or other headaches or epilepsy
- Mental depression
- Gallbladder, liver, heart or kidney disease
- History of scanty or irregular menstrual periods

Women with any of these conditions should be checked often by their healthcare professional if they choose to use oral contraceptives.

Also, be sure to inform your healthcare professional if you smoke or are on any medications.

RISKS OF TAKING ORAL CONTRACEPTIVES

1. Risk of developing blood clot

Blood clots and blockage of blood vessels are one of the most serious side effects of taking oral contraceptives and can cause death or serious disability. Serious blood clots can happen especially if you smoke, are obese, or are older than 35 years of age. Serious blood clots are more likely to happen when you:

- First start taking birth control pills
- Restart the same or different birth control pills after not using them for a month or more

In particular, a clot in the legs can cause thrombophlebitis and a clot that travels to the lungs can cause a sudden blocking of the vessel carrying blood to the lungs. The risks of these side effects may be greater with desogestrel-containing oral contraceptives, such as JULEBER™, than with certain other low-dose pills. Rarely, clots occur in the blood vessels of the eye and may cause blindness, double vision, or impaired vision.

If you take oral contraceptives and need elective surgery, need to stay in bed for a prolonged illness or injury, or have recently delivered a baby, you may be at risk of developing blood clots. You should consult your healthcare professional about stopping oral contraceptives three to four weeks before

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- Liver tumor (benign or cancerous)
- If you take any Hepatitis C drug combination containing ombitasvir/paritaprevir/ritonavir, with or without dasabuvir. This may increase levels of the liver enzyme "alanine aminotransferase" (ALT) in the blood.
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If you take oral contraceptives and need elective surgery, need to stay in bed for a prolonged illness or injury, or have recently delivered a baby, you may be at risk of developing blood clots. You should consult your healthcare professional about stopping oral contraceptives three to four weeks before
surgery and not taking oral contraceptives for two weeks after surgery or during bed rest. You should also not take oral contraceptives soon after delivery of a baby. It is advisable to wait for at least four weeks after delivery if you are not breastfeeding. If you are breastfeeding, you should wait until you have weaned your child before using the pill. (See also the section on Breastfeeding in General Precautions.)

The risk of circulatory disease in oral contraceptive users may be higher in users of high-dose pills. The risk of venous thromboembolic disease associated with oral contraceptives does not increase with length of use and does not appear to be related to pill type. The risk of abdominal blood clots increases with age in both users and nonusers of oral contraceptives, but the increased risk from the oral contraceptive appears to be present at all ages. For women aged 20 to 44 it is estimated that about 1 in 2,000 using oral contraceptives will be hospitalized each year because of abdominal cloting. Among users in the same age group, about 1 in 2,000 would be hospitalized each year. For oral contraceptive users in general, it has been estimated that in women between the ages of 15 and 34 the risk of death due to a circulatory disorder is about 1 in 12,000 per year, whereas for nonusers the rate is about 1 in 50,000 per year. In the age group 35 to 44, the risk is estimated to be about 1 in 2,000 per year for oral contraceptive users and about 1 in 10,000 per year for nonusers.

2. Heart attacks and strokes

Oral contraceptives may increase the tendency to develop strokes (stoppage or rupture of blood vessels in the brain) and aneurysms and heart attacks (blockage of blood vessels in the heart). Any of these conditions can cause death or serious disability.

Smoking greatly increases the possibility of suffering heart attacks and strokes. Furthermore, smoking and the use of oral contraceptives greatly increase the chances of developing and dying of heart disease.

3. Gallbladder disease

Oral contraceptive users probably have a greater risk than nonusers of having gallbladder disease, although this risk may be related to pills containing high doses of estrogen.

4. Liver tumors

In rare cases, oral contraceptives can cause benign but dangerous liver tumors. These benign liver tumors can rupture and cause fatal internal bleeding. In addition, some studies report an increased risk of developing liver cancer. However, liver cancers are rare.

