

ROSALEE®

(drospirenone and ethinylestradiol) film coated tablet

Consumer Medicine Information

What is in this leaflet

This leaflet answers some common questions about ROSALEE. It does not contain all the available information. It does not take the place of talking to your doctor or pharmacist.

All medicines have risks and benefits. Your doctor has weighed the risks of you taking ROSALEE against the benefits they expect it will have for you.

If you have any concerns, or are unsure about taking this medicine, ask your doctor or pharmacist for more advice.

Keep this leaflet with the medicine. You may need to read it again.

What ROSALEE is used for

ROSALEE is a combined oral contraceptive, commonly known as a 'birth control pill' or 'the Pill'.

ROSALEE is used to prevent pregnancy.

You may also experience the following benefits:

- improvement in symptoms like bloating, swelling or weight gain related to fluid retention;
- more regular and lighter periods – potentially resulting in a decrease in anaemia (iron deficiency);
- a decrease in period pain.

Some conditions such as pelvic inflammatory disease, ovarian cysts, ectopic pregnancy (where the foetus is carried outside of your womb), lumpy breasts and cancer of the

uterus (womb) and ovaries may be less common in women taking oral contraceptives.

When taken correctly, it prevents you from becoming pregnant in several ways including:

- inhibiting the egg release by stopping it maturing;
- changing the cervical mucus consistency, making it more difficult for the sperm to reach the egg.

When oral contraceptives are taken by women under close observation in clinical trials, it is more than 99% effective in preventing pregnancy. However, in real life the oral contraceptives are around 92% effective. This is because pills might be missed, or taken with medicines that may interfere with their effectiveness, or may not be absorbed due to vomiting and diarrhoea.

Like all oral contraceptives, ROSALEE is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted infections.

Ask your doctor if you have any questions about why this medicine has been prescribed for you.

Your doctor may have prescribed it for another reason.

Before you take ROSALEE

When you must not take it

Do not take ROSALEE if you have an allergy to:

- drospirenone and/or ethinylestradiol, the active ingredients in ROSALEE;
- any of the ingredients listed at the end of this leaflet.

Some of the symptoms of an allergic reaction may include:

- shortness of breath;
- wheezing or difficulty in breathing;
- swelling of the face, lips, tongue or other parts of the body;
- rash, itching or hives on the skin.

Do not take ROSALEE if you are taking antiviral medicines which contain glecaprevir, pibrentasvir, sofosbuvir, velpatasvir, voxilaprevir, ombitasvir, paritaprevir, or dasabuvir, and combinations of these.

These antiviral medicines are used to treatment chronic (long-term) hepatitis C (an infectious disease that affects the liver, caused by the hepatitis C virus).

Do not take ROSALEE if you have or have had a blood clot in:

- the blood vessels of the legs (deep vein thrombosis - DVT);
- the lungs (pulmonary embolism - PE);
- the heart (heart attack);
- the brain (stroke);
- other parts of the body.

Do not take ROSALEE if you have or are concerned about an increased risk of blood clots.

Blood clots are rare. Very occasionally blood clots may cause serious permanent disabilities, or may even be fatal.

You are more at risk of having a blood clot when you take the Pill. But the risk of having a blood clot

when taking the Pill is less than the risk during pregnancy.

Do not take ROSALEE if you are concerned about an increased risk of blood clots because of age or smoking.

The risk of having a heart attack or stroke increases as you get older. It also increases if you smoke. You should stop smoking when taking the Pill, especially if you are older than 35 years of age.

Do not take ROSALEE if you have, or have had:

- any blood clotting disorders such as Protein C deficiency, Protein S deficiency, Leiden Factor V mutation, Antithrombin III deficiency or other inherited blood clotting conditions;
- a confirmed blood test showing:
 - increased levels of homocysteine;
 - antiphospholipid antibodies (APLAs) eg. anticardiolipin antibodies and lupus anticoagulant. These may increase your risk for blood clots or pregnancy losses (miscarriage);
- major surgery after which you have not been able to move around for a period of time;
- angina (chest pain);
- mini-stroke (also known as TIA or transient ischaemic attack);
- severe kidney insufficiency or an acute failure of your kidney;
- migraine, where you have also had problems with seeing, speaking or had weakness or numbness in any part of your body;
- high risk of blood clots due to conditions such as diabetes with blood vessel damage, severe high blood pressure or severe high or low level of fats in your blood;
- pancreatitis (an inflammation of the pancreas) associated with high levels of fatty substances in your blood;

- severe liver disease and your liver function has not returned to normal;
- cancer that may grow under the influence of sex hormones (eg. of the breast or the genital organs);
- benign or malignant liver tumour;
- unexplained vaginal bleeding.

