

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Noriday 350 microgram Tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 350 micrograms norethisterone.

Excipients with known effect

Each tablet contains 62.25mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablet.

White, round, flat tablets with bevelled edges, approximately 7/32" diameter, inscribed 'SEARLE' on one side and 'NY' on the other.

4. CLINICAL PARTICULARS

4.1 Therapeutic indication

Hormonal contraception.

4.2 Posology and method of administration

Oral administration

Before starting Noriday, a thorough general medical and gynaecological examination (including the breasts and a cytological smear of the cervix) should be carried out and the family medical history carefully noted. Disturbances of the clotting mechanisms should be ruled out if any members of the family have suffered from thromboembolic diseases (e.g. deep vein thrombosis, stroke, myocardial infarction) at a young age.

Pregnancy must be excluded ideally by a pregnancy test.

As a precaution, thorough examinations should be conducted at approximately six month intervals during use of the tablets.

First cycle

Starting on the first day of menstruation, take one pill every day without a break in medication for as long as contraception is required. Additional contraceptive precautions should be taken for the first 7 days of the first pack. Pills should be taken at the same time each day.

Patients unable to start taking Noriday tablets on the first day of the menstrual cycle may start treatment on any day up to and including the 5th day of the menstrual cycle. It is also recommended that another method

of contraception is used for the first 7 days of tablet-taking in those patients delaying therapy up to Day 5.

Irregular tablet taking

Tablets must be taken daily in order to maintain adequate hormone levels and contraceptive efficacy.

If a tablet is missed within 3 hours of the correct dosage time then the missed tablet should be taken as soon as possible; this will ensure that contraceptive protection is maintained. If a tablet is missed (for longer than 3 hours) it is recommended that the patient takes the last missed tablet as soon as possible and then continues to take the rest of the tablets in the normal manner. However, to provide continued contraceptive protection it is recommended that an alternative method of contraception, such as a condom, is used for the next 7 days.

Changing from another oral contraceptive

In order to ensure that contraception is maintained it is advised that the first dose of Noriday tablets is taken on the day immediately after the patient has finished the previous pack of tablets.

Use after childbirth

Normally, after a delivery, Noriday should be started after the first normal menstrual cycle.

If immediate contraception is required, the first dose of Noriday tablets should be taken on the 21st day after childbirth. This will ensure the patient is protected immediately. If there is any delay in taking the first dose, contraception may not be established until 7 days after the first tablet has been taken. In these circumstances patients should be advised that extra contraceptive methods will be necessary.

Post Miscarriage

After a miscarriage patients can take the first dose of Noriday tablets on the next day; in this way they will be protected immediately.

When oral contraceptives are administered in the immediate postpartum/postmiscarriage period, the increased risk of thromboembolic disease must be considered.

Absence of withdrawal bleeding

If, in exceptional cases, withdrawal bleeding fails to occur, pregnancy must be ruled out before the use of Noriday is continued.

Procedure in the event of irregular bleeding

Breakthrough bleeding and spotting are sometimes encountered, primarily during the first three months of use, and usually cease spontaneously. The woman, therefore, should continue to use Noriday even if irregular bleeding occurs. Should break-through bleeding persist or recur, appropriate diagnostic measures to exclude an organic cause should be taken.

This also applies in the case of spotting which occurs at irregular intervals in several consecutive cycles or which occurs for the first time after prolonged use of Noriday.

Gastro-intestinal upset

Vomiting or diarrhoea may reduce the efficacy of oral contraceptives by preventing full absorption. Tablet-taking from the current pack should be continued. Additional non-hormonal methods of contraception

(except the rhythm or temperature methods) should be used during the gastro-intestinal upset and for 7 days following the upset.

4.3 Contraindications

1. Confirmed or suspected pregnancy
2. Acute or chronic liver disease, jaundice or persistent pruritus during a previous pregnancy, Dubin-Johnson syndrome, Rotor syndrome.
3. Existing or previous arterial or venous thrombotic or embolic processes or conditions which predispose to them e.g. disorders of the clotting processes, coronary artery disease, cerebrovascular disease, valvular heart disease and atrial fibrillation.
4. Current or previous known or suspected steroid-dependent neoplasia e.g. previous or existing liver tumours, cancer of the breast or endometrium.
5. Disorders of lipid metabolism. (See 4.4 Precautions and Warnings).
6. Undiagnosed vaginal bleeding.
7. Hypersensitivity to the active substance or to any of the excipients listed in section 6.

