PART III: CONSUMER INFORMATION

PrMIRENA®

Levonorgestrel-releasing Intrauterine System

This leaflet is part III of a three-part "Product Monograph" published when MIRENA was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about MIRENA. Contact your healthcare professional or pharmacist if you have any questions about the drug.

ABOUT THIS MEDICATION

What the medication is used for:

- to prevent pregnancy for up to 5 years
- the treatment of heavy menstrual bleeding without a known reason in women who are able to use a hormonal contraceptive method and have achieved menarche. Your first menstrual period is referred to as menarche.

What it does:

MIRENA is an intrauterine system (IUS). Levonorgestrel is a hormone commonly used in combination oral contraceptives (the "Pill") and is similar to progesterone, a sex hormone produced naturally by the body.

MIRENA works by slowly releasing levonorgestrel into the uterus at a rate of approximately 20 micrograms per day. This amount of levonorgestrel:

- reduces the normal monthly thickening of the lining of the uterus.
- thickens the cervical mucus which prevents passage of sperm through the cervical canal (opening to the uterus).

These effects of levonorgestrel prevent pregnancy and decrease abnormally heavy menstrual blood loss.

MIRENA contains a total of 52 mg of levonorgestrel, which is enough hormone to prevent pregnancy for five years.

MIRENA does not contain any estrogen.

For preventing pregnancy, MIRENA is as effective as oral contraceptives. Clinical trials found that there were about 2 pregnancies per year for every 1,000 women using MIRENA.

Other Ways to Prevent Pregnancy

Other methods of birth control are available to you. When used properly, other methods of birth control are effective enough for many women.

The following table gives typical pregnancy rates for various forms of birth control, including no birth control. The reported rates represent the number of women out of 100 who would become pregnant within the first year of use.

Reported Pregnancies per 100 Women Within the First Year of Use

Hormonal Intrauterine system (IUS)	less than 1
Copper Intrauterine device (IUD)	less than 1
Progesterone Injection	6
Combined hormonal contraceptive (pill, patch or ring)	9
Diaphragm	12
Male condom	18
Female condom	21
Sponge, spermicide	12-28
Withdrawal method	22
Natural family planning	24
No birth control	85

The pregnancy rates listed in the table vary widely. This is because of differences in how carefully and regularly people use each method of birth control. Regular users may have lower pregnancy rates. Others may expect pregnancy rates in the middle ranges. This does not apply to IUDs because they are placed in the uterus and do not depend on user compliance.

When it should not be used:

MIRENA is not suitable for every woman. In a small number of women, serious side effects may occur. Your healthcare professional can advise you if you have any conditions that would pose a risk to you. The use of MIRENA should always be supervised by your healthcare professional. You should not use MIRENA if you:

- have any allergies to the hormone levonorgestrel, or to any of the other ingredients of MIRENA, or to components of the container (see the sections in this leaflet titled "What the medicinal ingredient is" and "What the nonmedicinal ingredients are")
- are pregnant, or if you suspect that you may be pregnant
- currently have pelvic inflammatory disease (PID) or have had recurrent PID (see the paragraph in this leaflet titled "Infections")
- have an infection of your lower genital tract
- had an infection of the uterus (womb) after delivering a baby
- have bleeding from the vagina that has not been explained
- have a condition of the uterus that distorts the uterine cavity, such as large fibroids
- have an infection of the cervix (neck of the womb)

- have cell abnormalities in the cervix (your healthcare professional can tell you if you have this)
- have a known or suspected progestogen-dependent tumor, including breast cancer
- have liver disease or liver tumor
- have had an infection of the uterus (womb) after having an abortion during the past 3 months
- have bacterial endocarditis (an infection of the heart valves or lining of the heart)
- have immunodeficiency (a healthcare professional will have told you if you have this)
- have cancer affecting the blood, or if you have leukemia
- have or have had trophoblastic disease (a healthcare professional will have told you if you have this)
- have cancer of the uterus or the cervix (uterine or cervical malignancy)

What the medicinal ingredient is:

levonorgestrel

What the nonmedicinal ingredients are:

barium sulphate, black iron oxide, polydimethysiloxane, polyethylene, silica.

What dosage form it comes in:

Each MIRENA (levonorgestrel-releasing intrauterine system) contains 52 mg of levonorgestrel to deliver up to 20 mcg levonorgestrel per day for 5 years, and is enclosed in a package with the EvoInserter.

