

NOGESTIMATE AND ETHINYL ESTRADIOL - norgestimate and ethinyl estradiol
Lupin Pharmaceuticals, Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION
 These highlights do not include all the information needed to use NOGESTIMATE AND ETHINYL ESTRADIOL TABLETS. See full prescribing information for NOGESTIMATE AND ETHINYL ESTRADIOL TABLETS.
NOGESTIMATE AND ETHINYL ESTRADIOL TABLETS, for oral use
 Initial U.S. Approval: 1999

WARNING: CIGARETTE SMOKING AND SERIOUS CARDIOVASCULAR EVENTS
 See full prescribing information for complete boxed warning.
 • Norgestimate and ethinyl estradiol tablet is contraindicated in women over 35 years of age who smoke ≥ 10 cigarettes per day.
 • Cigarette smoking increases the risk of serious cardiovascular events from combination oral contraceptive (COC) use. (4)

RECENT MAJOR CHANGES
 Contraindications, Pregnancy (4) Revised (02/23)

INDICATIONS AND USAGE
 Norgestimate and ethinyl estradiol tablet is a combination of norgestimate, a progestin, and ethinyl estradiol, an estrogen, indicated for use by females of reproductive potential to prevent pregnancy (1.1)

DOSE AND ADMINISTRATION
 • Take one tablet daily by mouth at the same time every day. (2.1)
 • Do not stop or delay tablet intake. (2.1)
 • Do not stop or delay tablet intake. (2.1)

DOSE FORMS AND STRENGTHS
 Norgestimate and ethinyl estradiol tablets (21 count of 21 round, bicolor, imprinted tablets in the blister pack)
 • 21 blue tablets each containing 0.25 mg norgestimate and 0.035 mg ethinyl estradiol
 • 7 green tablets (inert)

CONTRAINDICATIONS
 • A high risk of arterial or venous thrombotic disease (4)
 • Liver tumors or liver disease (4)
 • Undiagnosed abnormal uterine bleeding (4)
 • Breast cancer (4)
 • Co-administration with Hepatitis C drug combinations containing ombitasvir/paritaprevir/boceprevir, with or without sofosbuvir (4)

WARNINGS AND PRECAUTIONS
 • **Thrombotic Disorders and Other Vascular Problems:** Stop norgestimate and ethinyl estradiol tablet if a thrombotic event occurs. Stop if a stroke, heart failure and/or deep vein thromboses occur.
 • **Stroke:** Discontinue norgestimate and ethinyl estradiol tablet if a stroke occurs. (2.2)
 • **Cardiovascular Disease:** If used in women with well-controlled hypertension, monitor blood pressure and stop norgestimate and ethinyl estradiol tablet if blood pressure rises significantly. (2.4)
 • **Diabetes and Metabolic Disorders:** Monitor, prevent, and control women taking norgestimate and ethinyl estradiol tablet for an elevated risk of diabetes. (2.5)
 • **Diabetes:** Evaluate significant change in headaches and discontinue norgestimate and ethinyl estradiol tablet if indicated. (2.7)
 • **Headaches and Migraine:** Evaluate irregular bleeding or amenorrhea. (2.8)

ADVERSE REACTIONS
 The most common adverse reactions include: headache, dizziness, weight gain, depression, nausea, vomiting, breast tenderness, increased breast pain, discharge, and enlargement, blood clotting, decreased prolactin, and more than 10% increase in triglycerides.
TO REPORT SUSPECTED ADVERSE REACTIONS, contact Lupin Pharmaceuticals, Inc. at 1-800-399-5561 or FAX at 1-800-399-5562 or www.lupin.com.

DRUG INTERACTIONS
 Drugs or herbal products that induce other cytochrome P450 (CYP450) may decrease the effectiveness of COCs. (3)
USE IN SPECIFIC POPULATIONS
 See full prescribing information for complete boxed warning.
See 17 for PATIENT COUNSELING INFORMATION and Full-approved patient labeling.
 Revised: 12/2025

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FULL PRESCRIBING INFORMATION

WARNING: CIGARETTE SMOKING AND SERIOUS CARDIOVASCULAR EVENTS
 Cigarette smoking increases the risk of serious cardiovascular events from combination oral contraceptive (COC) use. This risk increases with age, particularly in women over 35 years of age, and with the number of cigarettes smoked. For this reason, COCs are contraindicated in women who are over 35 years of age and smoke. (See CONTRAINDICATIONS (4)).

1 INDICATIONS AND USAGE

1.1 Oral Contraceptive
 Norgestimate and ethinyl estradiol tablet is indicated for use by females of reproductive potential to prevent pregnancy [See Clinical Studies (14)].

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage and Administration
 Take one tablet by mouth at the same time each day with or without food. Table 1 provides the recommended dosage and administration instructions for norgestimate and ethinyl estradiol tablets.

Table 1: Instructions for Administration of Norgestimate and Ethinyl Estradiol Tablets USP

<p>Starting COCs in women not currently using hormonal contraception (Day 1 Start or Sunday Start)</p> <p>Important: Consider the possibility of ovulation and conception prior to initiation of this product.</p> <p>Tablet Color:</p> <ul style="list-style-type: none"> • Norgestimate and ethinyl estradiol tablets are blue (Day 1 to Day 21) • Norgestimate and ethinyl estradiol tablets are green (inactive tablets) (Day 22 to Day 28) 	<p>Day 1 Start:</p> <ul style="list-style-type: none"> • Take first active tablet without regard to phase on the first day of menses. • Take subsequent active tablets once daily at the same time each day for a total of 21 days. • Take one green inactive tablet daily for 7 days and at the same time of day that active tablets were taken. • Begin each subsequent pack on the same day of the week as the first cycle pack (i.e., on the day after taking the last inactive tablet). <p>Sunday Start:</p> <ul style="list-style-type: none"> • Take first active tablet without regard to phase on the first Sunday after the onset of menses. Due to the potential risk of becoming pregnant, use additional non-hormonal contraception (such as condoms and spermicide) for the first seven days of the patient's first cycle pack of norgestimate and ethinyl estradiol tablets USP. • Take subsequent active tablets once daily at the same time each day for a total of 21 days. • Take one green inactive tablet daily for the following 7 days and at the same time of day that active tablets were taken. • Begin each subsequent pack on the same day of the week as the first cycle pack (i.e., on the Sunday after taking the last inactive tablet) and additional non-hormonal contraceptive is not needed.
<p>Switching to norgestimate and ethinyl estradiol tablets from another oral contraceptive:</p> <p>Switching from another contraceptive method to norgestimate and ethinyl estradiol tablets:</p> <ul style="list-style-type: none"> • Transdermal patch: <ul style="list-style-type: none"> • On the day when next application would have been scheduled. • Vaginal ring: <ul style="list-style-type: none"> • On the day when next insertion would have been scheduled. • Injection: <ul style="list-style-type: none"> • On the day when next injection would have been scheduled. • Intrauterine contraceptive: <ul style="list-style-type: none"> • On the day of removal. • If IUD is not removed on first day of the patient's menstrual cycle, additional non-hormonal contraceptive (such as condoms and spermicide) is needed for the first seven days of the first cycle pack. • Implant: <ul style="list-style-type: none"> • On the day of removal. <p>Complete instructions to facilitate patient counseling on proper tablet usage are located in the FDA-Approved Patient Labeling.</p>	<p>Start on the same day that a new pack of the previous oral contraceptive would have started.</p> <p>Start norgestimate and ethinyl estradiol tablets:</p>

Starting Norgestimate and Ethinyl Estradiol Tablets after Abortion or Miscarriage

First Trimester:
 • After a first-trimester abortion or miscarriage, norgestimate and ethinyl estradiol tablets may be started immediately. An additional method of contraception is not needed if norgestimate and ethinyl estradiol tablets is started immediately.
 • If norgestimate and ethinyl estradiol tablets is not started within 3 days after termination of the pregnancy, the patient should use additional non-hormonal contraception (such as condoms and spermicide) for the first seven days of her first cycle pack of norgestimate and ethinyl estradiol tablets.