If any of these conditions appear for the first time while using the Pill, stop taking it at once and tell your doctor. In the meantime use nonhormonal (barrier) methods of contraception (such as condoms or a diaphragm).

Do not take this medicine if you are pregnant or think you might be pregnant.

Do not give this medicine to a child.

Do not take this medicine after the expiry date printed on the pack and blister.

The expiry date is printed on the carton and on each blister. If it has expired return it to your pharmacist for disposal.

Do not take this medicine if the packaging is torn or shows signs of tampering.

If the packaging is damaged, return it to your pharmacist for disposal.

If you are not sure whether you should start taking this medicine, talk to your doctor.

Before you start to take it

Tell your doctor if you have allergies to any other medicines, foods, preservatives or dyes.

Tell your doctor if:

- you smoke;
- you or anyone in your immediate family has had blood clots in the legs (DVT) or lungs (PE), a heart attack, a stroke, breast cancer or high cholesterol.

Tell your doctor if you have, or have had any of the following medical conditions:

- diabetes;
- high blood pressure;
- heart valve disorders or certain heart rhythm disorders;

- migraine;
- an increased potassium blood level (eg. due to problems with your kidney/s) and also use of diuretics or other drugs that may increase the potassium in your blood;
- cancer;
- hyperhomocysteinaemia, a condition characterised by high levels of the amino acid homocysteine in the blood.

Ask your doctor to check if you:

- are overweight;
- have any hereditary or acquired conditions that may make it more likely for you to get blood clots;
- have high cholesterol or triglycerides;
- have liver disease;
- have kidney disease;
- have high potassium in your blood;
- have jaundice (yellowing of the skin) and/or pruritus (itching of the skin) related to cholestasis (condition in which the flow of bile from the liver stops or slows);
- have gall bladder disease;
- have Crohn's disease or ulcerative colitis (chronic inflammatory bowel disease);
- have systemic lupus erythematosus (SLE – a disease affecting the skin all over the body);
- have haemolytic uraemic syndrome (HUS– a disorder of blood coagulation causing failure of the kidneys);
- have sickle cell disease;
- have a condition that occurred for the first time, or worsened during pregnancy or previous use of sex hormones (e.g. hearing loss, a metabolic disease called porphyria, a skin disease called herpes gestationis, a neurological disease called Sydenham's chorea);
- have chloasma (yellowish-brown pigmentation patches on the skin,

particularly of the face) – if so, avoid exposure to the sun or ultraviolet radiation;

- have hereditary angioedema - you should see your doctor immediately if you experience symptoms of angioedema, such as swollen face, tongue and/or pharynx and/or difficulty swallowing, or hives together with difficulty in breathing.

If any of the above conditions appear for the first time, recur or worsen while taking ROSALEE, you should tell your doctor.

Tell your doctor if you are breastfeeding.

ROSALEE is generally not recommended if you are breastfeeding.

ROSALEE contains lactose monohydrate.

If you have an intolerance to some sugars, tell your doctor before you start taking ROSALEE.

If you have not told your doctor about any of the above, tell him/her before you start taking ROSALEE.

Taking other medicines

Tell your doctor or pharmacist if you are taking any other medicines, including any that you get without a prescription from your pharmacy, supermarket or health food shop.

Some medicines and ROSALEE may interfere with each other. These include:

- medicines used to treat tuberculosis such as rifampicin, rifabutin;
- macrolide antibiotics (e.g. clarithromycin, erythromycin);
- medicines used to treat fungal infections, such as griseofulvin, ketoconazole;
- medicines used to treat HIV, such as ritonavir or nevirapine;
- some medicines used to treat Hepatitis C Virus (HCV) such as boceprevir, telaprevir, glecaprevir, pibrentasvir,

sofosbuvir, velpatasvir, voxilaprevir, ombitasvir, paritaprevir or dasabuvir;

- medicines used to treat epilepsy such as phenytoin, primidone, barbiturates (e.g. phenobarbitone), carbamazepine, oxcarbazepine, topiramate, felbamate, lamotrigine;
- cyclosporin, an immunosuppressant medicine;
- some medicines used to treat high blood pressure, chest pain or irregular heartbeats such as diltiazem, verapamil;
- etoricoxib, an anti-inflammatory medicine used to treat pain;
- tizanidine, melatonin or midazolam which are medicines that relax the body;
- theophylline, a medicine that helps with breathing;
- herbal medicines containing St John's Wort;
- grapefruit juice.

