ARTWORK DETAIL LABEL

Product	Daisy - 30				
Buyer/Country	Malaysia				
Item Code	XXXXXXXX				
Dimension	Open Size: 223 x 134 mm, Folding size : 134 x 27 mm	**Component**	Leaflet	**Pack**	NA
Colour Shades	Black			**No. of Colours**	1
Non Printing Colour	Die Line				
Date	10-12-2024				
Special Instructions	NA				

27 mm

Daisy - 30 Tablets

Desogestrel and Ethinylestradiol Tablets

Composition:
Each tablet contains:
Desogestrel ..... 150 mcg
Ethinylestradiol ..... 30 mcg
Excipients q.s.

Description:
Round, white to off-white, uncoated, biconvex tablets debossed with '227' on one side and other side plain.

Pharmacodynamics:
The contraceptive effect of Daisy-30 is based on the interaction of various factors, the most important of which are seen as the inhibition of ovulation and the changes in the cervical secretion.

Pharmacokinetics:
Desogestrel
Absorption
Orally administered desogestrel is rapidly and completely absorbed and converted to etonogestrel. Peak serum concentrations of approximately 2 ng/ml are reached at about 1.5 hours after single ingestion. Bioavailability is 62 –81%.

Distribution
Etonogestrel is bound to serum albumin and to sex hormone binding globulin (SHBG). Only 2 - 4% of the total serum drug concentrations are present as free steroid, 40 - 70% are specifically bound to SHBG. The ethinylestradiol-induced increase in SHBG influences the distribution over the serum proteins, causing an increase of the SHBGbound fraction and a decrease of the albumin-bound fraction. The apparent volume of distribution of desogestrel is 1.5 L/kg.

Metabolism
Etonogestrel is completely metabolised by the known pathways of steroid metabolism. The metabolic clearance rate from serum is about 2 mL/min/kg. No interaction was found with the co-administered ethinylestradiol.

Elimination
Etonogestrel serum levels decrease in two phases. The terminal disposition phase is characterised by a half-life of approximately 30 hours. Desogestrel and its metabolites are excreted at a urinary to biliary ratio of about 6:4.

Steady-state conditions
Etonogestrel pharmacokinetics are influenced by SHBG levels, which are increased threefold by ethinylestradiol. Following daily ingestion, drug serum levels increase about two- to threefold, reaching steady state conditions during the second half of the treatment cycle.

Ethinylestradiol
Absorption
Orally administered ethinylestradiol is rapidly and completely absorbed. Peak serum concentrations of about 80 pg/ml are reached within 1-2 hours. Absolute bioavailability as a result of presystemic conjugation and first-pass metabolism is approximately 60%.

Distribution
Ethinylestradiol is highly but non-specifically bound to serum albumin (approximately 98.5%) and induces an increase in the serum concentrations of SHBG. An apparent volume of distribution of about 5 L/kg was determined.

Metabolism
Ethinylestradiol is subject to presystemic conjugation in both small bowel mucosa and the liver. Ethinylestradiol is primarily metabolised by aromatic hydroxylation but a wide variety of hydroxylated and methylated metabolites are formed, and these are present as free metabolites and as conjugates with glucuronides and sulphate. The metabolic clearance rate is about 5 mL/min/kg.

Elimination
Ethinylestradiol serum levels decrease in two phases, the terminal disposition phase is characterised by a half-life of approximately 24 hours. Unchanged drug is not excreted; ethinylestradiol metabolites are excreted at a urinary to biliary ratio of 4:6. The half-life of metabolite excretion is about 1 day.

Steady-state conditions
Steady state concentrations are reached after 3-4 days when serum drug levels are higher by 30 - 40% as compared to single dose.

Indication:
Oral contraception

Recommended Dose:
How to take Daisy-30
One tablet is taken daily at the same time,(preferably in the evening) without interruption for 21 days, followed by a break of 7 tablet-free days. Each subsequent pack is started after the 7 tablet-free days have elapsed. Additional contraceptive precautions are not then required.
How to start Daisy-30
It is preferable that tablet intake from the first pack is started on the first day of menstruation in which case no extra contraceptive precautions are necessary.
If menstruation has already begun, (that is 2, 3, or 4 days previously), tablet taking should commence on day 5 of the menstrual period. In this case additional contraceptive precautions must be taken for the first 7 days of tablet taking. If menstruation began more than 5 days previously then the patient should be advised to wait until her next menstrual period before starting to take Daisy-30.

Post-Partum Administration
Following childbirth oral contraceptive administration to non-breast feeding mothers should be started 21 days post-partum in which case no additional contraceptive precautions are required.
If intercourse has taken place post-partum, oral contraceptive use should be delayed until the first day of the first menstrual period.
If post-partum administration of Daisy-30 begins more than 21 days after delivery then additional contraceptive precautions are required for the first 7 days.
N.B. Mothers who are breast feeding should be advised not to use the combined pill since this may reduce the amount of breast-milk, but may be advised instead to use a progestogen-only pill (POP).
After miscarriage or abortion administration should start immediately in which case no additional contraceptive precautions are required.