5. Cancer of the reproductive organs and breasts

Various studies give conflicting reports on the relationship between breast cancer and oral contraceptive use. Oral contraceptive use may slightly increase your chance of having breast cancer diagnosed, particularly after using hormonal contraceptives at a younger age. After you stop using hormonal contraceptives, the chances of having breast cancer diagnosed begin to go back down. You should have regular breast examinations by a healthcare professional and examine your own breasts monthly. Tell your healthcare professional if you have a family history of breast cancer or if you have had breast nodules or an abnoraml mamagram. Women who currently have or have had breast cancer should not use oral contraceptives because breast cancer is usually a hormone-sensitive tumor.

Some studies have found an increase in the incidence of cancer of the cervix in women who use oral contraceptives. However, this finding may be related to factors other than the use of oral contraceptives. There is insufficient evidence to rule out the possibility that pills may cause such cancers.

**ESTIMATED RISK OF DEATH FROM A BIRTH CONTROL METHOD OR PREGNANCY**

All methods of birth control and pregnancy are associated with a risk of developing certain diseases which may lead to disability or death. An estimate of the number of deaths associated with different methods of birth control and pregnancy has been calculated and is shown in the following table.

<table>
<thead>
<tr>
<th>Method of control and outcome</th>
<th>15to19</th>
<th>20to24</th>
<th>25to29</th>
<th>30to34</th>
<th>35to39</th>
<th>40to44</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fertility-control methods*</td>
<td>7.0</td>
<td>7.4</td>
<td>9.1</td>
<td>14.8</td>
<td>25.7</td>
<td>28.2</td>
</tr>
<tr>
<td>Oral contraceptives smoker**</td>
<td>0.3</td>
<td>0.5</td>
<td>0.9</td>
<td>1.9</td>
<td>13.8</td>
<td>31.6</td>
</tr>
<tr>
<td>Oral contraceptives non-smoker**</td>
<td>2.2</td>
<td>3.4</td>
<td>6.6</td>
<td>13.5</td>
<td>58.1</td>
<td>117.2</td>
</tr>
<tr>
<td>IUD**</td>
<td>0.8</td>
<td>0.8</td>
<td>1.0</td>
<td>1.8</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Condom*</td>
<td>1.1</td>
<td>1.6</td>
<td>0.7</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Diaphragm/spermicide*</td>
<td>1.9</td>
<td>1.2</td>
<td>1.2</td>
<td>1.3</td>
<td>2.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Periodic abstinence*</td>
<td>2.5</td>
<td>1.6</td>
<td>1.6</td>
<td>1.7</td>
<td>2.9</td>
<td>3.6</td>
</tr>
<tr>
<td>Deaths are birth-related</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>Deaths are method-related*</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

In the above table, the risk of death from any birth control method is less than the risk of childbirth, except for oral contraceptive users over the age of 35 who smoke and pill users over the age of 40 even if they do not smoke. It can be seen from the table that for women aged 15 to 19, the risk of death was highest with pregnancy (7-26 deaths per 100,000 women, depending on age). Among pill users who do not smoke, the risk of death is always lower than that associated with pregnancy for any age group, although over the age of 40, the risk increases to 12 deaths per 100,000 women, compared to 20 associated with pregnancy at that age. However, for pill users who smoke and are over the age of 35, the estimated number of deaths exceeds those for other methods of birth control. If a woman is over the age of 40 and smokes, her estimated risk of death is four times higher (171/100,000 women) than the estimated risk associated with pregnancy (28/100,000 women) in that age group.

The suggestion that women over 40 who do not smoke should not take oral contraceptives is based on information from older, higher-dose pills. An Advisory Committee of the FDA discussed this issue in 1989 and recommended that the benefits of low-dose oral contraceptive use by healthy, non-smoking women aged 15 to 39 are not outweighed by the risks. However, pregnant women aged 40 or older should not use oral contraceptives because of the increased risk of complications during pregnancy, including stillbirths and premature births.