4.4 Special warnings and precautions for use

Reasons for immediate discontinuation of medication with Noriday:

1. Suspected or confirmed symptoms or signs of thrombophlebitis or thromboembolic events (e.g. unusual pains in or swelling of the legs).
2. Pulmonary embolic disease and/or a feeling of pain and tightness in the chest (stabbing pains on breathing or coughing for no apparent reason).
3. Occurrence for the first time, or exacerbation of migrainous headaches or an increased frequency of unusually severe headaches.
4. Sudden disturbances of vision or hearing or other perceptual disorders.
5. Four weeks before elective surgery and during immobilisation (e.g. after accidents, surgery). It would be reasonable to resume Noriday two weeks after surgery providing the woman is ambulant. However, every woman should be considered individually with regard to the nature of the operation, the extent of immobilisation, the presence of additional risk factors and the chance of unwanted conception.
6. Onset of jaundice, hepatitis, itching of the whole body.
7. Increases in epileptic seizures.
8. Significant rise in blood pressure.
9. Onset of severe depression.
10. Severe upper abdominal pain or liver enlargement.
11. Pregnancy.

Patients with the following conditions should only use the oral contraceptive pill after detailed discussion with their General Practitioner. Patients with these conditions require strict medical supervision during medication.

1. Diabetes mellitus or impaired glucose tolerance.
2. Hypertension.
3. Varicose veins.
4. Multiple sclerosis.
5. Epilepsy.
6. Porphyria.
7. Tetany.
8. Sydenham's chorea.
9. Cardiac or renal dysfunction.
10. Family history of breast cancer or past history of breast nodules.
11. Fibrocystic disease of the breast.
12. Asthma.
13. History of clinical depression.
14. Systemic lupus erythematosus.
15. Uterine myoma.
16. Migraine.
17. Endometriosis.
18. Women who wear contact lenses.
19. Otosclerosis.

Deterioration in any of the above conditions may indicate that use of the oral contraceptive should be discontinued.

Ectopic pregnancies occur more frequently in women on progesterone-only oral contraceptive pills.

According to the present state of knowledge, an association between the use of hormonal contraceptives and an increased risk of venous and arterial thromboembolic disease such as myocardial infarction, pulmonary embolism, thrombophlebitis, stroke or retinal thrombosis, cannot be ruled out. The physician should be alert to the earliest manifestations of these disorders. Should any of these occur or be suspected, Noriday should be discontinued immediately.

The relative risk of arterial thromboses (e.g. stroke, myocardial infarction) is increased by the presence of other predisposing factors such as:

- a) cigarette smoking
- b) hypercholesterolaemia
- c) obesity
- d) diabetes
- e) history of pre-eclamptic toxemia
- f) increasing age

After the age of 35 years, the physician and patients should carefully reassess the risk/benefit ratio of using oral contraceptives as opposed to alternative methods of contraception.

Changes in serum triglycerides, cholesterol and lipoprotein levels have been reported in users of oral contraceptives.

Oral contraceptives may cause a decrease in glucose tolerance.

An increase in blood pressure has been reported in women taking oral contraceptives. Elevated blood pressure usually returns to normal after discontinuation of oral contraceptives.

Some women may experience amenorrhoea or oligomenorrhoea after discontinuation of oral contraceptives, especially when these conditions existed prior to use. Women should be informed of this possibility.

In rare cases benign and, in even rarer cases, malignant liver tumours leading in isolated cases to life-threatening intra-abdominal haemorrhage have been observed after the use of hormonal substances such as those contained in Noriday. In very rare cases, hepatic adenomas may be associated with progesterone-only pill (POP) use. The risk appears to increase with duration of POP use. Rupture of hepatic adenomas may cause death through intra-abdominal haemorrhage. In extremely rare cases, hepatocellular carcinoma may be associated with combined oral contraceptives use. If severe upper abdominal complaints, liver enlargement or signs of intra-abdominal haemorrhage occur, the possibility of a liver tumour should be included in the differential diagnosis.

Six months should elapse after the regression of viral hepatitis before administration of the oral contraceptive pill.

Studies in animals have indicated that administration of very high doses of oestrogens and/or progestogens will induce neoplastic tumours in some animal species.

Studies in animals, in particular the dog, have demonstrated that the progestogens including progesterone will induce neoplastic mammary tumours. Recent investigations suggest the results of dosing studies with progestogen in the dog are irrelevant to the potential for such effects in humans, due to the differences in mammary receptor susceptibility and response.

No evidence has been found in humans to suggest a relationship between administration of progesterone or progestogens alone and the development of neoplasia.

Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Depressed mood and depression are well-known undesirable effects of hormonal contraceptive use (see section 4.8). Depression can be serious and is a well-known risk factor for suicidal behaviour and suicide. Women should be advised to contact their physician in case of mood changes and depressive symptoms, including shortly after initiating the treatment.

