2.2 Switching

Switching from another hormonal contraceptive: If switching from a combination oral contraceptive containing less than 35 mcg ethinyl estradiol, allow 7 days of overlap of both products. If switching from a progestin-only method, allow 7 days of overlap of both products. If switching from another combination oral contraceptive, the overlapping periods need not be the same length. Other overlapping time periods can be used but they should be consistent within each cycle. Consider the possibility of ovulation and conception prior to initiation of this product.

3. DOSAGE FORMS AND STRENGTHS

Norgestimate and ethinyl estradiol tablets USP are supplied as blue 21 active tablets for use with a nonhormonal contraceptive for 7 days and a brown 7 inactive tablets for use over the subsequent 7 days. Each blue tablet contains 0.5 mg norgestimate and 20 mcg ethinyl estradiol. Each brown tablet contains 1 mg norgestimate and 20 mcg ethinyl estradiol.

4. CLINICAL PHARMACOLOGY

4.1 Oral Contraceptive

Norgestimate and ethinyl estradiol tablets USP are indicated for use by women to prevent pregnancy. The effectiveness of these contraceptives depends in part on consistent and correct daily use. (See Table 1 for instructions on when to start the pills.) For the first cycle of a Sunday start or Day 1 start, follow instructions in Table 1 for Day 1 or Sunday start, as desired. If norgestimate and ethinyl estradiol tablets USP is not started within 5 days after termination of the previous oral contraceptive, consider an alternate contraceptive method for women with regular cycles. If norgestimate and ethinyl estradiol tablets USP is not started within 5 days after termination of the previous oral contraceptive, consider an alternate contraceptive method for women with regular cycles. If norgestimate and ethinyl estradiol tablets USP is started beyond 5 days after termination of the previous oral contraceptive, the effectiveness of the first cycle is uncertain.

5. ADVERSE REACTIONS

5.15 Chloasma

The most common adverse reactions reported during clinical trials (≥2%) were: mood alteration, flatulence, nervousness, rash.

5.8 Bleeding Irregularities and Amenorrhea

Norgestimate and ethinyl estradiol tablets USP are estrogen/progestin COCs, indicated for use by women to prevent pregnancy. (See Table 1 for instructions on when to start the pills.) For the first cycle of a Sunday start or Day 1 start, follow instructions in Table 1 for Day 1 or Sunday start, as desired. If norgestimate and ethinyl estradiol tablets USP is not started within 5 days after termination of the previous oral contraceptive, consider an alternate contraceptive method for women with regular cycles. If norgestimate and ethinyl estradiol tablets USP is not started within 5 days after termination of the previous oral contraceptive, consider an alternate contraceptive method for women with regular cycles. If norgestimate and ethinyl estradiol tablets USP is started beyond 5 days after termination of the previous oral contraceptive, the effectiveness of the first cycle is uncertain.

6. USE IN SPECIFIC POPULATIONS

6.2 Postmarketing Experience

Norgestimate and ethinyl estradiol tablets USP are indicated for use by females of reproductive age and are not recommended for use in lactating women. (See Table 1 for instructions on when to start the pills.) For the first cycle of a Sunday start or Day 1 start, follow instructions in Table 1 for Day 1 or Sunday start, as desired. If norgestimate and ethinyl estradiol tablets USP is not started within 5 days after termination of the previous oral contraceptive, consider an alternate contraceptive method for women with regular cycles. If norgestimate and ethinyl estradiol tablets USP is not started within 5 days after termination of the previous oral contraceptive, consider an alternate contraceptive method for women with regular cycles. If norgestimate and ethinyl estradiol tablets USP is started beyond 5 days after termination of the previous oral contraceptive, the effectiveness of the first cycle is uncertain.
Missed Tablets

If your period is late by one day, skip the missed pill and continue with your regular schedule. If your period is late for 2 days, use 2 tablets in the next 24 hours without missing any other tablets. Take 1 tablet as soon as you remember. Take the next tablet at the regular time. If tablets are still missing, take 1 tablet as soon as you remember. Continue to take 1 tablet each day until you have taken 7 tablets. If you have missed 7 or more tablets, see Table 2 below for instructions.