Older women, as all women, who take oral contraceptives, should take an oral contraceptive which is best suited to their needs.

**WARNING SIGNALS**

If any of these adverse effects occur while you are taking oral contraceptives, call your healthcare professional immediately:

- Sharp chest pain, coughing of blood, or sudden shortness of breath (indicating a possible clot in the lung)
- Pain in the calf (indicating a possible clot in the leg)
- Crushing chest pain or heartburn in the chest (indicating a possible heart attack)
- Sudden severe headache or vomiting, dizziness or fainting, disturbances of vision or speech, weakness, or numbness in an arm or leg (indicating a possible stroke)
- Sudden partial or complete loss of vision (indicating a possible clot in the eye)
- Blood clots (indicating possible breast cancer or thrombotic disease of the heart; ask your healthcare professional to show you how to examine your breasts)
- Severe pain or tenderness in the stomach area (indicating a possibly ruptured liver tumor)
- Difficulty in inhaling, wheezing, lack of energy, fatigue, or change in mood (possibly indicating severe depression)
- Jaundice or a yellowing of the skin or eyeballs, accompanied frequently by fever, fatigue, loss of appetite, dark colored urine, or light colored bowel movements (indicating possible liver problems)

**SIDE EFFECTS OF ORAL CONTRACEPTIVES**

1. Vaginal bleeding

Irregular vaginal bleeding or spotting may occur while you are taking the pills. Irregular bleeding may vary from slight staining between menstrual periods to breakthrough bleeding which is a flow much like a regular period. Irregular bleeding occurs most often during the first few months of oral contraceptive use, but may also occur after you have been taking the pill for some time. Such bleeding may be temporary and usually does not indicate any serious problem. It is important to continue taking your pills on schedule. If the bleeding occurs in such lines it may be caused byovarian cysts, or it may be caused by other factors such as stress, illness, or changes in body weight.

2. Contact lenses

If you wear contact lenses and notice a change in vision or a tendency to wear your lenses, contact your healthcare professional.

3. Fluid retention

Oral contraceptives may cause edema (fluid retention) with swelling of the fingers or ankles and may cause your blood pressure. If you experience fluid retention, contact your healthcare professional.

4. Melasma

A slight darkening of the skin is possible, particularly of the face, which may persist.

5. Other side effects
GENERAL PRECAUTIONS

1. Missed periods and use of oral contraceptives before or during early pregnancy

There may be times when you may not menstruate regularly after you have completed taking a cycle of pills. If you have missed your pills regularly and miss one menstrual period, continue taking your pills for the next cycle but be sure to inform your healthcare professional before doing so. If you have not taken the pills daily as instructed and missed a menstrual period, you may be pregnant. If you missed two consecutive menstrual periods, you may be pregnant. Check with your healthcare professional immediately to determine whether you are pregnant. Stop taking oral contraceptives if pregnancy is confirmed.

There is no conclusive evidence that oral contraceptive use is associated with an increase in birth defects, when taken inadvertently during early pregnancy. Previously, a few studies had reported that oral contraceptives might be associated with birth defects, but these findings have not been observed in more recent studies. Nevertheless, oral contraceptives should not be used during pregnancy. You should check with your healthcare professional about risks to your unborn child of any medication taken during pregnancy.

2. While breastfeeding

If you are breastfeeding, consult your healthcare professional before starting oral contraceptives. Some of the drug will be passed onto the child in the milk. A few adverse effects on the child have been reported, including reddening of the skin/jaundice and breast enlargement. In addition, oral contraceptives may decrease the amount and quality of your milk. If possible, do not use oral contraceptives while breastfeeding. You should use another method of contraception since breastfeeding provides only partial protection from becoming pregnant and this partial protection decreases significantly as you breastfeed for longer periods of time. You should consider starting oral contraceptives only after you have weaned your child completely.

3. Laboratory tests

If you are scheduled for any laboratory tests, tell your healthcare professional you are taking birth control pills. Certain blood tests may be affected by birth control pills.

