

1 INDICATIONS AND USAGE

LIANA™ is a combination of Drospirenone, a progestin, and Estetrol, an estrogen, indicated for use by females of reproductive potential to prevent pregnancy.

2 DOSAGE AND ADMINISTRATION

The recommended dosage of LIANA™ is one tablet daily for 28 consecutive days: one pink active tablet daily at the same time during the first 24 days followed by one white inactive tablet daily during the 4 following days.

2.1 Instruction for missed doses

• If one pink active tablet is missed	Take the missed tablet as soon as possible and take the next tablet at the scheduled time, even if two active tablets are taken in one day. Continue taking one tablet a day until the pack is finished.
• If two or more pink active tablets are missed in Week 1 or Week 2	Take one missed tablet as soon as possible and take the tablet for the current day (that means taking two tablets in one day) and discard the other missed tablets. Continue taking one tablet a day until the pack is finished. Use additional non-hormonal contraception as back-up until pink tablets have been taken for 7 consecutive days.
• If two pink active tablets are missed in Week 3	Take one missed tablet as soon as possible and take the tablet for the current day (that means taking two tablets in one day) and discard the other missed tablets. Finish the active tablets and discard the inactive tablets in the pack. Start a new pack of tablets the next day. Use additional non-hormonal contraception as back-up until pink tablets have been taken for 7 consecutive days.
• If one or more white inert tablets are missed	Skip the missed pill days and continue taking one tablet a day until the pack is finished.

2.2 Administration recommendations after vomiting or acute Diarrhea

If vomiting or acute diarrhea occurs within 3 to 4 hours after taking an active tablet, take the new active tablet (scheduled for the next day) as soon as possible. Take the new tablet within 12 hours of the usual time of tablet-taking if possible. If more than two tablets are missed, follow the advice concerning missed tablets, including using backup non-hormonal contraception.

3 CONTRAINDICATIONS

LIANA™ is contraindicated in females who develop or are known to have the following conditions:

- A high risk of arterial or venous thrombotic diseases
- Current or history of a hormonally-sensitive malignancy (e.g., breast cancer)
- Hepatic adenoma, hepatocellular carcinoma, acute hepatitis or decompensated cirrhosis
- Co-administration with hepatitis C drug combinations containing ombitasvir/paritaprevir/ritonavir, with or without dasabuvir
- Abnormal uterine bleeding that has an undiagnosed etiology
- Renal impairment
- Adrenal insufficiency

4 WARNINGS AND PRECAUTIONS

- Thromboembolic Disorders and Other Vascular Problems: Stop LIANA™ if a thrombotic or thromboembolic event occurs. Start no earlier than 4 weeks after delivery. Consider all cardiovascular risk factors before initiating in any female, particularly in the presence of multiple risk factors.
- Hyperkalemia: Check serum potassium concentration during the first LIANA™ treatment cycle in females on long-term treatment with medications that may increase serum potassium concentration.
- Hypertension: Monitor blood pressure periodically and stop use if blood pressure rises significantly.
- Migraine: Discontinue if new, recurrent, persistent, or severe migraines occur.
- Hormonally-Sensitive Malignancy: Discontinue LIANA™ if a hormonally-sensitive malignancy is diagnosed.

- Liver Disease: Withhold or permanently discontinue for persistent or significant elevation of liver enzymes.
- Glucose Tolerance and Hypertriglyceridemia: Monitor glucose in females with prediabetes or diabetes. Consider an alternate contraceptive method for females with hypertriglyceridemia.
- Gallbladder Disease and Cholestasis: Consider discontinuing LIANA™ in females with symptomatic gallbladder or cholestatic disease.
- Bleeding Irregularities and Amenorrhea: May cause irregular bleeding or amenorrhea. Evaluate for other causes if symptoms persist.

5 ADVERSE REACTIONS

Most common adverse reactions (≥2%): bleeding irregularities, mood disturbance, headache, breast symptoms, dysmenorrhea, acne, weight increased, and libido decreased