WARNINGS AND PRECAUTIONS

Serious Warnings and Precautions

Hormonal Contraceptives including MIRENA DO NOT PROTECT against Sexually Transmitted Infections (STIs), including HIV/AIDS. For protection against STIs, it is advisable to use latex or polyurethane condoms while using MIRENA.

Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels. Women should be counseled not to smoke.

MIRENA may penetrate or perforate (punch a hole in) the wall of the uterus.

BEFORE you use MIRENA, talk to your healthcare professional or pharmacist if you:

- are breast-feeding
- have given birth in the last 36 weeks
- have ever had an ectopic pregnancy (development of a fertilized egg outside the uterus). Ectopic pregnancy is more likely if you accidentally become pregnant while using MIRENA.
- have had surgery on your fallopian tubes.
- have a history of ovarian cysts. There is an increased risk of cysts on the ovary.
- have an unusual menstrual bleeding pattern.
- have an unusual or unpleasant (eg, smelly) vaginal discharge or vaginal itching.
- have had a stroke, heart attack or any heart problems.
- have or have had jaundice (a yellowing of the skin, whites of the eyes and/or nails)
- are diabetic or have a family history of diabetes, have high blood pressure or abnormal blood lipid levels
- have a history of blood clots (thrombosis)
- are taking any other medications
- have a history of migraine, dizziness or blurred vision
- have severe headaches
- have a history of depression
- wear contact lenses
- have an abnormality of your heart or if you have any problem with your heart valves
- smoke

You should also inform your healthcare professional about a family history of blood clots, heart attacks, or strokes.

MIRENA is not the method of first choice for young women who have never been pregnant. MIRENA is intended for use only in women of child-bearing age.

Women who had never given birth to a child or were less than 18 years of age were not included in controlled trials using MIRENA.

If you see a different healthcare professional, inform him or her that you are using MIRENA.

Tell your healthcare professional if you are scheduled for any laboratory tests, since certain tests may be affected by hormonal contraceptives. Also, tell your healthcare professional if you are scheduled for surgery requiring prolonged bed rest.

MIRENA should be used only under the supervision of a healthcare professional, with regular follow-up to identify side effects associated with its use. Your visits may include a blood pressure check, a breast exam, an abdominal exam and a pelvic exam, including a Pap smear. Visit your healthcare professional 4 to 12 weeks after the initial examination. Afterward, visit your healthcare professional at least once a year. Use MIRENA only on the advice of your healthcare professional and carefully follow all directions given to you. Otherwise, you may become pregnant.

If you and your healthcare professional decide that, for you, the benefits of MIRENA outweigh the risks, you should be aware of the following:

The Risks of Using MIRENA

1. Circulatory Disorder (including blood clot in legs, lungs, heart, eyes, or brain)

Some studies have suggested that women who use progestogen-only oral contraceptives might have a slightly higher risk of blood clots; however, the results are not certain. You should discuss risk factors for blood clots with your healthcare professional.

Be alert for the following symptoms and signs of serious adverse effects. Call your healthcare professional immediately if they occur:

- Sharp pain in the chest, coughing blood, or sudden shortness of breath. These symptoms could indicate a possible blood clot in the lung.
- Pain and/or swelling in the calf. These symptoms could indicate a possible blood clot in the leg.
- Crushing chest pain or heaviness. These symptoms could indicate a possible heart attack.
- Sudden severe or worsening headache or vomiting, dizziness or fainting, disturbances of vision or speech, or weakness or numbness in an arm or leg. These symptoms could indicate a possible stroke.
- Sudden partial or complete loss of vision. This symptom could indicate a blood clot in the eye.

Any of these conditions can cause death or disability. Clots also occur rarely in the blood vessels of the eye, resulting in blindness or impaired vision or in a blood vessel leading to an arm or leg, resulting in damage to or loss of a limb.

2. Breast Cancer

The most significant risk factors for breast cancer are increasing age and a strong history of breast cancer in the family (mother or sister). Other established risk factors include onset of menstrual periods before age 12 years, never having children, having your first full-term pregnancy after the age of 30 years, never having breast fed a child, and daily alcohol consumption.

Some studies have shown that the risk of developing breast cancer does not appear to be increased by using progestogen-only forms of birth control like MIRENA. However, more thorough studies are needed to confirm that there is no increased risk. You should notify your healthcare professional if you notice any breast lumps. You should also discuss breast self-examination with your healthcare professional. A yearly breast examination by a health care professional is recommended for all women.