These medicines may be affected by ROSALEE, or may affect how well it works. Your doctor may need to alter the dose of these medicines, or prescribe a different medicine.

Some medicines

- can have an influence on the blood levels of ROSALEE;
- can make it less effective in preventing pregnancy;
- can cause unexpected bleeding.

You might have an increase in potassium in the blood if you are taking ROSALEE with medicines that may increase potassium levels in the blood. These include:

- medicines used to treat high blood pressure, such as ACE inhibitors, angiotensin-II-receptor antagonists and diuretics;
- certain anti-inflammatory medicines, such as indomethacin;
- aldosterone antagonists, such as spironolactone and eplerenone.

In a study of women taking drospirenone together with an ACE inhibitor, no significant differences

were observed in the potassium levels when compared to the placebo.

You may need to use additional barrier methods of contraception (such as condoms or a diaphragm) while you are taking any of these medicines and for some time after stopping them.

Your doctor will be able to tell you how long you will need to use additional contraceptive methods.

Your doctor and pharmacist have more information on medicines that you need to be careful with or avoid while taking this medicine.

How to take ROSALEE

Follow all directions given to you by your doctor or pharmacist carefully.

They may differ from the information contained in this leaflet.

If you do not understand the instructions on the pack ask your doctor or pharmacist for help.

How much to take

Each blister pack is marked with the day of the week.

Take your first yellow (active) tablet from the pink area on the blister pack corresponding to the day of the week.

Follow the direction of the arrows on the blister pack until all the tablets have been taken.

A period should begin 2-3 days after starting to take the white placebo tablets and may not have finished before the next pack is started.

How to take it

Take 1 tablet daily at about the same time every day. You must take ROSALEE every day regardless of how often you have sex. This will also help you remember when to take it.

Swallow the tablet whole with a glass of water.

It does not matter if you take this medicine before or after food.

Always start a new blister pack on the same day of the week as your previous pack.

Taking ROSALEE for the first time

If you are starting ROSALEE after a natural cycle, and you have not used a hormonal contraceptive in the past month, start on the first day of your period, ie. on the first day of your menstrual bleeding.

You may also start on days 2 to 5 of your period, but in that case make sure you also use additional barrier contraceptive precautions (eg. condom) for the first 7 days of tablet-taking.

Your doctor will advise you when to start if you:

- are taking ROSALEE after having a baby;
- have had a miscarriage or an abortion.

Switching from another contraceptive

Changing from a combined oral contraceptive:

Start taking ROSALEE on the day after taking the last active tablet in your previous Pill pack. Bleeding may not occur until the end of the first pack of ROSALEE.

You can also switch to ROSALEE after taking one or more inactive tablets in your previous Pill pack, but no later than the day after taking the last inactive tablet.

If you are not sure which the active / placebo tablets were in your previous Pill pack, ask your doctor or pharmacist.

Your previous Pill pack may have different colour tablets to those of ROSALEE.

Changing from a progestogen-only pill ('minipill'):

If you are switching from a progestogen-only Pill (minipill), stop taking the minipill on any day and start taking ROSALEE at the same time the day after you took your last minipill.

You must also use additional barrier contraceptive precautions (eg. condoms or a diaphragm) for the first 7 days of tablet-taking when having intercourse.

Changing from an injectable, implant or progesterone-releasing intrauterine system (IUS):

Start taking ROSALEE when your next injection is due, or on the day that your implant or IUS is removed.

You must also use additional barrier contraceptive precautions (eg. condoms or a diaphragm) for the first 7 days of tablet-taking when having intercourse.

Changing from a vaginal ring:

Start ROSALEE on the day of removal of the vaginal ring but at the latest when the next application would have been due.

Stopping ROSALEE

You can stop taking ROSALEE at any time. If you are considering becoming pregnant, it is recommended that you begin taking a vitamin supplement containing folic acid. It is best that you start taking folic acid tablets before you stop taking ROSALEE and not stop until your doctor advises this. Ask your doctor or pharmacist about suitable supplements. It is both safe and recommended that you take folic acid during pregnancy.

If you forget to take it

If you miss a tablet and take the missed tablet within 12 hours of missing it, you should still be protected against pregnancy. If you are more than 12 hours late follow these detailed instructions:

For ROSALEE to be most effective, yellow active tablets need to be taken uninterrupted for 7 days.

