

### **This is a medicament**

- ▶ A medicament is a product which affects your health and its consumption contrary to instructions is dangerous for you.
- ▶ Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- ▶ The doctor and the pharmacist are experts in medicine, its benefits and risks.
- ▶ Do not by yourself interrupt the period of treatment prescribed.
- ▶ Do not repeat the same prescription without consulting your doctor.

**Keep medicament out of reach of children**

Council of Arab Health Ministers  
Union of Arab Pharmacists

#### **PACKAGE LEAFLET**

MIRENA 20 micrograms / 24 hours  
intrauterine delivery system  
Levonorgestrel

### **Read all of this leaflet carefully before you start taking this medicine.**

- ▶ Keep this leaflet. You may need to read it again.
- ▶ If you have any further questions, ask your doctor or pharmacist.
- ▶ This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- ▶ If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

### **What is in this leaflet:**

1. What Mirena is and what it is used for
2. Before you use Mirena
3. How to use Mirena

4. Possible side effects
5. How to store Mirena
6. Other information

## **1. WHAT MIRENA IS AND WHAT IT IS USED FOR**

Mirena is a T-shaped intrauterine delivery system (IUS) which after insertion releases the hormone levonorgestrel into the womb. The purpose of the T-body is to adjust the system to the shape of the womb. The vertical arm of the T-body carries a drug reservoir containing levonorgestrel. Two removal threads are tied to the loop at the lower end of the vertical arm.

Mirena is used for prevention of pregnancy, excessive menstrual bleeding, menstrual pain, and as progestogen treatment during menopausal hormone replacement therapy.

Mirena contains levonorgestrel which can sometimes be used in the treatment of illnesses other than the ones mentioned in this leaflet.

Ask your doctor, pharmacist or other healthcare professional for advice, if necessary, and always follow their instructions.

## **2. BEFORE YOU USE MIRENA**

**Do not use Mirena:**

### General notes

Before you can begin using Mirena, your doctor will ask you some questions about your personal health history and that of your close relatives.

**About 2 in 1,000 women correctly using Mirena become pregnant in the first year.**

**About 7 in 1,000 women correctly using Mirena become pregnant in five years.**

In this leaflet, several situations are described where Mirena should be removed, or where the reliability of Mirena may be decreased. In such situations you should either not have sex or you should use non-hormonal contraception such as condoms or another barrier method. Do not use rhythm or temperature methods. These methods can be unreliable because Mirena alters the monthly changes of body temperature and cervical mucus.

**Mirena, like other hormonal contraceptives, does not protect against HIV infection (AIDS) or any other sexually transmitted disease.**

- ▶ if you are pregnant or think you might be pregnant
- ▶ if you have tumors which depend on progestogen hormones to grow
- ▶ if you currently or recurrently have a pelvic inflammatory disease
- ▶ if you have an untreated infection of the cervix (neck of the womb)
- ▶ if you have an untreated lower genital tract infection
- ▶ if you have had an infection of the womb after delivery
- ▶ you have had an infection of the womb after abortion or miscarriage during the past three months
- ▶ if you have a condition associated with increased susceptibility to infections

- ▶ if you have an untreated cell abnormality in the cervix
- ▶ if you have a malignant tumor in the womb or cervix
- ▶ if you have unexplained abnormal bleeding from the womb
- ▶ if you have an abnormality of the womb or cervix, or fibroids that press on the cavity of the womb
- ▶ if you have an acute liver disease or liver tumor
- ▶ if you are allergic to levonorgestrel or to any of the other ingredients of this medicine (listed in section 6).

**Take special care with Mirena if you have any of the following conditions:**

Consult a doctor who may decide to continue using Mirena or remove the system if any of the following conditions exists or appears for the first time while using Mirena:

- ▶ Migraine, with visual disturbances or other symptoms which may be signs of a transient cerebral ischemia (temporary blockage of the blood supply to the brain)
- ▶ Exceptionally severe headache
- ▶ Jaundice (a yellowing of the skin, whites of the eyes, and/or nails)
- ▶ Marked increase of blood pressure
- ▶ Severe disease of arteries such as stroke or heart attack
- ▶ Sudden blood clot (thrombosis) in a vein or in the lungs (pulmonary embolism).

Symptoms or signs of thrombosis in the eye include unexplained partial or complete loss of vision, double vision, or some other unexplained visual disturbance.

There is not yet consensus whether varicose veins and superficial thrombophlebitis have a role in venous thrombosis.

