

Package leaflet: Information for users

Diane-35

0.035 mg/2 mg coated tablets

Ethinylestradiol/cyproterone acetate

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- 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 only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Diane-35 is and what it is used for
2. What you need to know before you take Diane-35
3. How to take Diane-35
4. Possible side effects
5. How to store Diane-35
6. Contents of the pack and other information

1. What Diane-35 is and what it is used for

Diane-35 is used in women of childbearing potential to treat skin conditions such as acne, very greasy skin and excessive hair growth. Due to its contraceptive properties, it should be prescribed for you only if your doctor thinks that treatment with a hormonal contraceptive is appropriate (“pill” or contraceptive is also used hereinafter when such medicines in general and Diane-35 are meant. The information on these medicines also applies to Diane-35 in all instances).

You should take Diane-35 only if your skin condition has not improved after using other treatments for acne, including topical treatments and antibiotics.

2. What you need to know before you take Diane-35

Do not use Diane-35

Tell your doctor before you start using Diane-35 if any of the following points apply to you. Your doctor may then advise you to use a different treatment:

- if you are using another hormonal **contraceptive**,
- if you have (or have ever had) a **blood clot** in your leg (thrombosis), your lungs (pulmonary embolism) or any other part of the body,
- if you have a known personal or family history of vein blockage caused by a blood clot of unknown origin (known, idiopathic venous thromboembolism (VTE)) (with the family history referring to blood vessel blockage in a sibling or parent at a relatively young age),
- if you have (or have ever had) an illness that may be a precursor to a heart attack (e.g. angina pectoris, causing severe chest pain) or **mild stroke** (transient ischaemic attack),
- if you have (or have ever had) a **heart attack or stroke**,
- if you have any complaints that increase the risk of **blood clots** in your veins or arteries (see also “Diane-35 and other vascular disorders”). This applies to the following complaints:
 - o **diabetes with vascular changes**

- very high **blood pressure**
- very high **blood fat levels** (cholesterol or triglycerides),
- if you have problems with **blood clotting** (e.g. protein C deficiency),
- if you suffer (or have ever suffered) from **migraine with visual disturbances**,
- if you have a certain blood disease (sickle cell anaemia),
- if you have severe liver dysfunction (including impaired excretion such as Dubin-Johnson and Rotor syndrome), unless liver function values have returned to normal,
- if you have a past or present history of liver tumours (non-cancerous or cancerous),
- if you have vaginal bleeding, the cause of which has not been medically diagnosed,
- if you smoke (see “Warnings and precautions”),
- if you have a known or suspected cancer of the breast or genital organs influenced by sex hormones,
- if you have a meningioma or have been diagnosed with one in the past (a tumour in the layer of tissue between the brain and skull, which is normally non-cancerous),
- if jaundice, persistent itching or a blistery rash (herpes gestationis) occurred during an earlier pregnancy or in women with middle-ear deafness (otosclerosis) whose hearing deteriorated during an earlier pregnancy,
- if you are currently wishing to conceive, are pregnant or are breast-feeding,
- if you are allergic to ethinylestradiol, cyproterone acetate or any of the other ingredients of Diane-35 (listed in section 6).

Diane-35 should not be used by men.

If any of the above-mentioned cases occurs while you are taking Diane-35, you must stop the medicine immediately and consult your doctor. In the meantime, you should use a different, non-hormonal contraceptive method. For more information, see also “General comments”.

Do not use Diane-35 if you have hepatitis C and are taking any medicines containing ombitasvir / paritaprevir / ritonavir, dasabuvir, glecaprevir / pibrentasvir or sofosbuvir / velpatasvir / voxilaprevir (also see section “Other medicines and Diane-35”).

Warnings and precautions

Talk to your doctor or pharmacist before taking Diane-35.

An increased risk for the development of a non-cancerous brain tumour (meningioma) has been reported for higher cyproterone acetate doses (25 mg a day and above). If you are diagnosed with a meningioma, your doctor will stop all medication containing cyproterone acetate as a precaution, including Diane-35 (see section “Do not use Diane-35”).

General comments

Diane-35 also acts as an oral contraceptive. You and your doctor must consider all the points that normally apply to the safe use of oral hormonal contraceptives.

This leaflet describes several cases in which you should stop Diane-35 immediately or in which contraceptive effectiveness may be reduced. In these cases, you should either not have sexual intercourse or you should use other non-hormonal methods of contraception, e.g. condoms or other barrier methods. However, do not use the calendar or temperature methods.