3. Diabetes

In diabetic users of MIRENA, the blood glucose concentration should be closely monitored.

4. Infections

There is an increased risk of a serious pelvic infection called pelvic inflammatory disease (PID) in the first three weeks after placement of an intrauterine system or device. Other known risk factors include multiple sexual partners, frequent intercourse, and young age. PID can cause serious problems such as infertility, ectopic pregnancy, or constant pelvic pain. PID is usually treated with antibiotics; however, more serious cases of PID may require surgery. Tell your healthcare professional right away if you have any of these signs of PID: long-lasting or heavy bleeding, unusual vaginal discharge, low abdominal (stomach area) pain, painful sex, chills or fever.

5. Ectopic Pregnancy

Ectopic pregnancy (development of a fertilized egg outside the uterus) is possible when using MIRENA, as it is in women using no contraception. However, if you accidentally become pregnant while using MIRENA, an ectopic pregnancy is more likely. Ectopic pregnancy is a serious condition. Therefore, you should tell your healthcare professional if you have lower abdominal pain, especially if you have missed a period and/or have unexpected bleeding, since these can be signs of an ectopic pregnancy.

6. Cysts on the Ovary

Cysts on the ovary commonly occur in women using MIRENA. These cysts usually disappear on their own and within a few months. However, cysts can sometimes cause pain and may need medical attention.

7. Uterine Perforations

Most often during placement, MIRENA may penetrate or perforate (punch a hole in) the wall of the uterus, but this is uncommon. If this happens, MIRENA must be removed.

The risk of perforation is higher in women who are breastfeeding at the time of MIRENA placement and/or when MIRENA is placed up to 36 weeks after a delivery. The risk of perforation may be increased in women with an abnormally shaped uterus or with the uterus fixed and leaning backwards.

8. Use While Breast Feeding

Hormonal contraceptives are not recommended as a birth control method of first choice in women who are breast feeding. Small quantities of levonorgestrel, the medicinal ingredient in MIRENA, have been found in the milk of breast-feeding women using MIRENA. However, there does not appear to be a detrimental effect on growth or development of breast-fed infants whose mothers started using the product six weeks after delivery. Levonorgestrel does not appear to affect the amount or the quality of breast milk. You can use MIRENA during breast feeding. However, isolated cases of decreased milk production have been reported among women using MIRENA.

9. Use in Pregnancy

If you become pregnant with MIRENA in place, you should have it removed as soon as possible. If it is left in place during pregnancy, the chances of having a miscarriage or premature delivery increase. The effect of levonorgestrel on a developing infant is not well known, and therefore, a detrimental effect cannot be completely ruled out. Removal of MIRENA or probing of the uterus may result in spontaneous abortion. You should check with your healthcare professional about risks to your unborn child.

10. Use After Pregnancy and Abortion

Following childbirth, MIRENA should be placed only after the womb has returned to its normal size, and not earlier than 6 weeks after delivery.

MIRENA can be placed immediately after a first trimester abortion. If an abortion takes place in the second trimester, placement of MIRENA should be delayed for 6 weeks or until the uterus has returned to normal size.

11. Pregnancy After Stopping MIRENA

If you wish to become pregnant, ask your healthcare professional to remove MIRENA. Your usual level of fertility should return soon after the system is removed. Nearly 90% of women wishing to become pregnant conceive within 24 months after removal of the system.

12. Broken MIRENA

MIRENA may break, most often during a difficult removal. Broken pieces must be found and removed. Surgery may be needed to do this.

Driving or Using Machines

The effect of MIRENA on the ability to drive or to use machines has not been studied. Do not drive or use machines until you know how you react to MIRENA.

How Will MIRENA Affect My Periods?

MIRENA will affect your menstrual cycle. You might experience frequent spotting (a small amount of blood loss) or light bleeding in addition to your periods for the first 3 to 6 months. In some cases, you may have heavy or prolonged bleeding during this time.

Overall, you are likely to have a gradual reduction in the number of bleeding days and in the amount of blood loss each month. Some women using MIRENA eventually find that their periods stop altogether.

When MIRENA is removed, periods should return to normal.

What if I Stop Having Periods?