Mirena may be used with caution in women who have congenital heart disease or valvular heart disease and are at risk of inflammation of the heart muscle. Antibiotic preventive medication should be administered to these women when inserting or removing Mirena.

In diabetic users of Mirena, the blood glucose concentration should be monitored. However, there is usually no need to adjust the treatment in diabetic users of Mirena.

Mirena is not the method of first choice for young women who have never given birth, nor for postmenopausal women with shrinking of the womb.

#### Breast cancer

Do not use this preparation if you have or are suspected of having breast cancer. Users of combined oral contraceptives have been found to have a slightly increased (1.24 times the normal) risk of breast cancer. Since breast cancer is rare in women under 40 years of age, the increased risk of breast cancer is small compared with the overall breast cancer risk. The risk of having breast cancer diagnosed in progestin-only oral contraceptive users is possibly of a similar magnitude to that associated with combined oral contraceptives.

The risk of breast cancer is increased in menopausal women using hormone replacement therapy (tablets or a preparation applied on the skin). The risk is higher in users of the combination of estrogen and progestin than in users of estrogen only. The product information on the estrogen preparation used in the treatment must also be read through.

If you have benign lumps in your breast, mastopathy or an abnormal mammogram, or if you have a family history of breast cancer, your doctor should follow your condition carefully.

#### Medical examination and precautions

A physical examination before insertion may include a Pap smear if one has not been taken within three months, examination of the breasts and other tests, for example for infections and sexually transmitted diseases, as necessary. A gynecological examination should be performed to determine the position and size of the womb. Mirena is not suitable for use as postcoital contraceptive (used after intercourse).

#### Effect on menstrual bleeding and bleeding disorders

In women of fertile age, Mirena reduces the number of bleeding days and the volume of menstrual bleeding gradually during the use in more than half the women, and in some women menstrual bleedings will stop altogether. If you have not had a period for six weeks, the possibility of pregnancy must be excluded. For further information on the effects of Mirena on menstrual bleeding, see section 3. *Can Mirena affect my menstrual cycle?, Is it abnormal to have no periods? and How will I know if I 'm pregnant?*

Contact your doctor if you experience bleeding disorders during prolonged use or if bleeding starts after initiating estrogen replacement therapy.

#### Infections

The insertion tube helps to protect Mirena from contamination with micro-organisms during the insertion, and the Mirena inserter has been designed to minimize the risk of infections. Despite this, there is an increased risk of pelvic infection immediately after and during the first month after insertion. Pelvic infections in IUS users are often related to sexually transmitted diseases. The risk of infection is increased if the woman or her partner has several sexual partners. Pelvic infections must be treated promptly. Pelvic infection may impair fertility and increase the risk of a future extrauterine pregnancy (pregnancy outside the

womb).

In extremely rare cases severe infection or sepsis (very severe infection which may be fatal) can occur shortly after insertion.

Mirena must be removed if there are recurrent pelvic infections or infections of the lining of the womb, or if an acute infection is severe or does not respond to treatment within a couple of days.

Consult a doctor without delay if you have persistent lower abdominal pain, fever, pain in conjunction with sexual intercourse, or abnormal bleeding. Severe pain or fever developing shortly after insertion may mean that you have a severe infection which must be treated immediately.

#### Expulsion

The muscular contractions of the womb during menstruation may sometimes push the IUS out of place or expel it. Possible symptoms are pain and abnormal bleeding. If the IUS is displaced, its effectiveness may be reduced. If the IUS is expelled, you are not protected against pregnancy anymore. If you have signs indicative of an expulsion, you should avoid intercourse or use another contraceptive, and consult your doctor. As Mirena decreases menstrual flow, an increase in menstrual flow may be indicative of an expulsion.

#### Perforation

Rarely, most often during insertion, Mirena may perforate the wall of the womb, which may decrease the protection against pregnancy. An IUS that has become lodged outside the cavity of the womb has reduced contraceptive efficacy and must be removed as soon as possible. The risk of perforation of the uterine wall is increased in breastfeeding women, and may be increased if Mirena is inserted shortly after delivery (see Section 3. «When should Mirena be inserted?») or in women with the uterus fixed and leaning backwards (towards the bowel).