2.3 Missed Tablets

- If a single active tablet is missed, take it as soon as you remember. Continue to take 1 tablet a day until the pack is finished.
- If 1 active tablet is missed in the third week or 2 active tablets are missed in the third week, see Table 2 for instructions.
- If you are more than 24 hours late for your pill and more than one tablet is missing, see Table 2 for instructions.
- If you vomit within 3 to 4 hours after taking an active tablet, take the tablet as soon as you remember. Continue to take 1 tablet a day until the pack is finished. If you vomit more than 4 hours after taking an active tablet, see Table 2 for instructions.
- If diarrhea occurs, use non-hormonal backup contraception for at least 7 days after the diarrhea ends.

Governor's Offices of emergency management (OEM) in state capitals have been notified to prepare for any potential shortages of COCs.

3.4.3 Missed Tablets

- If a single active tablet is missed, take it as soon as you remember. Continue to take 1 tablet a day until the pack is finished.
- If 1 active tablet is missed in the third week or 2 active tablets are missed in the third week, see Table 2 for instructions.
- If you are more than 24 hours late for your pill and more than one tablet is missing, see Table 2 for instructions.
- If you vomit within 3 to 4 hours after taking an active tablet, take the tablet as soon as you remember. Continue to take 1 tablet a day until the pack is finished. If you vomit more than 4 hours after taking an active tablet, see Table 2 for instructions.
- If diarrhea occurs, use non-hormonal backup contraception for at least 7 days after the diarrhea ends.

Table 2: Instructions for Missed Norgestimate and Ethinyl Estradiol Tablets

<table>
<thead>
<tr>
<th>Time Missed</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 3 hours</td>
<td>Take the missed tablet as soon as you remember. Continue to take 1 tablet a day until the pack is finished.</td>
</tr>
<tr>
<td>Within 3 to 4 hours</td>
<td>Take the missed tablet as soon as you remember. Continue to take 1 tablet a day until the pack is finished.</td>
</tr>
<tr>
<td>More than 4 hours</td>
<td>Use non-hormonal backup contraception for at least 7 days after the diarrhea ends.</td>
</tr>
</tbody>
</table>

3.4.3.1 Missed Tablets

- If a single active tablet is missed, take it as soon as you remember. Continue to take 1 tablet a day until the pack is finished.
- If 1 active tablet is missed in the third week or 2 active tablets are missed in the third week, see Table 2 for instructions.
- If you are more than 24 hours late for your pill and more than one tablet is missing, see Table 2 for instructions.
- If you vomit within 3 to 4 hours after taking an active tablet, take the tablet as soon as you remember. Continue to take 1 tablet a day until the pack is finished. If you vomit more than 4 hours after taking an active tablet, see Table 2 for instructions.
- If diarrhea occurs, use non-hormonal backup contraception for at least 7 days after the diarrhea ends.

3.4.3.2 Missed Tablets

- If a single active tablet is missed, take it as soon as you remember. Continue to take 1 tablet a day until the pack is finished.
- If 1 active tablet is missed in the third week or 2 active tablets are missed in the third week, see Table 2 for instructions.
- If you are more than 24 hours late for your pill and more than one tablet is missing, see Table 2 for instructions.
- If you vomit within 3 to 4 hours after taking an active tablet, take the tablet as soon as you remember. Continue to take 1 tablet a day until the pack is finished. If you vomit more than 4 hours after taking an active tablet, see Table 2 for instructions.
- If diarrhea occurs, use non-hormonal backup contraception for at least 7 days after the diarrhea ends.
5.10 Depression

Carefully observe patients with a history of depression and discontinue norgestimate and ethinyl estradiol tablets if depression becomes severe or if there is an exacerbation of pre-existing depression.

5.11 Carcinoma of Breast and Cervix

USE IN SPECIFIC POPULATIONS

5.12 Pregnancy

Norgestimate and ethinyl estradiol tablets are contraindicated in women with a history of thromboembolism, cerebrovascular accident, myocardial infarction, or hepatic adenoma.

5.13 Breast Cancer

A woman who is taking COCs should have a yearly visit with her healthcare provider for a breast examination.

5.14 Hereditary Angioedema

Consider the use of COCs in women with a history of angioedema to be a risk. Women with a family history of angioedema or a personal history of angioedema or urticaria associated with ACE inhibitor use should be carefully observed and the COCs discontinued if angioedema occurs.