Second Trimester:
 • Do not start until 4 weeks after a second-trimester abortion or miscarriage, due to the increased risk of thromboembolic disease. Start norgestimate and ethinyl estradiol tablets, following the instructions in Table 1 for Day 1 or Sunday start, as desired. If using Sunday start, use additional non-hormonal contraception (such as condoms and spermicide) for the first seven days of the patient's first cycle pack of norgestimate and ethinyl estradiol tablets. (See Contraindications (4) and Warnings and Precautions (5.1)).

Starting Norgestimate and Ethinyl Estradiol Tablets after Childbirth

Do not start until 4 weeks after delivery, due to the increased risk of thromboembolic disease. Start contraceptive therapy with norgestimate and ethinyl estradiol tablets following the instructions in Table 1 for women not currently using hormonal contraception.
 • Norgestimate and ethinyl estradiol tablets are not recommended for use in lactating women [See Use in Specific Populations (8.2)].
 • If the woman has not yet had a period postpartum, consider the possibility of ovulation and conception occurring prior to use of norgestimate and ethinyl estradiol tablets. (See Contraindications (4), Warnings and Precautions (5.1), and Use in Specific Populations (8.1 and 8.2)).

2.2 Recommendations Regarding Missed Doses

Contraceptive failure may occur when active tablets are missed. Table 2 describes instructions for norgestimate and ethinyl estradiol tablets USP dosing and use of

additional non-hormonal contraception (such as condoms) when active tablets are missed.

Table 2: Instructions for Missed Norgestimate and Ethinyl Estradiol Tablets USP

1 If one active tablet is missed in Weeks 1, 2, or 3	Take the tablet as soon as possible. Continue taking one tablet a day until the pack is finished.
2 If two active tablets are missed in Week 1 or Week 2	Take the two missed tablets as soon as possible and the rest two active tablets the next day. Continue taking one tablet a day until the pack is finished. Additional non-hormonal contraception (such as condoms and spermicide) should be used as back-up if the patient has sex within 7 days after missing tablets.
3 If two active tablets are missed in the third week or three or more active tablets are missed in a row in Weeks 1, 2, or 3	Stop NSC . Throw out the rest of the pack and start a new pack that same day. Additional non-hormonal contraception (such as condoms and spermicide) should be used as back-up if the patient has sex within 7 days after missing tablets.

2.3 Dosage Recommendations if Vomiting or Diarrhea Occurs
In case of severe vomiting or diarrhea, absorption may not be complete and additional contraceptive measures should be taken. If vomiting or diarrhea occurs within 3 to 4 hours after taking an active tablet, handle it as a missed tablet.

3 DOSAGE FORMS AND STRENGTHS
Norgestimate and ethinyl estradiol tablets USP are available in a blister. Each blister contains 28 tablets in the following order:
• 21 blue, round, film coated tablets, debossed with "E27" on one side and "LU" on the other side of the tablet contains 0.25 mg norgestimate and 0.035 mg ethinyl estradiol
• 7 green, round, biconvex, film coated tablets (non-hormonal placebo) debossed with "LU" on one side and "E24" on the other side contains inert ingredients

4 CONTRAINDICATIONS
Norgestimate and ethinyl estradiol tablets is contraindicated in females who are known to have or develop the following conditions:
• A high risk of arterial or venous thrombotic diseases. Examples include women who are known to:
• A. Smoke, if over age 35 [see **Boxed Warning and Warnings and Precautions (5.1)**]
• Have deep vein thrombosis or pulmonary embolism, now or in the past [see **Warnings and Precautions (5.1)**]
• Have inherited or acquired hypercoagulopathies [see **Warnings and Precautions (5.1)**]
• Have cerebrovascular disease [see **Warnings and Precautions (5.1)**]
• Have coronary artery disease [see **Warnings and Precautions (5.1)**]
• Have thrombotic, valvular or thrombotic rhythm disease of the heart (for example, subacute bacterial endocarditis with valvular disease, or aortic fibrillation) [see **Warnings and Precautions (5.1)**]
• Have uncontrolled hypertension [see **Warnings and Precautions (5.1)**]
• Have diabetes mellitus with vascular disease [see **Warnings and Precautions (5.1)**]
• Have headaches with focal neurological symptoms or migraine headaches with aura [see **Warnings and Precautions (5.7)**]
• Women over age 35 with any migraine headaches [see **Warnings and Precautions (5.7)**]
• Liver tumors, benign or malignant, or liver disease [see **Warnings and Precautions (5.2)**]
• Undiagnosed abnormal uterine bleeding [see **Warnings and Precautions (5.8)**]
• Current diagnosis of, or history of, breast cancer, which may be hormone sensitive [see **Warnings and Precautions (5.10)**]
• Use of Hepatitis C drug combinations containing ombitasvir/paritaprevir/boceprevir, or without dasabuvir, due to the potential for ALT elevations [see **Warnings and Precautions (5.3)**]

5 WARNINGS AND PRECAUTIONS
5.1 Thrombotic Disorders and Other Vascular Problems
• Stop norgestimate and ethinyl estradiol tablets if an arterial thrombotic event or venous thrombotic (VTE) event occur.
• Stop norgestimate and ethinyl estradiol tablets if there is unexplained loss of vision, proptosis, diplopia, papilloedema, or retinal vascular lesions. Evaluate for retinal vein thrombosis immediately [see **Adverse Reactions (6.2)**].
• If needed, stop norgestimate and ethinyl estradiol tablets at least 4 weeks before and through 2 weeks after major surgery of other surgeries known to have an elevated risk of VTE, as well as during and following prolonged immobilization.
• Start norgestimate and ethinyl estradiol tablets no earlier than 4 weeks after delivery, if within 4 weeks of the date of delivery, and no later than 4 weeks after the third postpartum week, whereas the risk of ovulation increases after the third postpartum week.
• The use of COCs increases the risk of VTE. However, pregnancy increases the risk of VTE 50 times more than the use of COCs. The risk of VTE is even using COCs is 3 to 9 cases per 10,000 women-years. The risk of VTE is highest during the first year of use of COCs and when restoring hormonal contraception after a break of 4 weeks or longer. The risk of thrombotic disease due to COCs gradually decreases after use is discontinued.
• Use of COCs also increases the risk of arterial thromboses such as strokes and myocardial infarctions, especially in women with other risk factors for these events. COCs have been shown to increase both the relative and attributable risks of cardiovascular events (thrombotic and hemorrhagic). These risks increase with age, particularly in women over 35 years of age who smoke.
• Use COCs with caution in women with cardiovascular disease risk factors.