Diane-35 offers no protection against HIV infection (AIDS) or other sexually transmitted diseases.

When should you consult your doctor?

Stop taking the tablets immediately and consult your doctor at once if you notice possible signs of a blood clot. The symptoms are described in section 2 under “Blood clots (thrombosis)”.

You should stop taking Diane-35 immediately and consult your doctor

- if migraine-like headaches occur for the first time or become more severe, or if unusually frequent or unusually severe headaches occur,
- if you experience acute visual or hearing problems or impaired movement, especially paralysis (possible first sign of a stroke) or other problems in perception,
- at the first signs of vein inflammation with blood clot formation (thrombophlebitis) or thromboembolic symptoms (see section “Special medical monitoring is required”),
- 6 weeks before scheduled surgery (e.g. in the abdomen, orthopaedic), (see section “Certain factors can increase the risk of a blocked vein or artery”)
- at the onset of jaundice, hepatitis or itching over the entire body,
- if you experience an increase in epileptic fits,
- if you experience a major increase in blood pressure,
- if you start experiencing severe depression,
- if you experience severe upper abdominal pain or if your liver becomes enlarged,
- if there is a significant deterioration of any conditions known to get worse during the use of hormonal contraceptives or pregnancy,
- if you suspect or know for certain that you are pregnant. Pregnancy is a reason for immediate discontinuation, as some studies suggest that oral contraceptives taken in early pregnancy might possibly cause a slight increase in the risk of foetal deformities. You must talk to your doctor if you suspect that you are pregnant.

Special medical monitoring is required

- if you have diabetes mellitus,
- if you have a blood pressure reading of more than 140/90 mm Hg (high blood pressure),
- if you have high blood fat levels (hypertriglyceridaemia) or this condition has occurred in your family. Hypertriglyceridaemia has been associated with an increased risk of pancreatitis (inflammation of the pancreas),
- if you are prone to inflammation of surface veins (phlebitis) or have pronounced varicose veins,
- if you suffer from a certain form of hearing impairment (otosclerosis),
- if you have epilepsy (see section “Other medicines and Diane-35”),
- if you suffer from a certain form of St. Vitus’ dance (chorea minor/Sydenham’s chorea),
- if you suffer from a certain haemoglobin production problem (porphyria), which occurs as attacks and you suffer an attack while using Diane-35,
- if you develop gallstones,
- if you are 40 years or older,
- If you notice symptoms of angioedema such as swelling of the face, tongue and/or throat and/or difficulty swallowing or nettle rash possibly with difficulty breathing, you should seek medical assistance immediately. Medicines that contain oestrogens can trigger or worsen symptoms of hereditary or acquired angioedema.

It should be borne in mind that there is an increased risk of experiencing thromboembolic events in the puerperium (period immediately after childbirth) (see also “Pregnancy and breast-feeding”).

Other disorders in which vascular complications may occur are diabetes mellitus, ovarian cysts (polycystic ovarian syndrome, PCOS), systemic lupus erythematosus (a certain disorder of the immune system), a form of kidney impairment (haemolytic-uraemic syndrome) and chronic inflammatory bowel disease (Crohn’s disease or ulcerative colitis).

Biochemical factors may indicate a hereditary or acquired disposition for occlusive vascular diseases. These factors include resistance to activated protein C (APC), hyperhomocysteinaemia, antithrombin-III deficiency, protein C deficiency, protein S deficiency, as well as antiphospholipid antibodies (e.g. anticardiolipin antibodies, lupus anticoagulant).

Diane-35 is similar in composition to combined preparations for hormonal contraception (the “pill”). For this reason, the following warnings for the pill also apply to Diane-35.

Diane-35 and vascular disorders

Blood clots (thrombosis)

When taking Diane-35, the risk of a blood clot (also called a thrombosis) may be slightly increased. The likelihood of a blood clot is only slightly increased when taking Diane-35 compared with women not taking Diane-35 or any other birth control pill. A full recovery does not always happen and 1 - 2% of cases may be fatal

Blood clot in a vein

A blood clot in a vein (also called a “venous thrombosis”) can block the vein. This may occur in the veins of the legs, lungs (pulmonary embolism) or any other organ.

When using a combined pill, a woman’s risk of developing such clots is increased compared to a woman not taking a combined pill. The risk of developing a blood clot in a vein is highest in the first year of pill use. The risk is not as high as that of getting a blood clot during pregnancy.

