

ORAL CONTRACEPTIVE LABELING

DESCRIPTION

This section includes generic name, amount, chemical name and the structural formula of each active ingredient.

ACTIONS

Combination oral contraceptives: The mechanism of action is inhibition of ovulation resulting from gonadotropin suppression. Changes in cervical mucus and endometrium may be contributory mechanisms.

Sequential oral contraceptives: The mechanism of action is inhibition of ovulation resulting from gonadotropin suppression.

SPECIAL NOTE

Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision. Long term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency for some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can neither be affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

INDICATIONS

The Obstetrics and Gynecology Advisory Committee considered the following indications acceptable: contraception, endometriosis, and hypmenorrhea. These indications may be used in the labeling when efficacy has been demonstrated in each case. Any other claims will be evaluated on the basis of oral contraceptives. Your reports of adverse reactions will help us to do this. efficacy data available to support each.

CONTRAINDICATIONS

1. Thrombophlebitis, thromboembolic disorders, cerebral apoplexy, or a past history of these conditions.
2. Markedly impaired liver function.
3. Known or suspected carcinoma of the breast.
4. Known or suspected estrogen dependent neoplasia.
5. Undiagnosed abnormal genital bleeding.

WARNINGS

1. The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, and retinal thrombosis). Should any of these occur or be suspected, the drug should be discontinued immediately. Retrospective studies of morbidity and mortality in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis and pulmonary embolism and the use of oral contraceptives. There have been three principal studies in Britain¹⁻³ leading to this conclusion, and one⁴ in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll³ was about sevenfold, while Sartwell and associates in the

¹ Royal College of General Practitioners; Oral Contraception and Thromboembolic Disease. J. Coll. Gen. Pract. 13:267-279, 1967.

² Inman, W. H. W. and Vessey, M. P. Investigation of Deaths from Pulmonary Coronary and Cerebral Thrombosis and Embolism in Women in Child Bearing Age, Brit. Med. J. 2:193-199, 1968.

³ Vessey, M. P. and Doll, R. Investigation of Relation between Use of Oral Contraceptives and Thromboembolic Disease. A Further Report. Brit. Med. J. 2:651-657, 1969.

⁴ Sartwell, P. E., Masi, A. T., Arthes, F. G., Greene, G. R., and Smith, H. E. Thromboembolism and Oral Contraceptives; An Epidemiological Case-Control Study. Am. J. Epidemiol. 90:365-380, (November) 1969.