5.2 Liver Disease
Impaired Liver Function
Norgestimate and ethinyl estradiol tablets are contraindicated in women with liver disease, such as acute viral hepatitis or severe (discompensated) cirrhosis of liver [see **Contraindications (4)**]. Acute or chronic disturbances of liver function may necessitate the discontinuation of COC until markers of liver function return to normal and COC caution has been excluded. Discontinue norgestimate and ethinyl estradiol tablets if jaundice develops.
Liver Tumors
Norgestimate and ethinyl estradiol tablets is contraindicated in women with benign and malignant liver tumors [see **Contraindications (4)**]. Hepatic adenomas are associated with COC use. An estimate of the attributable risk is 3.3 cases/100,000 COC users. Rupture of hepatic adenomas may cause death through intra-abdominal hemorrhage. Studies have shown an increased risk of developing hepatocellular carcinoma in long-term (>8 years) COC users. However, the risk of liver cancers in COC users is less than one case per million users.

5.3 Risk of Liver Enzyme Elevations with Concomitant Hepatitis C Treatment
During clinical trials with the Hepatitis C combination drug regimen that contains ombitasvir/paritaprevir/boceprevir with or without dasabuvir, ALT elevations greater than 5 times the upper limit of normal (ULN), including some cases greater than 20 times the ULN, were significantly more frequent in women using ethinyl estradiol-containing medications, such as COCs. Discontinue norgestimate and ethinyl estradiol tablets prior to starting therapy with the combination drug regimen ombitasvir/paritaprevir/boceprevir with or without dasabuvir [see **Contraindications (4)**]. Norgestimate and ethinyl estradiol tablets can be restarted approximately 2 weeks following completion of treatment with the Hepatitis C combination drug regimen.

5.4 High Blood Pressure
Norgestimate and ethinyl estradiol tablets are contraindicated in women with uncontrolled hypertension or hypertension with vascular disease [see **Contraindications (4)**]. For women with well-controlled hypertension, monitor blood pressure and stop norgestimate and ethinyl estradiol tablets if blood pressure rises significantly. An increase in blood pressure has been reported in women taking COCs, and this increase is more likely in older women with extended duration of use. The incidence of hypertension increases with increasing concentrations of progestins.

5.5 Gallbladder Disease
Studies suggest a small increased relative risk of developing gallbladder disease among COC users. Use of COCs may worsen existing gallbladder disease. A past history of COC-related cholelithiasis predicts an increased risk with subsequent COC use. Women with a history of pregnancy-related cholelithiasis may be at an increased risk for COC related cholelithiasis.

5.6 Carbohydrate and Lipid Metabolic Effects
Carefully monitor prediabetic and diabetic women who take norgestimate and ethinyl estradiol tablets. COCs may decrease glucose tolerance.
Consider alternative contraception for women with uncontrolled dyslipidemia. A small proportion of women will have adverse lipid changes while on COCs.
Women with hypertriglyceridemia, or a family history thereof, may be at an increased risk of pancreatitis when using COCs.

5.7 Headache
If a woman taking norgestimate and ethinyl estradiol tablets develops new headaches that are recurrent, persistent, or severe, evaluate the cause and discontinue norgestimate and ethinyl estradiol tablets if indicated.
Consider discontinuation of norgestimate and ethinyl estradiol tablets in the case of increased frequency or severity of migraine during COC use (which may be prodromal of a cerebrovascular event).

5.8 Bleeding Irregularities and Amenorrhea
Unscheduled Bleeding and Spotting
Unscheduled (breakthrough or intracyclic) bleeding and spotting sometimes occur in patients on COCs, especially during the first three months of use. If bleeding persists or occurs after previously regular cycles, check for causes such as pregnancy or malabsorption. If pathology and pregnancy are excluded, bleeding irregularities may resolve over time or with a change to a different contraceptive product.
In clinical trials of norgestimate and ethinyl estradiol tablets, the frequency and duration of breakthrough bleeding and/or spotting was assessed in 1,647 patients (12,275 available cycles) and 4,235 patients (35,546 available cycles), respectively. A total of 100 (7.3%) women discontinued norgestimate and ethinyl estradiol tablets, at least in part, due to bleeding or spotting. Based on data from the clinical trial, 14.34% of women using norgestimate and ethinyl estradiol tablets experienced unscheduled bleeding per cycle in the first year. The percent of women who experienced breakthrough/unscheduled bleeding tended to decrease over time.

Amenorrhea and Oligomenorrhea
Women who use norgestimate and ethinyl estradiol tablets may experience amenorrhea. Some women may experience amenorrhea or oligomenorrhea after discontinuation of COCs, especially when such a condition was pre-existent.
If extended menstrual bleeding does not occur, consider the possibility of pregnancy if the patient has not adhered to the prescribed dosing schedule (missed one or more tablets) or "over taking" (more than 1 day late) tablets. This should be done, at least in part, due to bleeding or spotting. Based on data from the clinical trial, 14.34% of women using norgestimate and ethinyl estradiol tablets experienced unscheduled bleeding per cycle in the first year. The percent of women who experienced breakthrough/unscheduled bleeding tended to decrease over time.

5.9 Depression
Carefully observe women with a history of depression and discontinue norgestimate and ethinyl estradiol tablets if depression recurs to a serious degree.

6 ADVERSE REACTIONS
The following serious adverse reactions with the use of COCs are discussed elsewhere in labeling:
• Serious cardiovascular events and stroke [see **Boxed Warning and Warnings and Precautions (5.1)**]
• Vascular events [see **Warnings and Precautions (5.1)**]
• Liver disease [see **Warnings and Precautions (5.2)**]
6.1 Clinical Trial Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.
Norgestimate and Ethinyl Estradiol Tablets
The safety of norgestimate and ethinyl estradiol tablets was evaluated in 1,647 healthy women of child-bearing potential who participated in a clinical trial and received at least

1 dose of norgestrel and ethinyl estradiol tablets for contraception. Two trials were randomized active-controlled trials and 1 was an uncontrolled open label trial. In all 3 trials, subjects were followed for up to 24 cycles.

Common Adverse Reactions (≥ 2% of subjects)

The most common adverse reactions reported by at least 2% of the 1,647 women were the following in order of decreasing incidence: headache/migraine (12.9%), abdominal/pelvic/uterine pain (7.8%), vaginal infection (8.4%), genital discharge (6.8%), breast issues (including breast pain, discharge, and enlargement) (6.3%), mood disorders (including depression and mood altered) (5.0%), (fatigue) (3.2%), nervousness (2.9%), and rash (2.6%).

Adverse Reactions Leading to Study Discontinuation

Over the three trials, between 11 to 21% of subjects discontinued the trial due to an adverse reaction. The most common adverse reactions (≥ 2%) leading to discontinuation were: metrorrhagia (6.9%), nausea/vomiting (5.0%), headache (4.1%), mood disorders (including depression and mood altered) (2.4%), premenstrual syndrome (1.7%), hypertension (1.4%), breast pain (1.4%), nervousness (1.3%), amenorrhea (1.1%), dysmenorrhea (1.1%), weight increase (1.1%), and fatigue (1.1%).

Serious Adverse Reactions

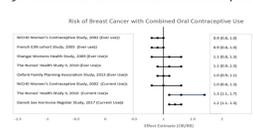
breast cancer (1 subject), mood disorders including depression, irritability, and mood swings (1 subject), myocardial infarction (1 subject), and venous thromboembolic events including pulmonary embolism (1 subject and deep vein thrombosis) (DVT) (1 subject).

6.2 Postmarketing Experience

Five studies that compared breast cancer risk between ever-users (current or past use) of COCs and never-users of COCs reported no association between ever use of COCs and breast cancer risk, with effect estimates ranging from 0.90 - 1.12 (Figure 1).