If you have been taking the yellow active tablets for 7 uninterrupted days and miss a yellow active tablet, take the missed tablet as soon as you remember, then go back to taking your medicine as you would normally, even if this means taking two tablets in one day.

You will not need to use additional barrier contraceptive precautions.

The chance of pregnancy after missing a yellow active tablet depends on when you missed the tablet. There is a higher risk of becoming pregnant if you miss a tablet at the beginning or end of a pack.

If after taking your missed tablet you have less than 7 days of yellow active tablets left in a row, you should finish the active tablets in your pack but skip the white placebo tablets and start a new pack.

This is the best way to maintain contraceptive protection.

However, you may not have a period until the end of the yellow active tablets of the second pack. You may have spotting or breakthrough bleeding on tablet-taking days.

If you have been taking the yellow active tablets for less than 7 days and miss a yellow active tablet, take the missed tablet as soon as you remember, then go back to taking your medicine as you would normally, even if this means taking two tablets in one day. In addition, you must also use additional barrier contraceptive precautions (eg. condoms or a diaphragm) for the next 7 days.

If you have had sexual intercourse during that time, there is a possibility of pregnancy and you may need emergency contraception.

If you forget to take more than one yellow active tablet, seek advice from your doctor or pharmacist about what to do.

If you have had sexual intercourse in the week before missing your tablets, there is a possibility of becoming pregnant.

If you miss a white inactive tablet, you do not need to take them later because they do not contain any active ingredients.

However, it is important that you discard the missed white tablet(s) to make sure that the number of days between taking active tablets is not increased as this would increase the risk of pregnancy. Continue with the next tablet at the usual time.

Please see the diagram at the end of this leaflet for “Summary of advice if you missed a yellow tablet more than 12 hours ago”.

Ask your doctor or pharmacist to answer any questions you may have.

If you take too much (overdose)

Immediately telephone your doctor or the Poisons Information Centre (Australia: 13 11 26 or New Zealand: 0800 POISON or 0800 764 766) for advice, or go to Accident and Emergency at the nearest hospital, if you think that you or anyone else may have taken too much ROSALEE.

Do this even if there are no signs of discomfort or poisoning.

You may need urgent medical attention.

If you take several yellow active tablets at once, you may feel sick or vomit or may bleed from the vagina. Even girls who have not yet started to menstruate but have accidentally taken this medicine may experience such bleeding.

While you are taking ROSALEE

Things you must do

Tell any doctors, dentists and pharmacists who treat you that you are taking this medicine.

If you are about to have any blood tests, tell your doctor that you are taking this medicine.

It may interfere with the results of some tests.

Have regular check-ups with your doctor.

When you are taking the Pill, your doctor will tell you to return for regular check-ups, including getting a Cervical Screening Test. Your doctor will advise how often you need a Cervical Screening Test. A Cervical Screening Test can detect abnormal cells lining the cervix.

Sometimes abnormal cells can progress to cancer.

If you are about to start on any new medicine, remind your doctor and pharmacist that you are taking ROSALEE.

Stop taking ROSALEE and see your doctor immediately if you notice the following signs:

- one-sided swelling of the leg and/or foot or along a vein in the leg;
- pain or tenderness in the leg which may be felt only when standing or walking;
- increased warmth in the affected leg; red or discoloured skin on the leg;
- sudden onset of unexplained shortness of breath or rapid breathing;
- sudden coughing or coughing up of blood;
- sharp chest pain or sudden severe pain in the chest which may increase with deep breathing;
- severe, light headedness or dizziness;
- rapid or irregular heartbeat;
- sudden pain, swelling and slight blue discoloration of an extremity;
- sudden numbness or weakness of the face, arm or leg, especially on one side of the body;
- sudden trouble walking, dizziness, loss of balance or coordination;

- sudden confusion, slurred speech or aphasia; sudden partial or complete loss of vision, or double vision, painless blurring of vision which can progress to loss of vision;
- sudden, severe or prolonged headache with no known cause;
- loss of consciousness or fainting with or without seizure;
- pain, discomfort, pressure, heaviness, sensation of squeezing or fullness in the chest arm, or below the breastbone;
- discomfort radiating to the back, jaw, throat, arm, stomach;
- feeling of being full, having indigestion or choking;
- sweating, nausea, vomiting extreme weakness and anxiety.