4. Drug interactions

Tell your healthcare provider about all medicines and herbal products that you take. Some medicines and herbal products may make hormonal birth control less effective, including, but not limited to:

- certain seizure medicines (carbamazepine, felbamate, oxcarbazepine, phenytoin, topiramate)
- aripiprazole
- barbiturates
- bimatoprost
- colchicine
- griseofulvin
- certain combinations of HIV medicines (nelfinavir, ritonavir, ritonavir-boosted protease inhibitors)
- certain non-nucleoside reverse transcriptase inhibitors (nevirapine)
- rifampin and rifabutin
- St. John's wort

Use another birth control method (such as a condom and spermicide or diaphragm and spermicide) when you take medicines that may make JULLEBER® less effective.

Some medicines and grapefruit juice may increase your level of the hormone ethinyl estradiol if used together, including:
- acetaminophen
- ascorbic acid
- medicines that affect how your liver breaks down other medicines (imidacloprid, ketocazole, voriconazole, and fluconazole)
- certain HIV medicines (atazanavir, indinavir)
- atorvastatin
- ezetimibe
- halofuginone
- lamotrigine
- certain nonnucleoside reverse transcriptase inhibitors (nevirapine)
- certain antiretroviral medicines (tenofovir)
- inhaled budesonide
- ethinyl estradiol
- barbiturates
- aprepitant
- cetirizine
- cetuximab
- certain antiretroviral medicines (tenofovir)
- lamotrigine
- certain nonnucleoside reverse transcriptase inhibitors (nevirapine)
- certain antiretroviral medicines (tenofovir)
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- certain antiretroviral medicines (tenofovir)
- barbiturates
- aprepitant
- cetirizine
- cetuximab
- certain antiretroviral medicines (tenofovir)

Surgical procedures and other medical interventions may be affected by oral contraceptives. Consult your healthcare provider before surgery or other procedures. If you begin any new medication, check with your healthcare professional before starting oral contraceptives.

5. Sexually transmitted diseases

This product (like all oral contraceptives) is intended to prevent pregnancy. It does not protect against transmission of HIV (AIDS) and other sexually transmitted diseases such as chlamydia, gonorrhea, genital herpes, genital warts, hepatitis B, and syphilis.

HOW TO TAKE THE PILL

IMPORTANT POINTS TO REMEMBER

BEFORE YOU START TAKING YOUR PILLS:

1. BE SURE TO READ THESE DIRECTIONS:

Before you start taking your pills.

Any time you are not sure what to do.

2. THE RIGHT WAY TO TAKE THE PILL IS TO TAKE ONE PILL EVERY DAY AT THE SAME TIME.

If you miss your pills you could get pregnant. This includes starting the pack late.

The more pills you miss, the more likely you are to get pregnant.

3. MANY WOMEN HAVE SPOTTING OR LIGHT BLEEDING, OR MAY FEEL SICK TO THEIR STOMACH DURING THE FIRST 1-3 PACKS OF PILLS. If you feel sick to your stomach, do not stop taking the pill. The problem will usually go away. If it doesn't go away, check with your healthcare professional.

4. MISSING PILLS CAN ALSO CAUSE SPOTTING OR LIGHT BLEEDING, even when you make up these missed pills.

On the days you take 2 pills to make up for missed pills, you could also feel a little sick to your stomach.

5. IF YOU HAVE VOMITING OR DIARRHEA, or IF YOU TAKE SOME MEDICINES, your pill may not work as well.

Use a back-up method (such as a condom or spermicide) until you check with your healthcare professional.

6. IF YOU HAVE TROUBLE REMEMBERING TO TAKE YOUR PILL, talk to your healthcare professional about how to make pill-taking easier or about using another method of birth control.

7. IF YOU HAVE ANY QUESTIONS OR ARE UNSURE ABOUT THE INFORMATION IN THIS LEAFLET, call your healthcare professional.

BEFORE YOU START TAKING YOUR PILLS

1. DECIDE WHAT TIME OF DAY YOU WANT TO TAKE YOUR PILL.

It is important to take it at about the same time every day.