Three studies compared breast cancer risk between current or recent COC users (<6 months since last use) and never users of COCs (Figure 1). One of these studies reported no association between breast cancer risk and COC use. The other two studies found an increased relative risk of 1.39 - 1.33 with current or recent use. Both of these studies found an increased risk of breast cancer with current use of longer duration, with relative risks ranging from 1.63 with less than one year of COC use to approximately 1.4 with more than 8-10 years of COC use.

Figure 1. Risk of Breast Cancer with Combined Oral Contraceptive Use



RR = relative risk; OR = odds ratio; HR = hazard ratio. "ever COC" are females with current or past COC use; "never COC use" are females that never used COCs.

The following additional adverse reactions have been reported from worldwide postmarketing experience with norgestrel/ethinyl estradiol. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Infections and Infestations

Urinary tract infection;

Neoplasms Benign, Malignant and Unspecified (incl. Cysts and Polyps)

Breast cancer, benign breast neoplasm, hepatic adenoma, focal nodular hyperplasia, breast cyst;

Immune System Disorders

Anaphylactic reaction, hypersensitivity

Metabolism and Nutrition Disorders

Dyslipidemia;

Psychiatric Disorders

Anxiety, insomnia;

Nervous System Disorders

Syncope, convulsion, paresthesia, dizziness;

Eye Disorders

Visual impairment, dry eye, contact lens intolerance;

Ear and Labyrinth Disorders

Vertigo;

Cardiac Disorders

Tachycardia, palpitation;

Vascular Events

Deep vein thrombosis, pulmonary embolism, retinal vascular thrombosis, hot flush, venous thrombosis (including Budd Chiari Syndrome and hepatic vein thrombosis);

Arterial Events

Arterial thromboembolism, myocardial infarction, cerebrovascular accident;

Respiratory, Thoracic and Mediastinal Disorders

Dyspnea;

Gastrointestinal Disorders

Pancreatitis, abdominal distension, diarrhea, constipation;

Hepatobiliary Disorders

Hepatitis;

Skin and Subcutaneous Tissue Disorders

Angiodema, erythema nodosum, hirsutism, night sweats, hyperhidrosis, photosensitizing reaction, urticaria, pruritus, acne;

Musculoskeletal, Connective Tissue, and Bone Disorders

Muscle spasms, pain in extremity, myalgia, back pain;

Reproductive System and Breast Disorders

Ovarian cyst, suppressed lactation, vulvovaginal dryness;

General Disorders and Administration Site Conditions

Chest pain, asthenic conditions.

7 DRUG INTERACTIONS

Consult the labeling of concurrently used drugs to obtain further information about interactions with hormonal contraceptives or the potential for enzyme alterations.

No drug-drug interaction studies were conducted with norgestrel and ethinyl estradiol tablets.

7.1 Effects of Other Drugs on Combined Oral Contraceptives

Substances decreasing the plasma concentrations of COCs
Drugs or herbal products that induce certain enzymes, including cytochrome P450 3A4 (CYP3A4), may decrease the plasma concentrations of COCs and potentially diminish the effectiveness of COCs or increase breakthrough bleeding. Some drugs or herbal products that may decrease the effectiveness of hormonal contraceptives include phytoestrogen, barbiturates, carbamazepine, bosentan, felbamate, griseofulvin, omeprazole, rifampin, rifapirin, rifabutin, rifamides, simeprevir, and products containing St. John's wort. Interactions between hormonal contraceptives and other drugs may lead to breakthrough bleeding and/or contraceptive failure. Counsel women to use an alternative method of contraception or a back-up method when enzyme inducers are used with COCs, and to continue back-up contraception for 28 days after discontinuing the enzyme inducer to ensure contraceptive reliability.

Colesevelam

Colesevelam, a bile acid sequestrant, given together with a COC, has been shown to significantly decrease the AUC of EE. The drug interaction between the contraceptive and colesevelam was decreased when the two drug products were given 4 hours apart.

Substances increasing the plasma concentrations of COCs

Co-administration of atazanavir or ritonavir and certain COCs containing ethinyl estradiol (EE) increase AUC values for EE by approximately 20 to 23%. Ascorbic acid and acetaminophen may increase plasma EE concentrations, possibly by inhibition of conjugation. CYP3A4 inhibitors such as itraconazole, voriconazole, fluconazole, grapefruit juice, or telaprevir may increase plasma hormone concentrations.

Human immunodeficiency virus (HIV)/Hepatitis C virus (HCV) protease inhibitors and non-nucleoside reverse transcriptase inhibitors, and HIV/AIDS medications containing strong inhibitors or inducers of CYP3A4

Significant changes (increase or decrease) in the plasma concentrations of estrogen and/or progestin have been noted in some cases of co-administration with HIV protease inhibitors (decrease [e.g., didanosine, zalcitabine, didanosine/ritonavir, zalcitabine/ritonavir, zalcitabine/zalcitabine, zalcitabine/zalcitabine] or increase [e.g., didanosine and atazanavir/ritonavir]) or HCV protease inhibitors (decrease [e.g., boceprevir and telaprevir] or with non-nucleoside reverse transcriptase inhibitors [decrease [e.g., nevirapine] or increase [e.g., efavirenz]) or with HIV/AIDS medications containing strong inhibitors [e.g., cobicistat and ritonavir] or inducers of CYP3A4.

7.2 Effects of Combined Oral Contraceptives on Other Drugs

• COCs containing EE may inhibit the metabolism of other compounds (e.g., corticosteroids, prodrugs, theophylline, tramadol, and voriconazole) and increase their plasma concentrations.

• COCs have been shown to decrease plasma concentrations of acetaminophen, caffeine, acid, morphine, salicylic acid, tamoxifen and tramadol. Significant decrease in plasma concentration of tramadol has been shown, likely due to induction of lamotrigine glucuronidation. This may reduce seizure control; therefore, dosage adjustments of lamotrigine may be necessary.

Women on thyroid hormone replacement therapy may need increased doses of thyroid hormone because the serum concentration of thyroid-binding globulin increases with use of COCs.

7.3 Interference with Laboratory Tests

The use of contraceptive steroids may influence the results of certain laboratory tests, such as coagulation factors, lipids, glucose tolerance, and biotinidase proteinase.

7.4 Concomitant Use with HCV Combination Therapy - Liver Enzyme Elevation

Do not co-administer norgestrel and ethinyl estradiol tablets with HCV drug combinations containing ombitasvir/paritaprevir/ritonavir, with or without dasabuvir, due to potential for ALT elevations (see Warnings and Precautions (5.3)).

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There is no use for contraception in pregnancy, therefore, norgestrel and ethinyl estradiol tablets should be discontinued during pregnancy. Epidemiologic studies and meta-analyses have not found an increased risk of genital or non-genital birth defects (including cardiac anomalies and limb reduction defects) following exposure to CHCs before conception or during early pregnancy.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4 percent and 15 to 20 percent, respectively.

8.2 Lactation

Risk Summary

Contraceptive hormones and/or metabolites are present in human milk. CHCs can reduce milk production in breastfeeding females. This reduction can occur at any time but is less likely to occur once breastfeeding is well-established. When possible, advise the nursing female to use other forms of contraception until she discontinues breastfeeding. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for norgestrel and ethinyl estradiol tablets and any potential adverse effects on the breast-fed child from norgestrel and ethinyl estradiol tablets or from the underlying maternal condition.