Changing from a 21 day pill or another 22 day pill to Daisy-30:
All tablets in the old pack should be finished. The first Daisy-30 tablet is taken the next day i.e. no gap is left between taking tablets nor does the patient need to wait for her period to begin. Tablets should be taken as instructed in 'How to take Daisy-30'. Additional contraceptive precautions are not required. The patient will not have a period until the end of the first Daisy-30 pack, but this is not harmful, nor does it matter if she experiences some bleeding on tablet-taking days.

Changing from a combined Every Day Pill (28 day tablets) to Daisy-30:
Daisy-30 should be started after taking the last active tablet from the 'Every Day Pill' pack (i.e. after taking 21 or 22 tablets). The first Daisy-30 tablet is taken the next day i.e. no gap is left between taking tablets nor does the patient need to wait for her period to begin. One tablet is taken daily at the same time, without interruption for 21 days, followed by a 7 day tablet-free period. Each subsequent pack is started after the 7 day tablet-free period has elapsed. Additional contraceptive precautions are not required. Remaining tablets from the Every Day (ED) pack should be discarded. The patient will not have a period until the end of the first Daisy-30 pack, but this is not harmful, nor does it matter if she experiences some bleeding on tablet-taking days.

Changing from a Progestogen-only Pill (POP or Mini Pill) to Daisy-30:
The first Daisy-30 tablet should be taken on the first day of the period, even if the patient has already taken a mini pill on that day. One tablet is taken daily at the same time, without interruption for 21 days, followed by a 7 day tablet-free period. Each subsequent pack is started after the 7 day tablet-free period has elapsed. Additional contraceptive precautions are not then required. All the remaining progestogen-only pills in the mini pill pack should be discarded.
If the patient is taking a (mini) pill, then she may not always have a period, especially when she is breast feeding. The first Daisy-30 tablet should be taken on the day after stopping the mini pill. All remaining pills in the mini pill packet must be discarded. Additional contraceptive precautions must be taken for the first seven days.

ADDITIONAL CONTRACEPTIVE PRECAUTIONS
When additional contraceptive precautions are required the patient should be advised either not to have sex, or to use a cap plus spermicide, or for her partner to use a condom. Rhythm methods should not be advised as the pill disrupts the usual cyclical changes associated with the natural menstrual cycle e.g. changes in temperature and cervical mucus.

How to skip a period
To skip a period, a new pack of Daisy-30 should be started on the day after finishing the current pack (the patient skips the tablet-free days). Tablet-taking should be continued in the usual way. During the use of the second pack she may experience slight spotting or break-through bleeding but contraceptive protection will not be diminished provided there are no tablet omissions. The next pack of Daisy-30 is started after the usual 7 tablet free days, regardless of whether the period has completely finished or not.

Advice in case of missed pills
The reliability of Daisy-30 may be reduced if tablets are forgotten:
If the forgotten tablet is taken **within 12 hours,** no further precautions are necessary, further tablets should be taken at the usual time.
If one or more tablets are forgotten for **more than 12 hours**, contraceptive protection will be reduced. The patient should take the last forgotten tablet, even if this means taking two tablets in one day, and then continue to take tablets at the normal time. Additional contraceptive precautions should be taken for the next seven days, and the patient should follow 'the 7-day rule'.

Advice in case of Vomiting or Diarrhoea
If after tablet intake vomiting or diarrhoea occurs, a tablet may not be absorbed properly by the body. If the symptoms disappear within 12 hours of tablet-taking, the patient should take an extra tablet from a spare pack and continue with the rest of the pack as usual. However, if the symptoms continue beyond those 12 hours, additional contraceptive precautions are necessary for any sexual intercourse during the stomach or bowel upset and for the following 7 days (the patient must be advised to follow '7-day rule').

Route of Administration:
For oral administration.

Contraindications:
Oral contraception is contraindicated in the following cases:
- Known or suspected pregnancy
- Moderate to severe hypertension
- Hyperlipoproteinaemia
- Presence or a history of arterial thrombosis (e.g. myocardial infarction, cerebrovascular events)
- Presence of any risk factor for arterial or venous thromboembolism.
- Diabetic angiopathy.
- Severe liver disease, cholestatic jaundice or hepatitis, or a history of these conditions (if the results of liver function tests have failed to return to normal, and for 3 months after liver function tests have been found to be normal), a history of jaundice during pregnancy, jaundice due to the use of steroids, Rotor syndrome and Dubin-Johnson syndrome, hepatic cell tumours and porphyria.
- Cholelithiasis
- Known or suspected estrogen-dependent tumours, endometrial hyperplasia undiagnosed vaginal bleeding.
- Systemic lupus erythematosus or a history of this condition.
- A history during pregnancy or previous use of steroids of severe pruritis, herpes gestationis, jaundice, a manifestation or deterioration of otosclerosis.
- Hypersensitivity to any of the components of the preparation .