### Extrauterine pregnancy

It is very rare to become pregnant while using Mirena. However, if you become pregnant while using Mirena, the risk that you could carry the fetus outside of your womb (have an extrauterine pregnancy) is slightly increased. About 1 in 1,000 women correctly using Mirena have an extrauterine pregnancy per year. This rate is lower than in women not using any contraception (about 3 to 5 in 1,000 women). The risk is higher if you have previously had an extrauterine pregnancy, surgery on the tubes from the ovaries to the womb, or a pelvic infection. An extrauterine pregnancy is a serious condition which calls for immediate medical attention. The following symptoms could mean that you may have an extrauterine pregnancy and you should see your doctor immediately:

- ▶ Your menstrual periods have ceased and then you start having persistent bleeding or pain.
- ▶ You have vague or very bad pain in your lower abdomen.
- ▶ You have normal signs of pregnancy, but you also have bleeding and feel dizzy.

### Faintness

Some women feel dizzy after Mirena is inserted. This is a normal physical response. Your doctor will tell you to rest for a while after you have had Mirena inserted.

### Enlarged ovarian follicles (cells that surround a maturing egg in the ovary)

Since the efficacy of Mirena is mainly due to its local effect, ovulatory cycles with follicular rupture usually occur in women of fertile age. Sometimes degeneration of the follicle is delayed and the development of the follicle may continue. Most of these follicles give no symptoms, although some may be accompanied by pelvic pain or pain during intercourse. These enlarged follicles may require



medical attention, but they usually disappear on their own.

#### Children and adolescents

Mirena is intended for women in fertile age. Mirena has no suitable therapeutic indication before the first menstrual bleeding.

#### **Taking other medicines**

Please tell your doctor if you are taking or have recently taken any other medicines, including those obtained without a prescription. The metabolism of levonorgestrel may be increased by concomitant use of other medicines such as epilepsy medication (e.g. phenobarbital, phenytoin, carbamazepine) and antibiotics (e.g. rifampicin, rifabutin, nevirapine, efavirenz). Since the mechanism of action of Mirena is mainly local, this is not believed to have a major effect on the contraceptive efficacy of Mirena.

#### **Pregnancy**

Mirena must not be used during an existing or suspected pregnancy.

It is very rare for a woman to become pregnant with Mirena in place. If Mirena comes out, you are no longer protected and must use another form of contraception until you see your doctor.

Some women may not have their periods while using Mirena. Not having a period is not necessarily a sign of pregnancy. If you do not have your period and have other symptoms of pregnancy (for example nausea, tiredness, breast tenderness), you should see your doctor for an examination and have a pregnancy test.

If you become pregnant with Mirena in place, you should have Mirena removed as soon as possible. If you leave Mirena in place during pregnancy, the risk of having a miscarriage, infection or preterm labor will be increased. The hormone in Mirena is released into the womb. This means that the fetus is exposed to a relatively high concentration of hormone locally, although the amount of hormone

received through blood and placenta is little. The effect of such an amount of hormone on the fetus should be taken into consideration but to date there is no evidence of birth defects caused by Mirena in cases where pregnancy has continued to term with Mirena in place.

### **Breastfeeding**

Mirena can be used during breastfeeding. Levonorgestrel has been identified in small quantities in the breast milk of nursing women (0.1% of the dose is transferred to the infant). Hormonal contraceptives are not recommended as the method of first choice during breastfeeding, but progestogen-only methods are considered to comprise the next choice category after non-hormonal methods. There appears to be no negative effects on infant growth or development when using Mirena six weeks after delivery. Progestogen-only methods do not appear to affect the quality of breast milk.

Ask your doctor or pharmacist for advice before taking any medicine when you are pregnant or breastfeeding.

### **Driving and using machines**

No known effects.

### **Important information about some of the ingredients of Mirena**

The T-frame of Mirena contains barium sulfate, which makes it visible in X-ray examination.

## **3. HOW TO USE MIRENA**

### **How effective is Mirena?**

The probability of failed contraceptive efficacy during the use of Mirena is about 0.1% per year. The risk of pregnancy may increase if the IUS is displaced or it perforates the uterine wall (see Section 2 «Medical examination and precautions»). In the treatment of excessive menstrual bleeding, Mirena causes a strong reduction in menstrual

bleeding already within three months. Some users will have no periods at all.

### **When should Mirena be inserted?**

You can have Mirena inserted within seven days from the onset of menstrual bleeding. The IUS can also be inserted immediately after a first-trimester abortion provided that there are no genital infections. The IUS should be inserted only after the womb has returned to its original size after delivery, and not earlier than six weeks after delivery. Mirena can be replaced by a new Mirena at any time of the cycle.

When Mirena is used to protect the lining of the womb during estrogen replacement therapy, it can be inserted at any time in a woman who has no monthly bleeding, or during the last days of menstruation or withdrawal bleeding.

Mirena should only be inserted by a physician who is experienced in Mirena insertions or has undergone sufficient training for Mirena insertion.