8.4 Pediatric Use

Safety and efficacy of norgestrel and ethinyl estradiol tablets have been established in women of reproductive age. Efficacy is expected to be the same for post-pubertal adolescents under the age of 18 and for users 19 years and older. Use of the product before menarche is not indicated.

8.5 Geriatric Use

Norgestrel and ethinyl estradiol tablets has not been studied in postmenopausal women and are not indicated in this population.

8.6 Hepatic Impairment

The pharmacokinetics of norgestrel and ethinyl estradiol tablets has not been studied in subjects with hepatic impairment. However, steroid hormones may be poorly metabolized in patients with hepatic impairment. Acute or chronic disturbances of liver function may necessitate the discontinuation of COC use until markers of liver function return to normal and COC causation has been excluded (see Contraindications (4) and Warnings and Precautions (5.2)).

8.7 Renal Impairment

The pharmacokinetics of norgestrel and ethinyl estradiol tablets has not been studied in women with renal impairment.

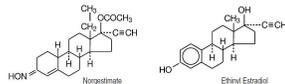
10 OVERDOSAGE

There have been no reports of serious effects from overdose of oral contraceptives, including ingestion by children. Overdose may cause withdrawal bleeding in females and nausea.

11 DESCRIPTION

Each of the following products is a combination oral contraceptive containing the progestational compound norgestimate and the estrogenic compound ethinyl estradiol. Norgestimate is designated as (18-19-Dioxo-17-pregna-4-en-20-yne-3-one-17-β-acetyloxy)-13-ethynyl-, oxime (17α)- (+)- and ethinyl estradiol is designated as (19-nor-17α-pregna-1,3,5-trioidien-20-yne-3,17-diol).

- Each active blue tablet contains 0.25 mg of norgestimate and 0.025 mg of ethinyl estradiol. Inactive ingredients include anhydrous lactose, FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, povidone and titanium dioxide.
- Each green placebo tablet contains only inert ingredients, as follows: FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium, iron oxide yellow, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol and titanium dioxide.



12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Oral Contraception

COCs lower the risk of becoming pregnant primarily by suppressing ovulation.

12.2 Pharmacodynamics

No specific pharmacodynamic studies were conducted with norgestimate and ethinyl estradiol tablets.

12.3 Pharmacokinetics

Absorption

Norgestimate (NGM) and EE are rapidly absorbed following oral administration. NGM is rapidly and completely metabolized by first-pass (intestinal and/or hepatic) mechanisms to norgestromin (NGMN) and norgestrel (NG), which are the major active metabolites of norgestimate.

Peak serum concentrations of NGMN and EE are generally reached by 2 hours after administration of norgestimate and ethinyl estradiol tablets. Accumulation following multiple dosing of the 250 mcg NGM/35 mcg EE dose is approximately 2-fold for NGMN and EE compared with single dose administration. The pharmacokinetics of NGMN is dose-proportional following NGM doses of 180 mcg to 250 mcg. Steady state concentrations of EE is achieved by Day 7 of each dosing cycle. Steady state concentrations of NGMN and NG are achieved by Day 21. Non-linear accumulation (approximately 8 fold) NG is observed as a result of high-affinity binding to SHBG, which limits its biological activity (Table 3).

Mean (SD) Pharmacokinetic Parameters of Norgestimate and Ethinyl Estradiol Tablets During a Three Cycle Study									
Parameter	Cycle	Day	C _{max}	T _{max} (h)	AUC _{0-24h}	t _{1/2} (h)	C _{min}	C _{min} (h)	AUC _{0-24h}
NGMN	1	1	1.78 (0.397)	1.19 (0.250)	3.92 (1.25)	11.4 (9.93)	0.13 (0.053)	1.43 (0.60)	8.1 (5.53)
EE	1	1	0.649 (0.49)	0.42 (0.69)	0.22 (0.246)	17.8 (14.0)	0.01 (0.11)	0.7 (0.29)	45.1 (29.4)
EE	1	7	0.2 (0.24)	1.2 (0.26)	0.29 (1.38)	10.1 (11.90)	0.01 (0.14)	0.1 (0.26)	14.2 (2.09)

C_{max} = peak serum concentration, T_{max} = time to reach peak serum concentration, AUC_{0-24h} = area under serum concentration-time curve from 0 to 24 hours, t_{1/2} = elimination half-life, C_{min} = not calculated, NGMN = norgestromin, AUC_{0-24h} = norgestrel, EE = ethinyl estradiol, AUC_{0-24h} = norgestrel.

Food Effect:

The effect of food on the pharmacokinetics of norgestimate and ethinyl estradiol tablets has not been studied.

Distribution

NGMN and NG are highly bound (>97%) to serum proteins. NGMN is bound to albumin and not to SHBG, while NG is bound primarily to SHBG. EE is extensively bound (>97%) to serum albumin and induces an increase in the serum concentrations of SHBG.

Metabolism

NGM is extensively metabolized by first-pass mechanisms in the gastrointestinal tract and/or liver. NGM's primary active metabolite is NGMN. Subsequent hepatic metabolism of NGMN occurs and metabolite include NG, which is also active, and various hydroxylated and conjugated metabolites. Although NGMN and its metabolites inhibit a variety of P450 enzymes in human liver microsomes, under the recommended dosing regimen, the in vivo concentrations of NGMN and its metabolites, even at the peak serum levels, are relatively low compared to the inhibitory concentration. EE is also metabolized to various hydroxylated products and their glucuronide and sulfate conjugates.

Excretion

The metabolites of NGMN and EE are eliminated by renal and fecal pathways. Following administration of ¹⁴C-norgestimate, 47% (45 to 49%) and 37% (34 to 49%) of the administered radioactivity was eliminated in the urine and feces, respectively. Unchanged NGM was not detected in the urine. In addition to 17-β-estradiol, norgestimate, a number of metabolites of NGM have been identified in human urine following administration of radiolabeled NGM. These include 18-19-Dioxo-17-pregna-4-en-20-yne-3-one-17-ethynyl-13-ethyl (17α)- (+)-18-19-Dioxo-5β-17-pregna-20-yne-3,17β-dihydroxy-13-ethyl (17α), various hydroxylated metabolites and conjugates of these metabolites.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

See Warnings and Precautions (5.2, 5.10).

14 CLINICAL STUDIES

14.1 Contraception

In three US clinical trials with norgestimate and ethinyl estradiol tablets, 1,651 women aged 18 to 38 years were studied for up to 24 cycles, proving a total of 26,272 cycles of exposure. The racial demographic was about 75 to 86% Caucasian, 8 to 13% African-American, 6 to 24% Hispanic/Latino, and 10 to 15% Asian or other (13%). There were no exclusions on the basis of height or weight; the weight range for women ranged was 82 to 233 lb, with a mean weight of about 135 lbs. The pregnancy rate was approximately 1 pregnancy per 100 women-years.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

Norgestimate and ethinyl estradiol tablets USP are available in a blister pack (NDC 68180-800-71) containing 28 tablets packed in a pouch (NDC 68180-800-73). Each three-pouches are packaged in a carton (NDC 68180-800-73).

Each blister (28 tablets) contains in the following order:

- 21 blue, round, film coated tablets, debossed with "E27" on one side and "L1" on the other side of the tablet contains 0.25 mg norgestimate and 0.025 mg ethinyl estradiol
- 7 green, round, bicolor, film coated tablets (non-hormonal placebo) debossed with "L1" on one side and "E24" on the other side contains inert ingredients.