Warnings and precautions:
- If any signs of thromboembolic processes occur, treatment should be discontinued immediately.
- Smoking increases the risk of contracting vascular diseases, a risk increasing with age. In addition, this risk is probably slightly greater in users of estrogen containing oral contraceptives than in non-users. Women over approximately 35 years of age should therefore be advised to stop smoking if they want to use this preparation.
- In patients using estrogen-containing preparations, the risk of deep-vein thrombosis may be temporarily increased when undergoing major surgery or prolonged immobilization.
- In the presence of severe varicose veins, the benefits of estrogen-containing preparations must be weighed against the possible risks.
- Treatment should be discontinued if the results of liver function tests become abnormal.
- Hepatic cell adenomas have been reported very rarely in women using oral contraceptives. The adenoma may present itself as an abdominal mass and/or with the signs and symptoms of acute abdominal pain. A bleeding hepatic cell adenoma should be considered if the patient has abdominal pain or signs of intra-abdominal bleeding.
- Chloasma is occasionally seen during the use of estrogen and/or progestagen containing preparations, especially inwomen with a history of chloasma gravidarum. Women with a tendency to chloasma should avoid exposure to the sun while taking this preparation.
- During the use of estrogen-containing oral contraceptives, depression may occasionally occur. If this is accompanied by a disturbance in tryptophan metabolism, administration of vitamin B6 might be of therapeutic value.
- The use of steroids may influence the results of certain laboratory tests.
- During prolonged treatment with estrogen and/or progestagen-containing preparations periodic medical examination is advisable.
- Patients with any of the following conditions should be monitored:
  - latent or overt cardiac failure, renal dysfunction, hypertension, epilepsy or migraine (or a history of these conditions), since aggravation or recurrence may occasionally be induced. During infections or anoxia, estrogen-containing preparations may induce thromboembolic processes in patients with this condition;
  - estrogen-sensitive gynaecological disorders, e.g. uterine fibromyomata which may increase in size, and endometriosis which may become aggravated during estrogen treatment.
- Intolerant to lactose, which is one of the ingredients in this preparation.

Interactions with other medicaments:
The tablet should be administered with caution if the following drugs are also given concurrently:
- Ampicillin, chloramphenicol, neomycin, penicillin-V, sulphonamides, tetracyclines, dihydroer gotamine, tranquillizers (the contraceptive effect may be decreased, therefore the use of nonhormonal contraceptive method is also recommended)
- Anticoagulants, coumarin or indandione derivatives (the determination of prathrombin time and, if necessary, the modification of the anti-coagulant dose may necessary)
- Tricyclic antidepressants, maprotiline (the bioavailability of these drugs may be enhanced, with increased risk of toxicity)
- Oral antidiabetics, insulin (modification of dosage of these drugs may be necessary)
- Activated charcoal, laxatives (the contraceptive effect may be decreased)
- Bromocriptine (amenorrhoea and/or galactorrhoea may develop)
- Hepatotoxic drugs (increased risk of hepatotoxicity)

Pregnancy and Lactation:
This drug is contraindicated during pregnancy. Estrogen/progestagen-containing oral contraceptives may affect the quality and reduce the quantity of milk produced. A small proportion of the active substances may be excreted in the milk.

Side Effects
The following adverse reactions have been associated with estrogen and/or progestagen therapy:
- Genito-urinary tract intermenstrual bleeding, post-medication amenorrhoea, changes in cervical secretion, increase in size of uterine fibromyomata, aggravation of endometriosis, certain vaginal infections, e.g. candidiasis.
- Breast tenderness, pain, enlargement, secretion.
- Gastro-intestinal tract nausea, vomiting, cholelithiasis, cholestatic jaundice.
- Cardiovascular system thrombosis, rise of blood pressure.
- Skin chloasma, erythema nodosum, rash.
- Eyes discomfort of the cornea if contact lenses are used.
- CNS headache, migraine, mood changes.
- Various fluid retention, reduced glucose tolerance, change in body weight.

Symptoms and treatment of Overdose:
The toxicity of both desogestrel and ethinylestradiol is very low. Therefore with Daisy 30 toxic symptoms are not expected to occur when, e.g. by young children, several tablets are taken simultaneously. Symptoms that possibly may occur in this case are: nausea, vomiting and in young girls slight vaginal bleeding. A specific treatment is probably not required, if necessary supportive treatment can be given.

Storage:
Store below 30°C. Keep out of reach of children.

Shelf Life: 30 months

Presentation:
1 pouch is packed in a printed carton along with a package insert.
3 pouches are packed in a printed carton along with a package insert.
6 pouches are packed in a printed carton along with a package insert.
Each pouch contains a blister pack of 21 tablets of Daisy-30.

223 mm

Manufactured by:
Senador Laboratories Private Limited
Plot No. 20 & 21, Pharmez, Sarkhej - Bavla National Highway No. 08 A,
Near Village - Matoda, Tal. Sanand, Dist. Ahmedabad - 382213

Senador

Product Registration Holder
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Bandar Sri Damansara
52200 Kuala Lumpur, Malaysia

Date of preparation: January 2025

XXXXXXXX

134 mm

134 mm

○ Non Printing Colour