The risk of blood clots in a vein among users of a combined pill rises further:

- with increasing age;
- **if you smoke.**
If you take a hormonal contraceptive such as Diane-35, you are strongly advised to stop smoking, especially if you are over 35 years of age;
- if a close relative has had a blood clot in a leg, lung or any other organ at an early age;
- if you are overweight;
- if you need to undergo surgery, or if you have been bedridden over a prolonged period due to an injury or illness, or if your leg is in a cast.

If this applies to you, it is important that you tell your doctor you are using Diane-35, as treatment may have to be discontinued in some cases. Your doctor may tell you to stop using Diane-35 for several weeks before surgery or if you have only limited mobility. Your doctor will also tell you when you can start using Diane-35 again, once you are back on your feet.

Blood clot in an artery

A blood clot in an artery can cause serious problems. For example, a blood clot in one of the arteries in the heart can cause a heart attack or in one of the arteries in the brain, a stroke.

The use of a combined pill has been associated with an increased risk of blood clots in the arteries. This risk rises further:

- with increasing age;
- **if you smoke.**
If you take a hormonal contraceptive such as Diane-35, you are strongly advised to stop smoking, especially if you are over 35 years of age;
- if you are overweight;
- if you have high blood pressure;
- if a close relative has had a heart attack or stroke at an early age;
- if you have high blood fat levels (cholesterol or triglycerides);
- if you get migraines;
- if you have a heart problem (heart valve defect, heart rhythm disorders).

Symptoms of blood clots

Stop taking the tablets at once and consult your doctor immediately if you notice possible signs of a blood clot, such as:

- sudden cough of unclear cause;
- severe chest pain, which may radiate into the left arm;
- shortness of breath;
- unusual, severe or prolonged headaches or worsening of migraine;
- partial or complete loss of vision or double vision;
- slurred speech or problems in speaking;
- sudden changes in the sense of hearing, smell or taste;
- dizziness or fainting fits;
- weakness or numbness in any part of the body;
- severe abdominal pain;
- severe pain or swelling in a leg.

A full recovery does not always happen after a blood clot. Rarely, serious permanent disabilities may occur or the blood clot may be fatal.

Immediately after childbirth, women are at increased risk of blood clots, which is why you should ask your doctor how soon after giving birth you can start taking Diane-35.

Your doctor will check whether you are at increased risk of developing a blood clot, based on a combination of risk factors or if any one risk factor is pronounced. In the case of a combination of risk factors, the risk may be higher than by simply adding together two individual risk factors. If the risk of a blood clot is too high, your doctor will not prescribe Diane-35 for you (see “Do not take Diane-35”).

Diane-35 and cancer

The most important risk factor for cervical cancer is persistent infection with the human papillomavirus (HPV). Some studies suggest that long-term use of the pill might increase the risk of a woman developing cervical cancer. To what extent this is also due to sexual behaviour (e.g. frequent changes of partner) or other factors, rather than to taking the pill itself, is not clear.

Breast cancer is found somewhat more frequently in women taking the pill than in non-pill users of the same age. After discontinuation of the pill, the breast cancer figures slowly start to level out and, after 10 years, there is no longer any noticeable difference between former pill users and other women. As breast cancer rarely occurs in women below 40 years of age, the number of additional breast cancer cases in previous or current users of the pill is low compared with the overall risk of breast cancer. The studies provide no information about the causes. The higher risk observed may be due to earlier detection of breast cancer in users of the pill, the biological effects of the pill or a combination of both.

In rare cases, non-cancerous and (more rarely) cancerous liver tumours have been found in pill users. In a few cases, these tumours have led to life-threatening internal bleeding. If you suddenly experience severe abdominal pain, you must consult your doctor immediately.

The above-mentioned cancerous tumours may be life-threatening or have a fatal outcome.

Psychiatric conditions:

Some women using hormonal contraceptives such as Diane-35 have reported depression or depressed mood. Depression can be serious and may occasionally lead to suicidal thoughts. If you experience mood swings or depressive symptoms, contact your doctor for further medical advice as soon as possible.

Reduced effectiveness

The effectiveness of Diane-35 may be reduced if, for example, you forget to take a tablet (see 3. "If you forget to take Diane-35"), in the event of gastrointestinal disorders or if you are also taking certain other medicines (see 3. "What can reduce the contraceptive effect?").