Keep out of reach of children.

16.2 Storage Conditions

- Store at 20 to 25°C (68 to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP controlled room temperature].
- Protect from light.
- Keep out of the reach of children.

17 PATIENT COUNSELING INFORMATION

See FDA-approved patient labeling (Patient Information and Instructions for Use).

Counsel patients about the following information:

- Cigarette smoking increases the risk of serious cardiovascular events from COC use, and that women who are over 35 years old and smoke should not use COCs (see **Black Box Warning**).
- Increased risk of VTE compared to non-users of COCs is greatest after initially starting a COC or restarting following a 4-week or greater pill-free interval) the same as a different COC (see Warnings and Precautions (5.1)).
- Norgestimate and ethinyl estradiol tablets does not protect against HIV infection (AIDS) and other sexually transmitted infections.
- Norgestimate and ethinyl estradiol tablets are not to be used during pregnancy. If pregnancy occurs during use of norgestimate and ethinyl estradiol tablets, instruct the patient to stop further use (see Use in Specific Populations (8.1)).
- Take one tablet daily by mouth at the same time every day. Instruct patients what to do in the event of missed tablets (see Dosage and Administration (2.1, 2.2)).
- Use a back-up or alternative method of contraception when enzyme inducers are used with norgestimate and ethinyl estradiol tablets (see Drug Interactions (7.1)).
- COCs may reduce breast milk production; this is less likely to occur if breastfeeding is well established (see Use in Specific Populations (8.2)).
- Women who start COCs postpartum, and who have not yet had a period, should use an additional method of contraception until they have taken an active tablet for 7 consecutive days (see Dosage and Administration (2.1)).
- Amenorrhea may occur. Consider pregnancy in the event of amenorrhea at the time of the first missed period. Rule out pregnancy in the event of amenorrhea in two or more consecutive cycles (see Warnings and Precautions (5.8)).

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Patient Information

Norgestimate and Ethinyl Estradiol Tablets

(see JES H male and ETH H es tra DYE els)

What is the most important information I should know about norgestimate and ethinyl estradiol tablets?

Do not use norgestimate and ethinyl estradiol tablets if you smoke cigarettes and are over 35 years old. Smoking increases your risk of serious cardiovascular side effects from hormonal birth control pills, including death from heart attack, blood clots or stroke. This risk increases with age and the number of cigarettes you smoke.

What is norgestimate and ethinyl estradiol tablets?

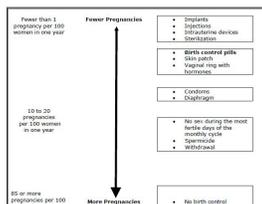
Norgestimate and ethinyl estradiol tablet is a birth control pill (oral contraceptive) used by women to prevent pregnancy.

How does norgestimate and ethinyl estradiol tablets work for contraception?

Your chance of getting pregnant depends on how well you follow the directions for taking your birth control pills. The better you follow the directions, the less chance you have of getting pregnant.

Based on the results of clinical studies, about 1 out of 100 women may get pregnant during the first year they use norgestimate and ethinyl estradiol tablets.

The following chart shows the chance of getting pregnant for women who use different methods of birth control. Each box on the chart contains a list of birth control methods that are similar in effectiveness. The most effective methods are at the top of the chart. The box on the bottom of the chart shows the chance of getting pregnant for women who do not use birth control and are trying to get pregnant.



Who should not take norgestimate and ethinyl estradiol tablets?

Do not take norgestimate and ethinyl estradiol tablets if you:

- smoke and are over 35 years of age
- had blood clots in your arms, legs, lungs, or eyes
- had a problem with your blood that makes it clot more than normal
- have certain heart valve problems or irregular heart beat that increases your risk of having blood clots
- had a stroke
- had a heart attack
- have high blood pressure that cannot be controlled by medicine
- have diabetes with kidney, eye, nerve, or blood vessel damage
- have certain kinds of severe migraine headaches with aura, numbness, weakness or changes in vision, or any migraine headaches if you are over 35 years of age
- have liver problems, including liver tumors
- take any hepatitis C drug combination containing ombitaspar/paritaprevir/sofosbuvir, with or without dasbuvir. This may increase levels of the liver enzyme "alanine aminotransferase" (ALT) in the blood.
- have any unexplained vaginal bleeding
- are pregnant
- had breast cancer or any cancer that is sensitive to female hormones

If any of these conditions happen while you are taking norgestimate and ethinyl estradiol tablets, stop taking norgestimate and ethinyl estradiol tablets right away and talk to your healthcare provider. Use non-hormonal contraception when you stop taking norgestimate and ethinyl estradiol tablets.

What should I tell my healthcare provider before taking norgestimate and ethinyl estradiol tablets?

Tell your healthcare provider if you:

- are pregnant or think you may be pregnant
- are depressed now or have been depressed in the past
- had yellowing of your skin or eyes (jaundice) caused by pregnancy (cholestasis of pregnancy)
- are breastfeeding or plan to breastfeed. Norgestimate and ethinyl estradiol tablets may decrease the amount of breast milk you make. A small amount of the hormones in norgestimate and ethinyl estradiol tablets may pass into your breast milk. Talk to your healthcare provider about the best birth control method for you while breastfeeding.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Norgestimate and ethinyl estradiol tablets may affect the way other medicines work, and other medicines may affect how well norgestimate and ethinyl estradiol tablets work. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take norgestimate and ethinyl estradiol tablets?

Read the Instructions for Use at the end of this Patient Information.

What are the possible serious side effects of norgestimate and ethinyl estradiol tablets?

- Like pregnancy, norgestimate and ethinyl estradiol tablets may cause serious side effects, including blood clots in your lungs, heart attack, or a stroke that may lead to death. Some other examples of serious blood clots include blood clots in the legs or eyes.

Serious blood clots can happen especially if you smoke, are obese, or are older than 35 years of age. Serious blood clots are more likely to happen when you:

- first start taking birth control pills
- restart the same or different birth control pills after not using them for a month or more

Call your healthcare provider or go to a hospital emergency room right away if you have:

- leg pain that will not go away
- sudden severe shortness of breath
- sudden change in vision or blindness
- chest pain
- a sudden, severe headache unlike your usual headaches
- weakness or numbness in your arm or leg
- trouble speaking

Other serious side effects include:

- liver problems, including:
 - rare liver tumors
 - jaundice (cholestasis), especially if you previously had cholestasis of pregnancy. Call your healthcare provider if you have yellowing of your skin or eyes.
- high blood pressure. You should see your healthcare provider for a yearly check of your blood pressure.
- gallbladder problems
- changes in the sugar and fat (cholesterol and triglycerides) levels in your blood
- new or worsening headaches including migraine headaches
- irregular or unusual vaginal bleeding and spotting between your menstrual periods, especially during the first 3 months of taking norgestimate and ethinyl estradiol tablets.
- depression
- possible cancer in your breast and cervix
- severe allergic reactions that may include swelling of your skin especially around your mouth, eyes, and in your throat (angioedema). Call your healthcare provider if you have a swollen face, lip, mouth, tongue or throat, which may lead to difficulty swallowing or breathing. Your chance of having angioedema is higher if you have a history of angioedema.
- dark patches of skin around your forehead, nose, cheeks and around your mouth, especially during pregnancy (chloasma). Women who tend to get chloasma should avoid spending a long time in sunlight, tanning booths, and under sun lamps while taking norgestimate and ethinyl estradiol tablets. Use sunscreen if you have to be in the sunlight.