### **How is Mirena inserted?**

After a gynecological examination, an instrument called a speculum is inserted into the vagina, and the cervix is cleansed with an antiseptic solution. The IUS is then inserted into the womb via a thin, flexible plastic tube. Local anesthesia may be applied to the cervix to relieve pain, if necessary.

***Some women may experience pain and dizziness after insertion. If these do not pass within half an hour in the resting position, the IUS may not be correctly positioned. An examination should be carried out and the IUS removed, if necessary.***

### **When should I see a doctor?**

You should have your IUS checked 4–12 weeks after insertion, and thereafter regularly, at least once a year. In addition, you should contact your doctor if any of the following occurs:

- ▶ You no longer feel the threads in your vagina with your fingers.

- ▶ You can feel the lower end of the IUS with your fingers.
- ▶ You think you may be pregnant.
- ▶ You have persistent abdominal pain, fever, or unusual discharge from the vagina.
- ▶ You or your partner feel pain or discomfort during sexual intercourse.
- ▶ There are sudden changes in your menstrual periods (for example, if you first have little or no menstrual bleeding, and then you start having persistent bleeding or pain, or you start bleeding heavily).
- ▶ You have other medical problems, such as migraine headaches or intense headaches that recur, sudden problems with vision, jaundice, or high blood pressure.
- ▶ You are diagnosed with any of the conditions mentioned in Section 2. «Before you use Mirena».

#### **For how long can Mirena be used?**

Mirena is effective for five years, after which the IUS has to be removed. If you like, you may have a new Mirena inserted when the old one is removed.

#### **What if I want to become pregnant or have Mirena removed for another reason?**

The IUS can easily be removed at any time by your doctor, after which pregnancy is possible.

Removal is usually a painless procedure. Fertility returns to normal after removal of Mirena.

If pregnancy is not desired, Mirena should be removed during menstruation in women of fertile age, provided that they still have menses. Otherwise contraception has to be ensured with other methods (e.g. condoms), starting at least seven days before the removal. When the woman has no menses, she should use condoms for contraception for seven days before the removal of Mirena and until her menstruation reappears. A new Mirena can also be inserted immediately after

removal, in which case no additional protection is needed.

**Can I become pregnant after stopping the use of Mirena?**

Yes. After Mirena is removed, it does not interfere with your normal fertility. You may become pregnant during the first menstrual cycle after Mirena is removed.

**Can Mirena affect my menstrual cycle?**

Mirena does affect your menstrual cycle. It can change your menstrual periods in such a way that you have spotting (a small amount of blood loss), shorter or longer periods, lighter or heavier bleeding, or no bleeding at all.

Many women have frequent spotting or light bleeding in addition to their periods for the first 3–6 months after they have Mirena inserted. Some women may have heavy or prolonged bleeding during this time. Please inform your doctor if this persists.

Overall, you are likely to have a gradual reduction in the number of bleeding days and in the amount of blood lost each month. Some women eventually find that periods stop altogether. As the amount of menstrual bleeding is gradually reduced during the use of Mirena, most women experience an increase in their blood hemoglobin value.

When the IUS is removed, periods return to normal.

**Is it abnormal to have no periods?**

Not when you are using Mirena. If you find that you do not have periods with Mirena, it is because of the effect of the hormone on the lining of the womb. The monthly thickening of the lining does no longer happen. Therefore, there is nothing to come away as a period. It does not necessarily mean that you have reached menopause or are pregnant. Your own hormone levels remain normal.

**How will I know if I'm pregnant?**

Pregnancy is unlikely in women using Mirena, even

if they do not have periods.

If you have not had a period for six weeks and are concerned, then consider having a pregnancy test. If this is negative, there is no need to carry out another test unless you have other signs of pregnancy, e.g. nausea, tiredness or breast tenderness.

### **Can Mirena cause pain or discomfort?**

Some women feel pain (like menstrual cramps) in the first few weeks after insertion. You should return to your doctor if you have severe pain or if the pain continues for more than three weeks after you have had Mirena inserted.

### **Will Mirena interfere with sexual intercourse?**

Neither you nor your partner should feel the IUS during intercourse. If you do, intercourse should be avoided until your doctor has checked that the IUS is still in the correct position.

### **How long should I wait to have sexual intercourse after the insertion?**

To give your body a rest, it is best to wait about 24 hours after having Mirena inserted before having sexual intercourse. However, as soon as it is inserted, Mirena will prevent pregnancy.