Medical consultation/examination

Before starting to use hormone-containing medicines such as Diane-35, a thorough general examination (body weight, blood pressure, heart, legs and skin, urine glucose testing and, if appropriate, a specific liver diagnostic test) and gynaecological tests (including the breasts and a cervical smear) should be performed and a careful family history taken (cases of disease in the family). Before using Diane-35, pregnancy must be ruled out. Blood clotting disorders must be ruled out if blood clot formation (thromboembolic disease, e.g. deep vein thrombosis, stroke, heart attack) has occurred in blood relatives at a relatively young age. Check-ups at approximately six-monthly intervals are recommended during use.

Other medicines and Diane-35

Always tell your doctor which medicines or herbal products you are already using. Also tell any other doctor or dentist who prescribes you any other medicines (or the pharmacist) that you are taking Diane-35. They will be able to tell you if you need to take any additional contraceptive precautions (e.g. condoms) and, if you do, for how long, or if any of the other medicines that you are using need to be changed.

Some medicines:

- may have an effect on the levels of Diane-35 in the blood
- may reduce contraceptive effectiveness
- may cause unexpected bleeding.

They include:

- medicines for the treatment of:
 - epilepsy (e.g. primidone, phenytoin, barbiturates, carbamazepine, oxcarbazepine)
 - tuberculosis (e.g. rifampicin)
 - HIV and hepatitis C virus infections (known as protease inhibitors and non-nucleoside reverse transcriptase inhibitors such as ritonavir, nevirapine, efavirenz)
 - fungal infections (e.g. griseofulvin, ketoconazole)
 - arthritis, osteoarthritis (etoricoxib)
 - high blood pressure in the blood vessels of the lungs (bosentan)
- and the herbal medicine St. John's wort

Diane-35 can affect the effectiveness of certain other medicines, e.g.

- medicines containing ciclosporin
- the anti-epileptic lamotrigine (this could lead to an increased frequency of seizures)
- theophylline (to treat respiratory problems)
- tizanidine (to treat muscle pain and/or muscle cramps)

Women treated with a medicine from the above substance classes should use additional barrier methods during this time in addition to Diane-35, i.e. while taking the co-medication and for another 28 days thereafter.

If the use of an additional barrier method extends beyond the end of the tablets in the Diane-35 pack, the next Diane-35 pack should be started without the usual 7-day tablet-free interval.

It is also possible that the need for medications to treat diabetes (mellitus) may change. Please note that these statements may also apply to medicines you have taken recently.

Note

Diane-35 must not be combined with medicines used for the purposes of hormonal contraception; if applicable, such medicines should be stopped before the start of therapy with Diane-35 (for more details, see also “How to take Diane-35”).

Do not use Diane-35 if you have hepatitis C and are taking any medicines containing ombitasvir / paritaprevir / ritonavir, dasabuvir glecaprevir / pibrentasvir or sofosbuvir / velpatasvir / voxilaprevir as this may result in raised liver function blood test results (elevated ALT liver enzymes). Your doctor will recommend a different type of contraception to you before you start treatment with these medicines. Diane-35 can be used again approx. 2 weeks after the end of treatment. See section “Do not use Diane-35”.

Laboratory tests

Hormonal contraceptives taken by mouth can affect the results of certain laboratory tests. For this reason, please tell your doctor or the laboratory staff that you are taking Diane-35 if you need to have a blood test or other laboratory tests.

Pregnancy and breast-feeding

If you are pregnant or think you may be pregnant, Diane-35 must not be used. If pregnancy occurs whilst you are using Diane-35, the product must be discontinued immediately. However, previous use of Diane-35 does not constitute grounds for terminating a pregnancy.

You must not use Diane-35 during breast-feeding, as milk production may be reduced and small amounts of active substance pass into human milk.

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines

No effects on the ability to drive and use machines have been observed.

Diane-35 contains lactose and sucrose (sugar).

Each single tablet of this medicine contains lactose and sucrose. For this reason, if you have been told that you have an intolerance to some sugars, please talk to your doctor before taking Diane-35.

3. How to take Diane-35

When, how often and for how long is Diane-35 used?

Diane-35 suppresses ovulation and thus has a contraceptive effect. Patients using Diane-35 should therefore not use any extra hormonal contraceptive, as this will lead to a hormone overdose and is not required for effective contraceptive protection. For this same reason, women wishing to conceive should not use Diane-35.

The following information applies unless you have been prescribed Diane-35 otherwise by your doctor. Please always follow the instructions for use, as Diane-35 may otherwise not work properly.

Diane-35 should be started on day 1 of a monthly period. Only women who do not have periods should start the therapy prescribed by their doctor immediately; in this case, the first day of tablet-taking should be the same as day 1 of their cycle and counting is continued according to the following recommendations.