What are the most common side effects of norgestimate and ethinyl estradiol tablets?

- headache (migraine)
- breast pain or tenderness, enlargement or discharge
- stomach pain, discomfort, and gas
- vaginal infections and discharge
- mood changes, including depression
- nervousness
- changes in weight
- skin rash

These are not all the possible side effects of norgestimate and ethinyl estradiol tablets. For more information, ask your healthcare provider or pharmacist.

You may report side effects to the FDA at 1-800-FDA-1088 or you may also report side effects to Lupin Pharmaceutical, Inc. at 1-800-399-2561.

What else should I know about taking norgestimate and ethinyl estradiol tablets?

- If you are scheduled for any lab tests, tell your healthcare provider you are taking norgestimate and ethinyl estradiol tablets. Certain blood tests may be affected by norgestimate and ethinyl estradiol tablets.
- Norgestimate and ethinyl estradiol tablets do not protect against HIV infection (AIDS) and other sexually transmitted infections.

How should I store norgestimate and ethinyl estradiol tablets?

- Store norgestimate and ethinyl estradiol tablets at room temperature between 68°F to 77°F (20°C to 25°C)
- Keep norgestimate and ethinyl estradiol tablets, and all medicines out of the reach of children.
- Store away from light.

General information about the safe and effective use of norgestimate and ethinyl estradiol tablets

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use norgestimate and ethinyl estradiol tablets for a condition for which it was not prescribed. Do not give norgestimate and ethinyl estradiol tablets to other people, even if they have the same symptoms that you have.

The Patient Information summarizes the most important information about norgestimate and ethinyl estradiol tablets. You can ask your pharmacist or healthcare provider for information about norgestimate and ethinyl estradiol tablets that is written for health professionals.

For more information, call Lupin Pharmaceutical, Inc. at 1-800-399-2561 or you can visit the Lupin website at www.lupinpharmaceutical.com.

Does birth control pills cause cancer?

It is not known if hormonal birth control pills cause breast cancer. Some studies, but not all, suggest that there could be a slight increase in the risk of breast cancer among current users with longer duration of use.

If you have breast cancer now, or have had it in the past, do not use hormonal birth control because some breast cancers are sensitive to hormones.

Women who use birth control pills may have a slightly higher chance of getting cervical cancer. However, this may be due to other factors, such as having a higher number of partners.

What if I want to become pregnant?

You may stop taking the pill whenever you wish. Consider a visit with your healthcare provider for a pre-pregnancy checkup before you stop taking the pill.

What should I know about my period when taking norgestimate and ethinyl estradiol tablets?

Your periods may be lighter and shorter than usual. Some women may miss a period. Irregular vaginal bleeding or spotting may happen while you are taking norgestimate and ethinyl estradiol tablets, especially during the first few months of use. This usually is not a serious problem. It is important to continue taking your pills on a regular schedule to prevent a pregnancy.

What are the ingredients in norgestimate and ethinyl estradiol tablets?

Active ingredients: Each blue pill contains norgestimate and ethinyl estradiol.

Inactive ingredients:

Blue pills: anhydrous lactose, FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium, hydroxypropyl, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, povidone and titanium dioxide.

Green pills: FD & C Blue No. 2 Aluminum Lake, croscarmellose sodium, iron oxide yellow, hydroxypropyl, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol and titanium dioxide.

Instructions For Use

Norgestimate and Ethinyl Estradiol Tablets (not ES 11 male and ETH 11 female DYE one)

Important information about taking norgestimate and ethinyl estradiol tablets

- Take 1 pill every day at the same time. Take the pills in the order directed on your blister.
- Do not skip your pills, even if you do not have sex often. If you miss pills (including starting the pack late) you could get pregnant. The more pills you miss, the more likely you are to get pregnant.
- If you have trouble remembering to take norgestimate and ethinyl estradiol tablets, talk to your healthcare provider. When you first start taking norgestimate and ethinyl estradiol tablets, spotting or light bleeding in between your periods may occur. Contact your healthcare provider if this does not go away after a few months.
- You may feel sick to your stomach (nauseous), especially during the first few months of taking norgestimate and ethinyl estradiol tablets. If you feel sick to your stomach, do not stop taking the pill. The problem will usually go away. If your nausea does not go away, call your healthcare provider.
- Missing pills can also cause spotting or light bleeding, even when you take the missed pills later. Does the dose you take 2 pills to make up for missed pills? See **What should I do if I miss any norgestimate and ethinyl estradiol tablets pills?** below.
- It is not uncommon to miss a period. However, if you miss a period and have not taken norgestimate and ethinyl estradiol tablets according to directions, or miss 2 periods in a row, or feel like you may be pregnant, call your healthcare provider. If you have a positive pregnancy test, you should stop taking norgestimate and ethinyl estradiol tablets.
- If you have vomiting or diarrhea within 3 to 4 hours of taking your pill, take another pill of the same color from your extra blister. If you do not have an extra blister, take the next pill in your blister. Continue taking all your remaining pills in order. Start the

first pill of your next blister the day after finishing your current blister. This will be 1 day earlier than originally scheduled. Continue on your new schedule.

- If you have vomiting or diarrhea for more than 1 day, your birth control pills may not work as well. Use an additional birth control method, like condoms and a spermicide, until you check with your healthcare provider.
- Stop taking norgestimate and ethinyl estradiol tablets at least 4 weeks before you have major surgery and do not restart after surgery without asking your healthcare provider. Be sure to use other forms of contraception (like condoms and spermicide) during this time period.

Before you start taking norgestimate and ethinyl estradiol tablets:

- Decide what time of day you want to take your pill. It is important to take it at the same time every day and in the order as directed on your blister.
- Have backup contraception (condoms and spermicide) available and if possible, an extra full pack of pills as needed.

When should I start taking norgestimate and ethinyl estradiol tablets?

If you start taking norgestimate and ethinyl estradiol tablets and you have not used a hormonal birth control method before:

- There are 2 ways to start taking your birth control pills. You can either start on a Sunday (Sunday Start) or on the first day (Day 1) of your natural menstrual period (Day 1 Start). Your healthcare provider should tell you when to start taking your birth control pill.
- If you use the Sunday Start, use non-hormonal back-up contraception such as condoms and spermicide for the first 7 days that you take norgestimate and ethinyl estradiol tablets. You do not need back-up contraception if you use the Day 1 Start.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from another birth control pill:

- Start your new norgestimate and ethinyl estradiol tablets pack on the same day that you would start the next pack of your previous birth control method.
- Do not continue taking the pills from your previous birth control pack.

If you start taking norgestimate and ethinyl estradiol tablets and previously used a vaginal ring or transdermal patch:

- Start using norgestimate and ethinyl estradiol tablets on the day you would have replaced the next ring or patch.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from a progestin-only method such as an implant or injection:

- Start taking norgestimate and ethinyl estradiol tablets on the day of removal of your implant or on the day when you would have had your next injection.

If you start taking norgestimate and ethinyl estradiol tablets and you are switching from an intrauterine device or system (IUD or IUS):

- Start taking norgestimate and ethinyl estradiol tablets on the day of removal of your IUD or IUS.
- You do not need back-up contraception if your IUD or IUS is removed on the first day (Day 1) of your period. If your IUD or IUS is removed on any other day, use non-hormonal back-up contraception such as condoms and spermicide for the first 7 days that you take norgestimate and ethinyl estradiol tablets.