2. LOOK AT YOUR PILL PACK.

The pill pack has 21 orange “active” pills (with hormones) to take for 3 weeks, followed by 1 week of white “reminder” pills (without hormones).

3. ALSO FIND:

1) where on the pack to start taking pills,
2. in what order to take the pills (follow the arrows) and 

3. the week numbers as shown in the picture below.

CHECK PICTURE OF PILL PACK AND ADDITIONAL INSTRUCTIONS FOR USING THIS
PACKAGE IN THE BRIEF SUMMARY PATIENT PACKAGE INSERT.

4. BE SURE YOU HAVE READY AT ALL TIMES:
ANOTHER KIND OF BIRTH CONTROL (such as a condom or spermicide) to use as a back-up 
method in case you miss pills.
AN EXTRA, FULL PILL PACK.

WHEN TO START THE FIRST PACK OF PILLS
You have a choice of which day to start taking your first pack of pills. JULIETT™ tablets are 
available in a blister card with a tablet dispenser which is preset for a Sunday Start. Day 1 Start stickers 
are also provided. Decide with your healthcare professional which is the best day for you. Pick a time 
of day that will be easy to remember.

DAY 1 START:
1. Pick the day label strip that starts with the first day of your period (this is the day you start bleeding 
or spotting, even if it is almost midnight when the bleeding begins).
2. Place this day label strip in the tablet dispenser over the area that has the days of the week (starting 
with Sunday) imprinted in the plastic.
3. Take the first "active" orange pill of the first pack during the 
first 24 hours of your period.
4. You will not need to use a back-up method of birth control, since you are starting the pill at the 
beginning of your period.

SUNDAY START:
1. Take the first "active" orange pill of the first pack on the 
Sunday after your period starts, 
even if you 
are still bleeding. If your period begins on Sunday, start the pack that same day.
2. Use another method of birth control such as condoms or spermicides as a backup method if you have 
sex anytime from the Sunday you start your first pack until the next Sunday (7 days).

WHAT TO DO DURING THE MONTH
1. TAKE ONE PILL AT THE SAME TIME EVERY DAY UNTIL THE PACK IS EMPTY.
Do not skip pills even if you are spotting or bleeding between monthly periods or feel sick to your 
stomach (nausea).
Do not skip pills even if you do not have sex very often.
2. WHEN YOU FINISH A PACK OR SWITCH YOUR BRAND OF PILLS:
Start the next pack on the day after your last white "reminder" pill. Do not wait any days between packs.

WHAT TO DO IF YOU MISS PILLS
If you 
MISS 1 "active" orange pill:
1. Take it as soon as you remember. Take the next pill at your regular time. This means you may take 2 
pills in 1 day.
2. You do not need to use a back-up birth control method if you have sex.
If you 
MISS 2 "active" orange pills in a row in WEEK 1 OR WEEK 2 of your pack:
1. Take 2 pills on the day you remember and 2 pills the next day.
2. Then take 1 pill a day until you finish the pack.
3. YOU COULD BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST 
use another birth control method (such as a condom or spermicide) as a back-up method for those 7 
days.

If you 
MISS 2 "active" orange pills in a row in THE 3RD WEEK:
1. If you are a Day 1 Starter:
   THROW OUT the rest of the pill pack and start a new pack that same day.
2. If you are a Sunday Starter:
   Keep taking 1 pill every day until Sunday.
   On Sunday, THROW OUT the rest of the pack and start a new pack of pills that same day.
3. You may not have your period this month but this is expected. However, if you miss your period 2 
months in a row, call your healthcare professional because you might be pregnant.
3. YOU COULD BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST 
use another birth control method (such as a condom or spermicide) as a back-up method for those 7 
days.