6. POSTMARKETING EXPERIENCE

6.1 Adverse Drug Reactions

The following adverse reactions have been identified from worldwide postmarketing experience with norgestimate/ethinyl estradiol. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

6.1.1 Adverse Reactions Leading to Study Discontinuation

6.1.2 Adverse Reactions Not Leading to Study Discontinuation

6.2 Interactions

6.3 Pregnancy

6.4 Lactation

6.5 Pediatric Use

6.6 Geriatric Use

6.7 Use in Patients with Impaired Liver and/or Renal Function

6.8 Use in Patients with Hepatitis

6.9 Use in Patients with Vascular Events

6.10 Use in Patients with Hereditary Angioedema

6.11 Use in Patients with Other Drug Interactions

6.12 Use in Patients with Pregnancy

6.13 Use in Patients with Breast Cancer

6.14 Use in Patients with Carcinoma of Breast and Cervix

6.15 Use in Patients with Pregnancy

6.16 Use in Patients with Breast Cancer

6.17 Use in Patients with Carcinoma of Breast and Cervix

7. DRUG INTERACTIONS

7.1 Effects of Other Drugs on Combined Oral Contraceptives

7.2 Effects of Combined Oral Contraceptives on Other Drugs

7.3 Hormone-Induced Changes on Hormonal Contraceptives

7.4 Inhibitors of Usp-Activated CYP450 Enzymes

7.5 Inducers of Usp-Activated CYP450 Enzymes

7.6 Interactions with Laboratory Tests

7.7 Contraindications for Use with EXCLUSION OF COMBINATION OR GESTATIONAL SERUM HORMONE-BASED CONTRACEPTIVES

7.8 USE IN SPECIFIC POPULATIONS

7.9 Pregnancy

The following adverse reactions have been identified from worldwide postmarketing experience with norgestimate/ethinyl estradiol. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

7.10 Pregnancy

8. USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

There is no evidence of a decreased risk of birth defects in terms of congenital anomalies in COCs during each pregnancy. Epidemiologic studies and meta-analyses have not found an increased risk of genital or non-genital birth defects (including cardiac anomalies and limb reduction defects) following exposure to COCs in utero. Ongoing follow-up and additional monitoring of exposed infants are warranted.
Norgestimate and Ethinyl Estradiol Tablets

Patient Information

India

Lupin Limited
Manufactured by:
United States
Baltimore, Maryland 21202
Lupin Pharmaceuticals, Inc.

Counsel patients about the following information:
See FDA-approved patient labeling (Patient Information and Instructions for Use).

Keep out of reach of children.

Each wallet (28 tablets) contains in the following order:
containing 28 tablets packed in a pouch (NDC 68180-840-11). Such three pouches are packaged in a
approximately 1 pregnancy per 100 women-years.
for women treated was 82 to 303 lbs, with a mean weight of about 135 lbs. The pregnancy rate was
remainder Asian or Other (≤1%). There were no exclusions on the basis of weight; the weight range
demographic was about 73 to 86% Caucasian, 8 to 13% African-American, 6 to 14% Hispanic with the
years were studied for up to 24 cycles, proving a total of 24,272 cycles of exposure. The racial
In three US clinical trials with norgestimate and ethinyl estradiol tablets, 1,651 women aged 18 to 38

14.1 Contraception

[see WARNINGS AND PRECAUTIONS (Method of Use)].

14.1.1 Use in Women

Women who start COCs postpartum, and who have not yet had

COCs may reduce breast milk production; this is less
therapy and breast milk production. This is less likely to occur once

8.3 Nursing Mothers

Advise the nursing mother to use other forms of contraception, when possible, until she has weaned

8.1.5 Use in Women with Breast Cancer

Breast cancer patients who have received hormone therapy or who are currently receiving hormone

Table 3: Summary of NGMN, NG, and EE plasma concentrations.

<table>
<thead>
<tr>
<th>Analyte</th>
<th>NGMN Cmax</th>
<th>NGMN Tmax</th>
<th>NGMN AUC0-24</th>
<th>NGMN AUMC0-24</th>
<th>NGMN SD</th>
<th>NG</th>
<th>EE Cmax</th>
<th>EE Tmax</th>
<th>EE AUC0-24</th>
<th>EE AUMC0-24</th>
<th>EE SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGMN</td>
<td>1.78 (0.397)</td>
<td>91.5 (24.5)</td>
<td>147 (41.5)</td>
<td>195 (53.1)</td>
<td>21.0 (4.8)</td>
<td>NG</td>
<td>1.89 (0.46)</td>
<td>92.2 (24.5)</td>
<td>147 (41.5)</td>
<td>195 (53.1)</td>
<td>21.0 (4.8)</td>
</tr>
<tr>
<td>NG</td>
<td>1.78 (0.397)</td>
<td>91.5 (24.5)</td>
<td>147 (41.5)</td>
<td>195 (53.1)</td>
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<td>92.2 (24.5)</td>
<td>147 (41.5)</td>
<td>195 (53.1)</td>
<td>21.0 (4.8)</td>
</tr>
</tbody>
</table>