6 DRUG INTERACTIONS

6.1 Effects of Other Drugs on Hormonal Contraceptives

CYP3A Inducers	
Clinical Effect	DRSP is a CYP3A4 substrate. Concomitant use with strong CYP3A inducers or certain moderate or weak CYP3A inducers may decrease DRSP exposure which may lead to contraceptive failure.
Prevention or Management	Strong CYP3A Inducers Avoid concomitant use. If concomitant use is unavoidable, use an alternative contraceptive method (e.g., intrauterine system) or backup non-hormonal contraceptive method during coadministration and up to 28 days after discontinuation of the strong CYP3A inducer.
	Moderate & Weak CYP3A Inducers Use an alternative or backup contraceptive method during coadministration and up to 28 days after discontinuation of the CYP3A inducer, unless the Prescribing Information of the specific moderate or weak CYP3A inducer indicates there is no clinically significant interaction with LIANA™.
Strong CYP3A Inhibitors	
Clinical Effect	DRSP is a CYP3A4 substrate. Concomitant use with a strong CYP3A inhibitor may increase DRSP exposure, which may increase the risk of adverse reactions of LIANA™, including hyperglycemia.
Prevention or Management	Consider monitoring serum potassium concentration in patients who take a strong CYP3A4 inhibitor long-term and concomitantly with LIANA™.
Drugs that May Reduce the Absorption of LIANA	
Clinical Effect	Concomitant use with drugs such as bile acid sequestrants may decrease the E4 and DRSP exposure, which may lead to contraceptive failure and/or an increase in breakthrough bleeding.
Prevention or Management	Separate time of administration of LIANA™ and the concomitant drug. Refer to the concomitant drug's Prescribing Information for additional information.

6.2 Effects of LIANA™ on Other Drugs

Anti-Diabetic Drugs	
Clinical Effect	Concomitant use of LIANA™ may reduce the blood glucose lowering effect of anti-diabetic drugs.
Prevention or Management	Increase frequency of glucose monitoring and increase anti-diabetic drug dosage, as needed, based on glucose levels.
Drugs that may increase serum potassium concentration	
Clinical Effect	There is a potential for an increase in serum potassium concentration in females taking LIANA™ with other drugs that may increase serum potassium concentration.
Prevention or Management	Monitor serum potassium concentration in females at increased risk for hyperkalemia
Lamotrigine	
Clinical Effect	Concomitant use of LIANA™ may decrease lamotrigine exposure, which may reduce efficacy of lamotrigine.
Prevention or Management	Adjust lamotrigine dosage as recommended in its Prescribing Information based on LIANA™ initiation or discontinuation.

Systemic Corticosteroids	
Clinical Effect	Concomitant use of LIANA™ may increase the exposure of certain systemic corticosteroids, which may increase the risk of corticosteroid-related adverse reactions.
Prevention or Management	Follow the recommendation for the corticosteroid in accordance with its Prescribing Information. Consider more frequent monitoring for corticosteroid adverse reactions when used concomitantly with LIANA™.
Prevention or Management	
Clinical Effect	Concomitant use of LIANA™ may increase thyroid-binding globulin concentration.
Prevention or Management	Monitor thyroid-stimulating hormone (TSH) level and follow the recommendation for thyroid hormone replacement in accordance with its Prescribing Information.

7 USE IN SPECIFIC POPULATIONS

7.1 Pregnancy

Discontinue LIANA™ if pregnancy occurs, because there is no reason to use hormonal contraceptives during pregnancy.

7.2 Lactation

Contraceptive hormones and/or metabolites are present in human milk. COCs can reduce milk production in breast-feeding females. This reduction can occur at any time but is less likely to occur once breast-feeding is well established. When possible, advise the nursing woman to use other methods of contraception until she discontinues breast-feeding

7.3 Pediatric Use

Safety and efficacy of LIANA™ have been established in females of reproductive potential. Use of LIANA™ before menarche is not indicated.

7.4 Geriatric Use

LIANA™ has not been studied in postmenopausal females and is not indicated in this population.

8. OVERDOSAGE

Overdosage of CHCs may cause nausea, vomiting, and severe headaches. Individual reports of thromboembolic complications and vaginal bleeding have occurred from overdosage. Pediatric patients with unintended CHC ingestion have reported nausea and vomiting and some developed irritability and drowsiness; rare reports described vaginal bleeding.

Overdosage Management Recommendations

Consider short-term prophylactic anticoagulation therapy for patients with high risk of VTE. Monitor serum potassium and sodium levels, and for evidence of metabolic acidosis.

9 STORAGE

Store at 20°C to 25°C & frost free place. Keep away from light. (68°F to 77°F), excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Keep out of the reach of children.

10 COMMERCIAL PACK

LIANA™ (Drospirenone and Estetrol tablets) is an oral contraceptive. It is supplied in a transparent PVC/aluminum blister cards containing 28 tablets.

- 24 pink active tablets: Each tablet contains Drospirenone USP 3 mg and Estetrol Monohydrate INN equivalent to Estetrol 14.2 mg. Drospirenone is a synthetic progestin and estetrol is a synthetic estrogen.

- 4 white inert tablets.