If you 
MISS 3 OR MORE "active" orange pills in a row (during the first 3 weeks):
1. If you are a Day 1 Starter:
   THROW OUT the rest of the pill pack and start a new pack that same day.
2. If you are a Sunday Starter:
   Keep taking 1 pill every day until Sunday.
   On Sunday, THROW OUT the rest of the pack and start a new pack of pills that same day.
3. You may not have your period this month but this is expected. However, if you miss your period 2 
months in a row, call your healthcare professional because you might be pregnant.
3. YOU COULD BECOME PREGNANT if you have sex in the 7 days after you miss pills. You MUST 
use another birth control method (such as a condom or spermicide) as a back-up method for those 7 
days.

A REMINDER
If you forget any of the 7 white "reminder" pills in Week 4:
THROW AWAY the pills you missed.
Keep taking 1 pill each day until the pack is empty.
You do not need a back-up method.

FINALLY, IF YOU ARE STILL NOT SURE WHAT TO DO ABOUT THE PILLS YOU HAVE MISSED:
Use a BACK-UP METHOD anytime you have sex.

KEEP TAKING ONE “ACTIVE” ORANGE PILL EACH DAY until you can reach your healthcare professional.

PREGNANCY DUE TO PILL FAILURE
When taken correctly without missing any pills, oral contraceptives are highly effective; however the typical failure rate of large numbers of pill users is 5% per year when women who miss pills are included. If failure does occur, the risk to the fetus is minimal.

PREGNANCY AFTER STOPPING THE PILL
There may be some delay in becoming pregnant after you stop using oral contraceptives, especially if you had irregular menstrual cycles before you used oral contraceptives. It may be advisable to postpone conception until you begin menstruating regularly once you have stopped taking the pill and desire pregnancy.

OVERDOSAGE
Serious ill effects have not been reported following ingestion of large doses of oral contraceptives by young children. Overdosage may cause nausea and withdrawal bleeding in females. In case of overdosage, contact your healthcare professional.

OTHER INFORMATION
Your healthcare professional will take a medical and family history before prescribing oral contraceptives and will examine you. The physical examination may be delayed to another time if you request it and the healthcare professional believes that it is a good medical practice to postpone it. You should be reexamined at least once a year. Be sure to inform your healthcare professional if there is a family history of any of the conditions listed previously in this leaflet. Be sure to keep all appointments with your healthcare professional because this is a time to determine if there are early signs of side effects of oral contraceptive use.

Do not use the drug for any condition other than the one for which it was prescribed. This drug has been prescribed specifically for you; do not give it to others who may want birth control pills.

HEALTH BENEFITS FROM ORAL CONTRACEPTIVES
In addition to preventing pregnancy, use of combined oral contraceptives may provide certain benefits. They are:

• Menstrual cycles may become more regular
• Blood flow during menstruation may be lighter and less iron may be lost. Therefore, anemia due to iron-deficiency in less likely to occur.
• Pains or other symptoms during menstruation may be encountered less frequently
• Ectopic (tubal) pregnancy may occur less frequently
• Mammographic cysts or lumps in the breast may occur less frequently
• Acute pelvic inflammatory disease may occur less frequently
• Oral contraceptive use may provide some protection against developing two forms of cancer: cancer of the ovaries and cancer of the lining of the uterus.

If you want more information about birth control pills, ask your healthcare professional or pharmacist. They have a more technical leaflet called the Professional Labeling which you may wish to read.

Rx Only
Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].

To report SUSPECTED ADVERSE REACTIONS, contact Northstar Rx LLC. Toll-Free at 1-800-206-7821 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

PACKAGE LABEL—PRINCIPAL DISPLAY PANEL

JULBER
desogestrel and ethinyl estradiol kit

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Quantity of Parts

Part #  Package Quantity  Total Product Quantity
### JULEBER

**Product Information**

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**INERT**

**Product Information**

**Route of Administration**: ORAL

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**Labeler** - Northstar Rx LLC (681-10042)

**Registrant** - Northstar Laboratories, Ltd. (67581006)

**Establishment**

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**Revised**: 11/2018