Food Effect:

The effect of food on the pharmacokinetics of norgestimate and ethinyl estradiol tablets has not been

12.3.11 Other Ovulation Suppressive Contraceptives

Women who use oral contraceptives or other ovulation suppressive contraceptives should not use COCs

12.3.10 Combined Oral Contraceptive Therapy

COCs containing a progestin and estrogen should not be used in women taking any drug that is an

12.1.5 Other Contraceptives

Women who use oral contraceptives or other ovulation suppressing contraceptives should not use COCs

12.1.4 Other Contraceptives

COCs containing a progestin and estrogen should not be used in women taking any drug that is an

12.1.3 Other Contraceptives

COCs containing a progestin and estrogen should not be used in women taking any drug that is an

12.1.2 Other Contraceptives

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12.0.8 Other Contraceptives

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12.0.7 Other Contraceptives

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12.0.0 Other Contraceptives

COCs containing a progestin and estrogen should not be used in women taking any drug that is an
What are the ingredients in norgestimate and ethinyl estradiol tablets?

 inactive ingredients:
- blue pills: anhydrous lactose, FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium,
- inactive ingredients:
- active ingredients:
- what are the ingredients in norgestimate and ethinyl estradiol tablets?
- blue pills: anhydrous lactose, FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium,
- inactive ingredients:
- active ingredients:
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- inactive ingredients:
- active ingredients:
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- blue pills: anhydrous lactose, FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium,
- inactive ingredients:
- active ingredients:
- what are the ingredients in norgestimate and ethinyl estradiol tablets?
If you miss 1 pill in Weeks 1, 2, or 3, follow these steps:

**Step 1.** Take the missed pill as soon as you remember. Take the next pill at the regular time. (If you have vomiting or diarrhea, see "What should I do if I vomit or have diarrhea?"

**Step 2.** If you vomit or have diarrhea within 1 hour of taking your pill, repeat the previous step. Take your next pill at the regular time.

**Step 3.** If you vomit or have diarrhea after the 1-hour window, take 2 pills at the regular time the next day. (See "What should I do if I vomit or have diarrhea?"

**Step 4.** If you have vomiting or diarrhea for more than 1 day, your period may be delayed. You must use non-hormonal back-up contraception (like condoms and a spermicide) until you check with your healthcare provider. When you miss a period, talk to your healthcare provider.

**Step 5.** If you vomit or have diarrhea after the 1-hour window on the same day that you would take your last pill of a new pack, do not take any pills.

**Step 6.** Take an emergency back-up contraceptive method (like condoms and a spermicide) as soon as possible. If you have vomiting or diarrhea, see "What should I do if I vomit or have diarrhea?"

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from an injection:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You must use non-hormonal back-up contraception for the first 7 days after removing your implant or taking your IUD or IUS out. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from a ring or patch:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start. If you use the ring or patch, start taking your first ring or patch the day after removal of your implant or on the day following the day 28 of your previous cycle (if you are on a different dosing schedule).

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from the combination pill:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from the vaginal ring:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from the contraceptive patch:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from a progestin-only pill:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from the injectable:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from the oral contraceptive pill:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from a transdermal patch:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from an IUD:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from an IUS:

Start using norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day of injection of your IUD or IUS. You do not need back-up contraception if you use the Day 1 Start.
**Pithampur (M.P.) - 454 775 India**

This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration. December 2017

**ID#: 253444**

**Norgestimate and Ethinyl Estradiol Tablets USP**

**Rx Only**

**NDC 68180-840-11**

**Wallet Label: 28 Tablets**

**Carton Label: 3 wallets of 28 Tablets each**

**NORGESTIMATE AND ETHINYL ESTRADIOL**

**norgestimate and ethinyl estradiol**

**Product Information**

**Product Type**

HUMAN PRESCRIPTION DRUG

**Item Code (Source)**

NDC:68180-840

**Packaging**

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<th>#</th>
<th>Item Code</th>
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<th>Marketing End Date</th>
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<td>09/30/2021</td>
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<td>1</td>
<td>NDC:68180-840-11</td>
<td>1 in 1 POUCH</td>
<td>01/23/2017</td>
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<td></td>
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<td>01/23/2017</td>
<td>09/30/2021</td>
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**Quantity of Parts**