Remove the first tablet from the unit marked with the day of the week on which tablet-taking is started (e.g. “Mon” for Monday). Swallow it whole (not chewed), with some liquid if required. If you start taking Diane-35 very soon after childbirth or miscarriage, you should ask the doctor whether additional protective measures are required during the first cycle, so that pregnancy can be reliably prevented.

Then, take one further tablet daily in the direction of the arrows until the calendar pack is finished. Once you have selected a time of day for taking your tablet, you should keep to it. During the subsequent 7-day tablet-free interval, bleeding will start 2-4 days after the last tablet.

After the 7-day pause, continue to take tablets from the next calendar pack, regardless of whether or not bleeding has stopped.

Note:

Contraceptive protection starts on the first day of tablet-taking and is also maintained during the 7-day pauses. You must therefore not use other hormonal contraceptives at the same time.

When do you start taking Diane-35?

- If you have not taken a contraceptive pill in the previous month:

Start taking Diane-35 on the first day of your cycle, i.e. on the first day of your monthly period. If you start taking it between days 2 and 5, additional use of a barrier method of contraception (e.g. condoms) is recommended.

- If you have been using a pill (with two hormonal active substances, a so-called combined oral contraceptive), vaginal ring or transdermal patch:

You should preferably start taking Diane-35 on the day after the last hormonal tablet of your previous pill (or after removal of the last vaginal ring or last transdermal patch) from a cycle pack, but by no later than the day after the usual tablet-free (ring-free, patch-free) interval. If the pack of your previous pill also contains tablets without any active substance, you must start taking Diane-35 on the day after taking the last inactive tablet.

- If you have been taking a pill containing only one hormone (progestogen) (so-called minipill):

You can stop the minipill on any day you wish and start taking Diane-35 the very next day. For the first 7 days, additional use of a barrier method of contraception (e.g. condom) is required.

- Switching from an injection, an implant or the coil:

Start taking Diane-35 at the time when the next injection should normally be given, or on the day when the implant or coil is removed. For the next 7 days, additional use of a barrier method of contraception (e.g. condom) is required.

- After childbirth:

If you have just had a baby, you should start taking Diane-35 no earlier than 21 to 28 days after the delivery. If you start taking it any later, you should also use a barrier method of contraception for the first 7 days. If you have already had sexual intercourse, pregnancy must be ruled out before you start taking Diane-35 or you must wait until your first monthly period.

- After a miscarriage or abortion:

Please talk to your doctor.

What can reduce the contraceptive effect?

Dosing errors, vomiting or intestinal diseases with diarrhoea, prolonged concomitant use of certain oral medicines (see "Other medicines and Diane-35") and very rare individual metabolic disorders can cancel the contraceptive effect. Mild laxatives have no impact on reliability.

For how long should you take Diane-35?

Your doctor will tell you how long you have to take Diane-35 for.

If, exceptionally, you have experienced no bleeding during the tablet-free interval, you should firstly stop using Diane-35 and seek medical advice.

When treating signs of androgenisation, immediate success cannot generally be expected. In these cases, treatment over several months is required. It is recommended that treatment be stopped 3 to 4 cycles after the signs of illness have completely disappeared.

In cases where the success of therapy for

- severe acne or seborrhoea over at least 6 months, or
 - abnormally increased facial and body hair (hirsutism) over at least 12 months
- is absent or insufficient, combined use of Diane-35 and Androcur® 10 mg tablets or Androcur® 50 mg tablets should be considered or the therapeutic approach reviewed.

However, as soon as the signs of androgenisation have disappeared, a woman still wanting contraceptive protection should, if appropriate, be switched to a low-dose oral contraceptive. If androgenetic symptoms reappear, treatment with Diane-35 can be resumed. If you start taking Diane-35 again after an interval of 4 weeks or more, you should bear in mind that there is an increased risk of venous thrombosis and pulmonary embolism (see section "Diane-35 and vascular disorders").

If you take more Diane-35 than you should

Possible signs of an overdose are nausea and vomiting (usually after 12 to 24 hours, in some cases lasting up to a few days) and mild vaginal bleeding. If relatively large amounts have been taken, you must consult a doctor, who will be able to treat the symptoms.

Nausea and vomiting may occur if you have taken several tablets at once. You may also experience vaginal bleeding. Such bleeding may occur even in girls who have not yet started their period and who have accidentally taken this medicine.