If you are going to have surgery, tell the surgeon or anaesthetist beforehand that you are taking this medicine.

The risk of having blood clots is temporarily increased as a result of major surgery, any surgery to the leg or pelvis, neurosurgery or major trauma. In women who take ROSALEE, the risk may be higher.

In women at risk of prolonged immobilisation (including major surgery, any surgery to the legs or pelvis, neurosurgery, or major trauma), your doctor may tell you to stop taking (in the case of elective surgery at least four weeks in advance) and not resume until two weeks after complete remobilisation. Another method of contraception should be used to avoid unintentional pregnancy. Your doctor may prescribe other treatment (eg. treatment for blood clots) if ROSALEE has not been discontinued in advance.

Other risk factors for blood clotting include temporary immobilisation including air travel of greater than 4 hours, particularly in women with other risk factors. Consult your doctor if you plan to air travel for greater than 4 hours.

Consult your doctor if you develop high blood pressure while taking ROSALEE – you may be told to stop taking it.

If you become pregnant while taking this medicine, tell your doctor immediately.

If you vomit within 3-4 hours or have severe diarrhoea after taking a yellow active tablet, the active ingredients may not have been completely absorbed. This is like missing a tablet. Follow the advice for missed tablets.

If you have unexpected bleeding and it continues, becomes heavy, or occurs again, tell your doctor.

When taking these tablets for the first few months, you can have irregular vaginal bleeding (spotting or breakthrough bleeding) between your periods.

You may need to use sanitary products, but continue to take your tablets as normal.

Irregular vaginal bleeding usually stops once your body has adjusted to the Pill, usually after about 3 months.

If you have missed a period, but you have taken all your tablets, it is very unlikely that you are pregnant, as long as:

- you have taken the yellow active tablets at the right time;
- you have not been taking medicine(s) that may interfere with ROSALEE;
- you have not vomited or had severe diarrhoea during this cycle.

If this is so, continue to take ROSALEE as usual. If you have any concerns consult your doctor or pharmacist.

If you miss your period twice in a row, you may be pregnant even if you have taken the Pill correctly. Stop taking ROSALEE and seek advice from your doctor. You must use a non-hormonal method of contraception (such as condoms or a diaphragm) until your doctor rules out pregnancy.

ROSALEE will not protect you from HIV-AIDS or any other Sexually

Transmitted Infections (STIs), such as chlamydia, genital herpes, genital warts, gonorrhoea, hepatitis B, human papilloma virus and syphilis

To protect yourself from STIs, you will need to use additional barrier contraceptives (eg. condoms).

Things you must not do

Do not take ROSALEE to treat any other conditions, unless your doctor tells you to.

Do not give your medicine to anyone else.

Do not stop taking your medicine or change the dosage without checking with your doctor.

You may become pregnant if you are not using any other contraceptive and you stop taking ROSALEE, or do not take a tablet every day.

Side effects

Tell your doctor or pharmacist as soon as possible if you do not feel well while you are taking ROSALEE.

This medicine helps most people, but it may have unwanted side effects in a few people.

All medicines can have side effects. Sometimes they are serious, most of the time they are not. You may need medical attention if you get some of the side effects.

Do not be alarmed by the following lists of side effects. You may not experience any of them.

Ask your doctor or pharmacist to answer any questions you may have.

The following list includes the more common side effects of your medicine. These are usually mild and lessen with time.

If you notice any of the following side effects and they worry you, tell your doctor or pharmacist:

- nausea;
- diarrhoea;
- vomiting;

- inflammation of the stomach and intestines;
- sore throat and discomfort when swallowing;
- inflammation of the bladder due to urinary tract infection;
- sinus infection;
- headache, including migraines;
- dizziness;
- nervousness;
- mood changes, including depression;
- acne;
- menstrual disorders;
- breast pain;
- vaginal yeast infection;
- vaginal discharge;
- unscheduled vaginal bleeding.

The following list includes very serious but rare side effects. You may need urgent medical attention or hospitalisation.

If you experience any of the following, tell your doctor immediately, or go to the Emergency Department at your nearest hospital:

- pain in the chest, arm or below the breastbone;
 - pain or discomfort that goes to your back;
 - breathlessness and/or difficulty breathing;
 - swelling, pain or tenderness of one leg;
 - sudden weakness, numbness or bad ‘pins and needles’ of the face, arm or leg, especially on one side of the body;
 - sudden trouble walking, dizziness, loss of balance or coordination;
 - severe, sudden stomach pains;
 - a fainting attack, or you collapse;
 - unusual headaches or migraines that are worse than usual;
 - sudden problems with your speech, understanding or eyesight;
- The side effects listed above are possible signs of a blood clot (thrombosis).