Over time, your menstrual period may gradually disappear when using MIRENA. This is because of the effect of the hormone on the lining of the uterus. The normal monthly thickening of the uterine lining with blood does not happen, therefore there is little or no bleeding, as happens during a usual menstrual period. It does not necessarily mean you have reached menopause or are pregnant.

If, however, you are having regular menstrual periods and then do not have one for 6 weeks or longer, it is possible that you may be pregnant. You should speak to your healthcare professional.

INTERACTIONS WITH THIS MEDICATION

Please inform your healthcare professional or pharmacist if you are taking or have recently taken any other drugs or herbal products, even those without a prescription.

Hormonal contraceptives may become less reliable if you are also taking drugs that affect the liver (such as primidone, barbiturates, phenytoin, carbamazepine, rifampicin, and griseofulvin) at the same time. The influence of these drugs on the reliability of MIRENA has not been studied, but is unlikely since MIRENA releases a very small amount of hormone and delivers the hormone inside the uterus.

The T-frame of MIRENA contains barium sulphate, which makes it visible in X-ray examinations.

PROPER USE OF THIS MEDICATION

Usual Dose

What it looks like:

MIRENA consists of a small, white, T-shaped frame made from soft, flexible plastic. The vertical and horizontal arms of the T are approximately 3 cm in length. The vertical arm is surrounded by a narrow cylindrical shaped reservoir that contains levonorgestrel. Two brown coloured fine plastic threads are attached to the tip of the vertical arm. These threads are intended to be used for removal of MIRENA and also serve to check its presence once it is in place.

How is MIRENA Placed?

Before MIRENA is placed, you will have a pelvic examination to determine the position and size of your uterus. Your healthcare professional will place the thin flexible plastic tube of the insertion device containing MIRENA into your uterus. At this point you may feel a little discomfort.

Once MIRENA is in the correct position, your healthcare professional will withdraw the tube leaving the system in place in the uterus. Finally, your healthcare professional will trim the removal threads to a suitable length.

After placement you may feel some cramp-like menstrual pain; however, this usually disappears within a few days.

Most women find that the placement procedure causes minor discomfort; however, for some it may be more uncomfortable. If concerned, you may wish to discuss the need for a painkiller or local anesthetic with your healthcare professional. Some women may feel faint after MIRENA is placed, but this feeling subsides after a short rest. The placement procedure may precipitate a seizure in epileptic patients.

It is uncommon, but part or all of MIRENA may penetrate the wall of the uterus during placement and come to rest outside the uterus. If this happens MIRENA must be removed.

When Should MIRENA be Placed?

MIRENA should be placed within seven days of starting your period. When replacing an existing system for a new one, it is not necessary to wait for your period.

How Long Does Placement Take?

The placement procedure usually takes a few minutes after your healthcare professional has completed the pelvic examination.

How Quickly Does MIRENA Start to Work?

When MIRENA is placed within seven days of starting your period, you will be protected from pregnancy immediately. However, it is best to wait 24 to 48 hours before having sexual intercourse in the event of general discomfort.

A reduction in menstrual blood loss should be apparent from the first menstrual cycle.

How Often Should I Have MIRENA Checked?

You should have MIRENA checked approximately 4 to 12 weeks after it is placed, again at 12 months and then once a year until it is removed. MIRENA can stay in place for 5 years before it must be removed.

How Can I Check if MIRENA is in Place?

After each menstrual period or about once a month, you should check by feeling if the two threads are still in place. Your healthcare professional will show you how to do this. Do not pull on the threads as you may accidentally pull MIRENA out.

If you cannot feel the threads, this may indicate that MIRENA has fallen out or uterine perforation has occurred. See your healthcare professional and in the meantime use another method of nonhormonal contraception. You should also see your healthcare professional if you can feel the lower end of MIRENA itself.

Will MIRENA Interfere With Sexual Intercourse?

During sexual intercourse, you or your partner should not be able to feel MIRENA. If you can feel MIRENA, or any pain or discomfort that you suspect may be caused by it, then you should not have sexual intercourse until you see your healthcare professional to verify it is still in the correct position.

The removal threads may be felt by your partner during intercourse.

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.

Can MIRENA Fall Out?

It is unlikely, but possible that MIRENA can come out either completely or partially. If this happens, you are not protected against pregnancy.

An unusual increase in the amount of bleeding during your period might be a sign that this has happened.

If you think it has come out, use another method of nonhormonal contraception until you see your healthcare professional.