<table>
<thead>
<tr>
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<th>Package Quantity</th>
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<tr>
<td>Part 1</td>
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<td>21</td>
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<tr>
<td>Part 2</td>
<td>7</td>
<td>7</td>
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**NORGESTIMATE AND ETHINYL ESTRADIOL**

**norgestimate and ethinyl estradiol**

**tablet, film coated**

**Product Information**

**Route of Administration**

ORAL

**Active Ingredient/Active Moiety**

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
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</thead>
<tbody>
<tr>
<td>ETHINYL ESTRADIOL</td>
<td>(ETHINYL ESTRADIOL - UNII:423D2T571U)</td>
<td>0.035 mg</td>
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<tr>
<td>NORGESTIMATE</td>
<td>(NORGESTIMATE - UNII:C291HFX4DY)</td>
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</tbody>
</table>

**Inactive Ingredients**

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALUMINUM OXIDE</td>
<td></td>
</tr>
<tr>
<td>ANHYDROUS LACTOSE</td>
<td></td>
</tr>
<tr>
<td>CELLULOSE, MICROCRYSTALLINE</td>
<td></td>
</tr>
<tr>
<td>CROSCARMELLOSE SODIUM</td>
<td></td>
</tr>
<tr>
<td>FD&amp;C BLUE NO. 2</td>
<td></td>
</tr>
<tr>
<td>HYPROMELLOSE 2910 (6 MPA.S)</td>
<td></td>
</tr>
<tr>
<td>LACTOSE MONOHYDRATE</td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM STEARATE</td>
<td></td>
</tr>
<tr>
<td>POLYETHYLENE GLYCOL 400</td>
<td></td>
</tr>
<tr>
<td>POVIDONE</td>
<td></td>
</tr>
<tr>
<td>TITANIUM DIOXIDE</td>
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**Product Characteristics**

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<th>Score</th>
<th>Shape</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
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<td>no score</td>
<td>ROUND</td>
<td>5mm</td>
</tr>
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**Imprint Code**

LU;E27

**Contains**

INERT

**inert**

**tablet, film coated**

**Product Information**

**Route of Administration**

ORAL

**Marketing Information**

**Marketing Category**

Application Number or Monograph Citation

<table>
<thead>
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<th>Marketing End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDA</td>
<td>01/23/2017</td>
</tr>
</tbody>
</table>

**Part 2 of 2**

**INERT**

**inert**

**tablet, film coated**

**Product Information**

**Route of Administration**

ORAL
inactive ingredients

<table>
<thead>
<tr>
<th>ingredient name</th>
<th>strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>aluminum oxide</td>
<td></td>
</tr>
<tr>
<td>cellulose, microcrystalline</td>
<td></td>
</tr>
<tr>
<td>croscarmellose sodium</td>
<td></td>
</tr>
<tr>
<td>fd&amp;c blue no. 2</td>
<td></td>
</tr>
<tr>
<td>ferric oxide yellow</td>
<td></td>
</tr>
<tr>
<td>hypromellose 2910 (6 mpa.s)</td>
<td></td>
</tr>
<tr>
<td>lactose monohydrate</td>
<td></td>
</tr>
<tr>
<td>magnesium stearate</td>
<td></td>
</tr>
<tr>
<td>polyethylene glycol 400</td>
<td></td>
</tr>
<tr>
<td>titanium dioxide</td>
<td></td>
</tr>
</tbody>
</table>

product characteristics

- color: green
- score: no score
- shape: round (biconvex)
- size: 5mm
- flavor: 
- imprint code: e24; lu

contains:

marketing information

- marketing category: anda
- application number or monograph citation: anda205630
- marketing start date: 01/23/2017
- marketing end date: 09/30/2021

marketing information

- marketing category: anda
- application number or monograph citation: anda205630
- marketing start date: 01/23/2017
- marketing end date: 09/30/2021

labeler:

- name: lupin pharmaceuticals, inc.
- registration number: 089153071

registrant:

- name: lupin limited (675923163)
- establishment name: 
- address: 650582310
- business operations: manufacture(68180-840), pack(68180-840)

revised: 2/2020