Keep a calendar to track your period:

If this is the first time you are taking birth control pills, read "When should I start taking norgestimate and ethinyl estradiol tablets?" above. Follow these instructions for either a Sunday Start or a Day 1 Start.

Sunday Start:

You will use a **Sunday Start** if your healthcare provider told you to take your first pill on a Sunday.

- Take pill 1 on the Sunday **after your period starts**.
- If your period starts on a Sunday, take pill "1" that day and refer to Day 1 Start instructions below.
- Take pill 2 every day in the order on the pill dispenser at the same time each day for 28 days.

After taking the last pill on **Day 28** from the blister, start taking the first pill from a new pack, on the same day of the week as the first pack (Sunday). Take the first pill in the new pack whether or not you are having your period.

- Use non-hormonal back-up contraception such as condoms and spermicide for the first 7 days of the first cycle that you take norgestimate and ethinyl estradiol tablets.

Day 1 Start:

You will use a **Day 1 Start** if your doctor told you to take your first pill (Day 1) on the **first day of your period**.

- Take pill every day in the order of the blister, at the same time each day, for 28 days.
- After taking the last pill on **Day 28** from the blister, start taking the first pill from a new pack, on the same day of the week as the first pack. Take the first pill in the new pack whether or not you are having your period.

- Use non-hormonal back-up contraception such as condoms and spermicide for the first 7 days of the first cycle that you take norgestimate and ethinyl estradiol tablets.

Norgestimate and ethinyl estradiol tablets come in blister pack. Read the instructions below for using your blister.

Instructions for using your blister:

Each new blister has 28 pills.

- 21 blue pills with hormones, for **Days 1 to 21**
- 7 green pills (without hormones), for **Days 22 to 28**.

Step 1. SET THE DAY on your BLISTER

Sunday Start:

Each blister has been preprinted with the days of the week, starting with Sunday (Sun), to facilitate a Sunday Start regimen.

Day 1 Start:

Set different day label strips of the week have been provided with this pack in order to accommodate a Day 1 Start regimen.

- Pick the day label strip that starts with the first day of your period. Place this day label strip over the area that has the days of the week (starting with Sunday) pre-printed on the blister. (Refer figure below).

Step 2. Remove pill "1" by pushing down on the pill. The pill will come out through a hole in the back of the strip.

Step 3. Swallow the pill. You will take 1 pill every day, at the same time each day.

Step 4. Wait 24 hours to take your next pill. Continue to take 1 pill each day until all the pills have been taken.

Step 5. Take your pill at the same time every day. It is important to take the correct pill each day and not miss any pills.

To help you remember, take your pill at the same time as another daily activity, like turning off your alarm clock or brushing your teeth.

Step 6. When your blister is empty, you will start a new blister on the day after pill "28." Remember to take your first pill in every refill on the same day of the week, no matter when your next period starts.

What should I do if I miss any norgestimate and ethinyl estradiol tablets pills?

If you miss 1 pill in Weeks 1, 2, or 3, follow these steps:

- Take it as soon as you remember. Take the rest pill at your regular time. This means you may take 2 pills in 1 day.
- Then continue taking 1 pill every day until you finish the pack.
- You do not need to use a back-up birth control method if you have sex.

If you miss 2 pills in Week 1 or Week 2 of your pack, follow these steps:

- Take the 2 missed pills as soon as possible and the next 2 pills the next day.
- Then continue to take 1 pill every day until you finish the pack.
- Use a non-hormonal birth control method (such as a condom and spermicide) as a back-up if you have sex during the first 7 days after missing your pills.

If you miss 2 pills in a row in Week 3, or you miss 3 or more pills in a row during Weeks 1, 2, or 3 of the pack, follow these steps:

- If you are a **Day 1 Starter:**
 - You may not have your period this month but this is expected. However, if you miss your period 2 months in a row, call your healthcare provider because you might be pregnant.
 - You could become pregnant if you have sex during the first 7 days after you restart your pill. You MUST use a non-hormonal birth control method (such as a condom and spermicide) as a back-up if you have sex during the first 7 days after you restart your pill.
- If you are a **Sunday Starter:**
 - Keep taking 1 pill every day until Sunday. On Sunday, throw out the rest of the pack and start a new pack of pills that same day.
 - Use a non-hormonal birth control method (such as a condom and spermicide) as a back-up if you have sex during the first 7 days after you restart your pill.

If you have any questions or are unsure about the information in this leaflet, call your healthcare provider.

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Naples, FL 34108
United States

Manufactured by:
Lupin Limited
Pimpri (M.P.), - 454 775
India

The Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.

Revised: May 2025 ID#: 279342

Norgestimate and Ethinyl Estradiol Tablets USP
0.25 mg/0.035 mg
Rx Only
NDC 68180-840-71
Blister Label 28 Tablets

The diagram shows a blister pack with 28 pills arranged in two rows of 14. The top row contains 21 blue pills followed by 7 green pills. The bottom row contains 7 green pills followed by 21 blue pills. The pills are labeled with days of the week: SUN, MON, TUE, WED, THU, FRI, SAT.

Forming Film (PVC) Side

Norgestimate and Ethinyl Estradiol Tablets USP
0.25 mg/0.035 mg
Rx Only
NDC 68180-840-71

The diagram shows a blister pack with 28 pills arranged in two rows of 14. The top row contains 21 blue pills followed by 7 green pills. The bottom row contains 7 green pills followed by 21 blue pills. The pills are labeled with days of the week: SUN, MON, TUE, WED, THU, FRI, SAT.

Forming Film (PVC) Side

Norgestimate and Ethinyl Estradiol Tablets USP
0.25 mg/0.035 mg
Rx Only
NDC 68180-840-71



Norgestimate and Ethinyl Estradiol Tablets USP
 0.25 mg/0.035 mg
 Rx Only
 NDC 68180-840-73
 Carton Label - 3 blisters of 28 Tablets each



NORGESTIMATE AND ETHINYL ESTRADIOL				
norgestimate and ethinyl estradiol 88				
Product Information				
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC 68180-840	
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC 68180-840	3 in 1 CARTON	12/01/2019	
1		1 in 1 POUCH		
1		1 in 1 BLOWER PACK, Type 0 Not a Combination Product		
Quantity of Parts				
Part #	Package Quantity	Total Product Quantity		
Part 1	28			
Part 2	12			
Part 1 of 2				
NORGESTIMATE AND ETHINYL ESTRADIOL				
norgestimate and ethinyl estradiol tablet, film coated				
Product Information				
Route of Administration <input type="checkbox"/> Oral				
Active Ingredient/Active Moiety				
Ingredient Name	Basis of Strength	Strength		
ETHINYL ESTRADIOL (NDC 68180-840) ETHINYL ESTRADIOL	ETHINYL ESTRADIOL	0.035 mg		
NORGESTIMATE (NDC 68180-840) NORGESTIMATE	NORGESTIMATE	0.25 mg		
Inactive Ingredients				
Ingredient Name	Strength			
ACETAMINOPHEN (NDC 68180-840)				
AMMONIUM LACTATE (NDC 68180-840)				
CELLULOSE, MICROCRYSTALLINE (NDC 68180-840)				
CHOLESTEROL SUCRATE (NDC 68180-840)				
FD-301 (NDC 68180-840)				
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