If you forget to take Diane-35

Depending on which day of your cycle you forget **one tablet**, you must take **additional contraceptive measures** (e.g. use a condom). If in doubt, ask your doctor.

- If you are **less than 12 hours** late in taking **any one tablet**, the contraceptive effect of Diane-35 is still assured. You must then take the missed tablet as soon as possible and then revert to taking the next tablets at your usual time.
- If you are **more than 12 hours** late in taking any one tablet, the contraceptive effect is no longer assured. The risk of unwanted pregnancy is particularly high if a tablet has been missed at the start or end of the blister. In this case, you should follow the instructions below (see also diagram).

You have missed more than 1 tablet in the current blister:

Ask your doctor for advice.

You have forgotten 1 tablet in week 1:

Take the missed tablet as soon as possible, even if this means taking two tablets at the same time. You can then continue taking your tablets as normal, but you must use extra contraceptive protection (e.g. a condom) for the next 7 days. If you have had sexual intercourse in the week before you forgot to take the tablet, there is a risk of pregnancy. In this case, tell your doctor immediately.

You have forgotten 1 tablet in week 2:

Take the missed tablet as soon as possible, even if this means taking two tablets at the same time. Provided that you have been taking Diane-35 regularly on the previous 7 days before the forgotten Diane-35 tablet, the contraceptive effect is assured and you need not use extra protective measures.

You have forgotten 1 tablet in week 3:

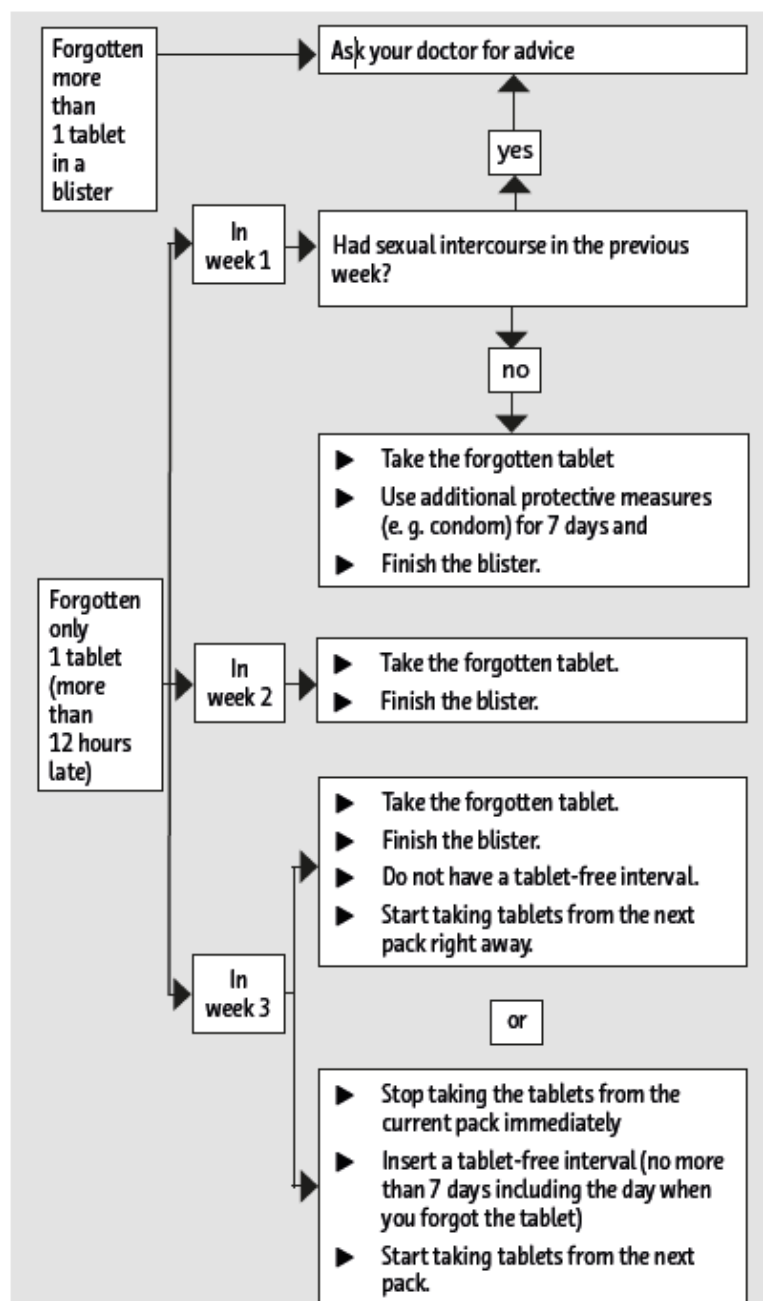
You can choose between two options:

1. Take the missed tablet as soon as possible, even if this means having to take two tablets at the same time. You can then revert to taking your next tablets at your usual time. Skip the tablet-free interval and start taking tablets from the next blister right away. In this case, you will most probably not experience proper withdrawal bleeding until you have finished this second blister, but spotting and bleeding between periods may occur whilst you are taking tablets from the second blister.

or

2. You can also stop taking tablets from your current blister immediately and, after a tablet-free interval of no more than 7 days (including the day when the tablet was missed), start taking tablets from the next blister right away. If you would like to start taking tablets from the new blister on your usual day of the week, you can insert a tablet-free interval of less than 7 days.

- If you have forgotten to take your tablet more than once and, after finishing a blister, no bleeding occurs in the first normal tablet-free interval, you may have become pregnant. In this case, you must consult your doctor before starting a new blister.



What to consider

... if you suffer vomiting or diarrhoea

In the event of severe gastrointestinal disorders, the active substance may not be completely absorbed and extra contraceptive measures should be used.

If you experience vomiting within 3 - 4 hours of taking a tablet, the same instructions as for missing a tablet apply. If you do not wish to change your dosing schedule, you must take the replacement tablet from another blister.

..... if unexpected bleeding occurs

Especially in the first few months, unexpected bleeding may occur (spotting or bleeding between periods). However, you should continue to take your tablets as normal. This irregular bleeding generally wears off after about three cycle packs, as soon as your body has become used to Diane-35. However, you must consult your doctor if bleeding persists, becomes heavier or returns.

..... if you fail to have a period

If you have taken all your tablets correctly, have not vomited or had severe diarrhoea and if you have taken no other medicines, pregnancy is very unlikely. However, you should consult your doctor and stop taking the tablets until your doctor has conclusively ruled out pregnancy.

If you stop taking Diane-35

If you want to stop taking Diane-35, ask your doctor or pharmacist for advice.

Use in children and adolescents

Do not use Diane-35 if you have not yet started your periods (menstruation).

Use in elderly women

Diane-35 should not be used during or after the menopause.

Use in women with liver dysfunction

Do not take Diane-35 if you have liver disease. See also in section 2 "Do not take Diane-35" and "Warnings and precautions."

Use in women with impaired kidney function

Talk to your doctor before you start taking Diane-35.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them. If you get side effects, especially if they are serious and persistent, or if there is a change in your state of health and you think this is due to Diane-35, please talk to your doctor.

Serious side effects

You should seek medical assistance immediately if you notice one of the following symptoms of angioedema: swelling of the face, tongue and/or throat and/or difficulty swallowing or nettle rash possibly with difficulty breathing (see also section "Warnings and Precautions").

All women using Diane-35 or the "pill" are at increased risk of blood clots in the veins (venous thromboembolism [VTE]) or arteries (arterial thromboembolism [ATE]). For more details on the various risks

associated with the use of these medicines, see section 2. "What you need to know before you take Diane-35".

The side effects listed below have been associated with taking Diane-35:

Common side effects (1 to 10 out of 100 users may be affected)

- nausea
- abdominal pain
- weight gain
- headache
- depressive mood, mood swings
- breast tenderness, breast pain
- bleeding between periods

Uncommon side effects (1 to 10 out of 1,000 users may be affected)

- vomiting
- diarrhoea
- tissue fluid accumulation
- migraine
- effect on sex drive
- breast enlargement
- skin rash
- nettle rash
- yellowish-brown patches on the skin (chloasma)

Rare side effects (1 to 10 out of 10,000 users may be affected)

- contact lens intolerability (dry eyes)
- blood clot in a vein
- hypersensitivity reaction
- weight loss
- breast discharge
- change in vaginal secretion (e.g. increased discharge)
- a skin condition with lumps beneath the skin (erythema nodosum), severe skin rash (erythema multiforme)

Unknown (frequency cannot be estimated on the basis of the available data)

- Increased blood pressure

Furthermore, the following side effects have been reported during use of the pill:

- vascular occlusion (blockage) in the arteries due to blood clots,
- vascular occlusion (blockage) in the veins due to blood clots,
- high blood pressure,
- liver tumours (non-cancerous or cancerous),
- onset and worsening of the following disorders associated with taking the pill, but whose causes have not been definitely proven:
chronic inflammatory bowel disease (Crohn's disease and ulcerative colitis), epilepsy, uterine myomas, a metabolic disorder that affects the production of haemoglobin (porphyria), a disease of the immune system (systemic lupus erythematosus), blistering eruption (blistering skin disorder occurring during pregnancy, pemphigoid gestationis), a neurological disorder characterised by involuntary movements of the muscles (Sydenham's chorea), a blood disorder leading to kidney damage (haemolytic-uraemic syndrome), jaundice and/or itching due to bile accumulation (cholestasis), gallstones (cholelithiasis),
- Pigment disorders (chloasma),
- Acute or chronic liver function disorders may necessitate discontinuation of Diane-35 until the liver function values have returned to normal.

The frequency of breast cancer diagnoses is slightly increased in users of the pill. As breast cancer rarely occurs in women under 40 years of age, the number of additional breast cancer diagnoses is small in relation to the overall risk of developing breast cancer. It is not known whether the development of cancer is attributable to taking the “pill”. For more information, see the section “Diane-35 and cancer”.

If symptoms have recently become much worse in women suffering from increased body hair (hirsutism), the causes of this (androgen-producing tumour, problems affecting adrenal cortex enzymes) must be investigated by a doctor.

Other metabolic functions

In isolated cases, disturbances in the metabolism of folic acid and tryptophan (an amino acid) may occur.

Due to its composition, Diane-35 has a contraceptive effect when taken regularly. Irregular intake of Diane-35 can lead to cycle irregularities. The regular intake of Diane-35 is very important in preventing both cycle irregularities and pregnancy (due to a possible effect of cyproterone acetate on a developing child).

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. 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): | |
| <p>Oman: Tel: +968 - 2444 1999 Fax: +968 - 24602287 Email: pharma-vigil@moh.gov.om Website: www.moh.gov.om</p> | <p>Jordan: Tel: +962-6-5632000 JFDA email : jpc@jfda.jo JFDA website: www.jfda.jo http://primaryreporting.who-umc.org/JO</p> |
| <p>United Arab Emirates (UAE): Pharmacovigilance & Medical Device section Tel: 80011111 / +971 42301000 Email: pv@mohap.gov.ae Website: www.mohap.gov.ae P.O.Box 1853 Dubai</p> | <p>Kuwait: Drug & Food Control, Ministry of Health Tel.: +965-24811532 Fax: +965-24811507 Email : Adr_reporting@moh.gov.kw Website: http://eservices.moh.gov.kw/SPCMS/DrugCmp.aspx</p> |
| <p>Other Countries: Please contact the relevant competent authority</p> | |

5. How to store Diane-35

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

Do not use this medicine after the expiry date which is stated on the carton and blister after “EXP”. The expiry date refers to the last day of that month.

Do not store above 30°C.

6. Contents of the pack and other information

What Diane-35 contains

- The active substances are: ethinylestradiol and cyproterone acetate.
1 coated tablet contains 0.035 mg ethinylestradiol and 2 mg cyproterone acetate.
- The other ingredients are:

In the tablet core: lactose monohydrate, maize starch, povidone k 25, talc and magnesium stearate,

In the tablet shell: sucrose, povidone k 90, macrogol 6000, calcium carbonate (E170), talc, glycerol 85% (E422), titanium dioxide (E171), iron(III) hydroxide oxide x H₂O (yellow, E172) and montan glycol wax.

What Diane-35 looks like and contents of the pack

The tablets are beige, round and have a sugar coating.
Diane-35 is available in calendar packs of 21 coated tablets, 3 x 21 coated tablets and 6 x 21 coated tablets.
Not all pack sizes may be marketed.

Manufacturer

Bayer Weimar GmbH und Co. KG
Dobereinerstrasse 20,
99427 Weimar, Germany.

Marketing Authorisation Holder

Bayer AG
Kaiser-Wilhelm-Allee 1
51368 Leverkusen, Germany

This leaflet was last revised in October 2022.

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

Properties

The cyproterone acetate contained in Diane-35 inhibits the effect of male sex hormones (androgens), which are also produced by the female body.

Whilst Diane-35 is taken, there is a reduction in increased sebaceous gland function, which plays an important role in the development of acne and seborrhoea. This leads - usually after 3 to 4 months of treatment - to the healing of existing acne lesions. In general, excessive hair and skin oils disappear even sooner; hair loss, which often accompanies this condition, also resolves. However, in sexually mature women with mild forms of hirsutism, success can be expected only after several months of use.