Removal of MIRENA

MIRENA should not be left in place for more than 5 years. You should see your healthcare professional when you want to have MIRENA taken out. Removal of MIRENA is usually very easy. However, you should be aware that you may become pregnant upon removal of MIRENA if you have had sexual intercourse during the previous week.

Tell your healthcare professional if you have had sexual intercourse during the preceding week.

Missed Dose

If you wish to continue using MIRENA after 5 years, your healthcare professional can place a new system after removing the old system. If the same MIRENA system has been left in place for longer than 5 years, you may become pregnant. Pregnancy should be ruled out before placement of a new system.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Side effects with MIRENA are more common during the first months after placement; they gradually decrease over time.

Menstrual bleeding irregularities are the most common side effects of MIRENA during the first months after the system is placed, but these effects should decrease over time. Other common side effects might include abdominal pain and absence of menstruation.

The following side effects have also been observed in studies of women taking MIRENA:

Breast pain, IUD complication, pain, painful periods, altered mood, headache, acne, genital discharge, back pain, withdrawal bleeding, ovarian cyst, decreased sex drive, weight increase, menorrhagia, depression, vaginal infection, nervousness, nausea, vaginal hemorrhage, skin disorder.

Side effects of unknown frequencies include: device breakage.

Few women using MIRENA after delivery have reported less milk production.

Side effects such as irregular menstrual bleeding and nausea should go away as your body adjusts to MIRENA. If these symptoms do not go away or if you think you are reacting poorly to MIRENA or having other problems which are not listed above, please tell your healthcare professional.

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN, AND WHAT TO DO ABOUT THEM

Symptom / possible side effect		Talk with your healthcare professional or pharmacist		Get immediate medical help
		Only if severe	In all cases	
Common	Vaginal bleeding	✓		
	Symptoms of vaginal infection, such as itching, or unusual or increased vaginal discharge		✓	
	Headache	✓		
	Abdominal pain		✓	
	Pelvic or back pain		✓	
	Feeling depressed or nervous		✓	
	Expulsion of MIRENA		✓	
Un-common	Severe lower abdominal pain which may be together with bleeding, possibly meaning perforation of the uterus.		✓	
	Migraine		✓	
	Feeling of fullness or tightness in the abdomen	✓		
	Persistent lower abdominal pain, together with fever or unusual discharge from the vagina, possibly meaning pelvic infection.		✓	

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN, AND WHAT TO DO ABOUT THEM				
Symptom / possible side effect		**Talk with your healthcare professional or pharmacist**		**Get immediate medical help**
		Only if severe	**In all cases**	
	Persistent lower abdominal pain, together with nausea or breast tenderness and/or vaginal bleeding, possibly meaning intrauterine pregnancy, miscarriage, or ectopic pregnancy.		✓	
	Dizziness		✓	
Very Rare	Allergic reaction including itchiness, rash, swelling of face and lips, cheeks, tongue and/or throat			✓

See also the section of this leaflet titled The Risks of Using MIRENA, Circulatory Disorder.

This is not a complete list of side effects. For any unexpected effects while taking MIRENA, contact your healthcare professional or pharmacist.

HOW TO STORE IT

Store MIRENA at room temperature (between 15°C and 30°C). Protect MIRENA from moisture and direct sunlight.

Keep out of reach of children and pets.

REPORTING SUSPECTED SIDE EFFECTS

Canada Vigilance Program:

You can report any suspected adverse reactions associated with the use of health products to the Canada Vigilance Program by one of the following 3 ways:

- Report online at www.healthcanada.gc.ca/medeffect
- Call toll-free at 1-866-234-2345
- Complete a Canada Vigilance Reporting Form and:
  - Fax toll-free to 1-866-678-6789, or
  - Mail to: Canada Vigilance Program
    Health Canada
    Postal Locator 1908C
    Ottawa, ON K1A 0K9

Postage paid labels, Canada Vigilance Reporting Form and the adverse reaction reporting guidelines are available on the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect.

NOTE: Should you require information related to the management of the side effect, please contact your health professional. The Canada Vigilance Program does not provide medical advice.

MORE INFORMATION

For more information, please contact your health professional or pharmacist first, or Bayer Medical Information at 1-800-265-7382 or canada.medinfo@bayer.com.

This document plus the full product monograph, prepared for health professionals can be found at: http://www.bayer.ca or by contacting the sponsor at the above mentioned phone number and email address.

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