### **Can tampons be used?**

Use of sanitary pads is recommended. If tampons are used, you should change them with care so as not to pull the threads of Mirena.

### **What happens if Mirena comes out by itself?**

It is rare but possible for Mirena to come out during your menstrual period without you noticing. An unusual increase in the amount of bleeding during your period could mean that Mirena has come out through your vagina. It is also possible for part of Mirena to come out of your womb (you and your partner may notice this during sexual intercourse). If Mirena comes out completely or partially, you will not be protected from pregnancy.

### **How can I tell whether Mirena is in place?**

You can check yourself if the threads are in place after your period. Gently put a finger into your vagina after your period and feel for the threads at the end of your vagina near the opening of the womb.

**Do not pull the threads** because you may accidentally pull out Mirena. If you cannot feel the threads, contact your doctor.

#### 4. POSSIBLE SIDE EFFECTS

Like all medicines, Mirena can cause side effects, although not everybody gets them.

In addition to the possible side effects already mentioned in other sections (e.g. Section 2. «Before you use Mirena»), here is a list of possible side effects grouped according to the affected organ and their frequency:

**Very common** (in more than 1 out of 10 patients):

- ▶ Bleeding from the uterus/vagina (including spotting), irregular bleeding (oligomenorrhea) and absence of bleeding (amenorrhea)
- ▶ Enlarged ovarian follicles (see Section 2. «Enlarged ovarian follicles»)

**Common** (in more than 1 out of 100 patients):

- ▶ Depressed mood / depression, nervousness, decreased libido
- ▶ Headache
- ▶ Abdominal pain, nausea
- ▶ Acne
- ▶ Back pain
- ▶ Pelvic pain, dysmenorrhea (painful menstruation), vaginal discharge, vulvovaginitis (infection of the outer genital organs or vagina), breast tenderness, pain in breasts, expulsion of the IUS,
- ▶ Weight gain

**Uncommon** (in less than 1 out of 100 patients):

- ▶ Migraine
- ▶ Abdominal distension
- ▶ Hair loss, hirsutism (excessive body hair),

severe itching, eczema (skin infection), liver spots

- ▶ Pelvic inflammatory disease (upper genital tract infection, above the cervix), infection of the endometrium, infection of the cervix / Pap smear result normal, class II
- ▶ Edema (swelling)

**Rare** (in less than 1 out of 1,000 patients):

- ▶ Rash, urticaria (hives)
- ▶ Perforation of the wall of the womb

Cases of sepsis (very severe systemic infection, which may be fatal) have been reported following insertion of an intrauterine contraceptive.

If you become pregnant while using Mirena, there is a possibility that the pregnancy is outside the womb (see Section 2 «Extrauterine pregnancy»).

The risk of perforation of the uterine wall is increased in breastfeeding women.

Cases of breast cancer have also been reported (frequency unknown).

#### Reporting of adverse reactions

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. By reporting side effects you can help provide more information on the safety of this medicine.

#### **To report any side effect(s):**

National Pharmacovigilance and Drug Safety Center (NPC).

Fax: + 966 - 11 - 205 - 7662.

Call NPC at +966 - 11 - 2038222,

Ext.: 2317 - 2356 - 2353 - 2354 - 2334 - 2340.

Toll - free: 8002490000.

E - mail: [npc.drug@sfd.gov.sa](mailto:npc.drug@sfd.gov.sa). Website: [www.sfd.gov.sa/npc](http://www.sfd.gov.sa/npc)

For other countries, please refer to the health authorities in your country.

## **5. HOW TO STORE MIRENA**



Keep this medicine out of the sight and reach of children.

Do not store above 30°C.

Do not use this medicine after the expiry date which is stated on the package. The expiry date refers to the last day of that month.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

## **6. OTHER INFORMATION**

### **What Mirena contains**

- ▶ The active substance is levonorgestrel. One intrauterine delivery system contains 52 mg of levonorgestrel.
- ▶ The other ingredients are: hormone-elastomer core (polydimethylsiloxane and silica), T-body (polyethylene and barium sulfate), removal thread (polyethylene and iron oxide (E 172)).

### **What Mirena looks like and contents of the pack**

Pack size: One sterile intrauterine delivery system

### **Marketing authorization holder**

Bayer Oy

Turku, Finland.

### **Manufacturer**

Bayer Oy

47 Pansiontie street

20210 Turku – Finland.

IF YOU HAVE ANY FURTHER QUESTIONS, CONTACT YOUR DOCTOR OR PHARMACIST.

**This leaflet was last approved on 8 November, 2013.**

**Bayer**