4.5 Interaction with other medicinal products and other forms of interaction

Caution should be observed in prescribing oral contraceptives for patients taking other drugs as several interactions have been reported. Irregular bleeding and reduced reliability may occur when oral contraceptives are combined with rifampicin or other antibiotics, anti-epileptic drugs, barbiturates and other sedative drugs. St John's Wort should not be taken concomitantly with Noriday as it could lead to a loss of contraceptive effect. Alternative methods of contraception should be used when a woman is taking any of the medications listed above.

Steroids affect drug metabolism and the therapeutic or toxic effects of other drugs may be modified. Interactions have been reported between oral contraceptives and tricyclic antidepressants, anticoagulants and corticosteroids.

4.6 Fertility, pregnancy and lactation

Pregnancy

Noriday is not indicated during pregnancy. If pregnancy occurs during medication with Noriday, treatment should be withdrawn immediately. Like all norethisterone derivatives used for contraception, Noriday has slight androgenic activity. At doses higher than normally used in OC and HRT formulations, masculinisation of female foetuses has been observed. The results of most epidemiological studies to date relevant to inadvertent foetal exposure to combinations of oestrogens with progestogens, indicate no teratogenic or foetotoxic effects.

Minute amounts of the active substances are excreted with the milk. The long range effects to the nursing infant are currently unknown.

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Adverse Reactions Table

System Organ Class	Very Common ≥ 1/10	Common ≥ 1/100 to < 1/10	Uncommon ≥ 1/1 000 to < 1/100	Rare ≥ 1/10 000 to < 1/1 000	Very Rare < 1/10 000	Frequency not known (cannot be estimated from available data)
Nervous System Disorders						Epileptic seizure, Migrainous headache, Sensory disturbance,
Eye Disorders						Visual disturbance
Ear and Labyrinth Disorders						Auditory disorder
Vascular Disorders						Thromboembolic event
Respiratory, Thoracic and Mediastinal Disorders						Pulmonary embolism
Gastrointestinal Disorders						Abdominal pain upper
Hepatobiliary Disorders						Liver enlargement, Jaundice, Hepatitis
Neoplasms benign, malignant and unspecified (incl cysts and polyps)						Hepatic adenoma
General Disorders and Administration Site Conditions						Chest pain, Chest tightness
Investigations						Rise in blood pressure

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance.

Website: www.hpra.ie

4.9 Overdose

Overdosage may cause nausea, vomiting and withdrawal bleeding in females. Serious ill effects have not been reported following large doses of oral contraceptives in children.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Norethisterone prevents conception by thickening the cervical mucus to inhibit sperm penetration, suppressing ovulation in approximately half of users, lowering the midcycle LH and FSH peaks, and slowing the movement of the ovum through the fallopian tubes. When taken consistently and correctly, the probable failure rate of POPs (including norethisterone POPs) reported in the literature is 0.5% per year; however with real world use the failure rate is higher. The efficacy of most methods of contraception depends upon the reliability with which they are used. Method failure is more likely if POP tablets are taken late or missed (see Section 4.2).

5.2 Pharmacokinetic properties

Norethisterone is rapidly and completely absorbed after oral administration, peak plasma concentrations occurring in the majority of subjects between 0.5 and 4 hours. Due to first-pass metabolism, blood levels after oral administration are 60% of those after i.v. administration. The half life of elimination varies from 5 to 14 hours, with a mean of 7.6 hours. Norethisterone is metabolised mainly in the liver. Approximately 60% of the administered dose is excreted as metabolites in urine and faeces.

5.3 Preclinical safety data

The toxicity of norethisterone is very low. Reports of teratogenic effects in animals are uncommon. No carcinogenic effects have been found even in long-term studies. In subacute and chronic studies only minimal differences between treated and control animals are observed.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Maize starch
Povidone
Magnesium stearate
Lactose monohydrate.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years.

6.4 Special precautions for storage

Do not store above 25°C. Store in the original package.

6.5 Nature and contents of container

Noriday tablets are supplied in PVC/foil blister packs of 28 tablets.

6.6 Special precautions for disposal and other handling

No special requirements.

7. MARKETING AUTHORISATION HOLDER

Pfizer Healthcare Ireland Unlimited Company
The Watermarque Building
Ringsend Road,
Dublin 4,
D04 K7N3,
Ireland

8. MARKETING AUTHORISATION NUMBER

PA 822/131/1

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10. DATE OF (PARTIAL) REVISION OF THE TEXT

10/2024

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