- jaundice (yellowing skin or yellowing eyes);
- you cough up blood;
- breast lumps;
- unexplained vaginal bleeding.

Tell your doctor or pharmacist if you notice anything else that is making you feel unwell.

Other side effects not listed may also occur in some people.

Blood clots and the Pill

Blood clots may block blood vessels in your body. This type of blood clot is also called thrombosis.

Blood clots sometimes occur in the deep veins of the legs (DVT). If a blood clot breaks away from the veins where it has formed, it may reach and block the blood vessels of the lungs, causing pulmonary embolism (PE).

Blood clots can also occur in the blood vessels of the heart (causing a heart attack) or the brain (causing a stroke).

Blood clots are a rare occurrence and can develop whether or not you are taking an oral contraceptive. They can also happen during pregnancy. The risk of having blood clots is higher in OC users than in nonusers, but not as high as during pregnancy.

The risk of a blood clot is highest during the first year of taking the Pill for the first time, or when re-starting after having a break from the Pill for 4 weeks or more.

If you notice possible signs of a blood clot, stop taking ROSALEE and consult your doctor immediately.

To prevent pregnancy, you must also use additional barrier contraceptive precautions (eg. condoms or a diaphragm).

If you are concerned about an increased risk of blood clots while on ROSALEE, speak to your doctor.

Cancer and the Pill

Breast cancer has been diagnosed slightly more often in women who take the Pill than in women of the same age who do not take the Pill.

This slight increase in the numbers of breast cancer diagnoses gradually disappears during the course of the 10 years after women stop taking the Pill.

It is not known whether the difference is caused by the Pill. It may be that these women were examined more often, so that the breast cancer was noticed earlier.

It is important that you check your breasts regularly and contact your doctor if you feel any lumps.

In rare cases benign liver tumours and, even more rarely, malignant liver tumours have been reported in users of the Pill. These tumours may lead to internal bleeding.

Contact your doctor immediately if you have severe pain in your abdomen.

Cervical cancer has been reported to occur more often in women who have been taking the Pill for a long time. This finding may not be caused by the Pill, but may be related to sexual behaviour and other factors.

After taking ROSALEE

Storage

Keep your tablets in the pack until it is time to take them.

If you take the tablets out of the pack, they may not keep well.

Keep your tablets in a cool dry place where the temperature stays below 25°C.

Do not store it or any other medicine in the bathroom, near a sink, or on a windowsill.

Do not leave it in the car.

Heat and damp can destroy some medicines.

Keep it where children cannot reach it.

A locked cupboard at least one-and-a-half metres above the ground is a good place to store medicines.

Disposal

If your doctor tells you to stop taking this medicine or the expiry date has passed, ask your pharmacist what to do with any medicine that is left over.

Return any unused medicine to your pharmacist.

Product description

What it looks like

Each active tablet is yellow coloured, round, biconvex, film coated tablets, debossed with 'DR2' on one side and plain on the other side.

Each placebo tablet is white to off-white coloured, round, biconvex, film coated tablet, plain on both sides.

ROSALEE comes in a box containing either 1 or 3 blister packs.

Each blister pack contains 21 yellow active tablets and 7 placebo tablets.

Ingredients

Active ingredients

Each ROSALEE yellow active tablet contains 30 micrograms ethinylestradiol and 3 mg drospirenone.

Other ingredients

Each yellow active tablet contains:

- lactose monohydrate;
- maize starch;
- pregelatinised maize starch;
- magnesium stearate;
- OPADRY complete film coating system 03F82726 Yellow (containing hypromellose, titanium dioxide, macrogol 6000, purified talc and iron oxide yellow).

Each white placebo tablet contains:

- lactose monohydrate;
- maize starch;
- pregelatinised maize starch;
- magnesium stearate;

- OPADRY complete film coating system 03B28796 White (containing hypromellose, titanium dioxide and macrogol 400).

Australian Registration Numbers

AUST R 407772

Supplier/Distributor

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SUMMARY OF ADVICE IF YOU MISSED A YELLOW ACTIVE TABLET MORE THAN 12 HOURS AGO

Before missing your tablet, did you take the yellow active tablets for the previous 7 days?	No	Did you have sex in the 7 days before missing the tablet?	→	No	Take the tablet missed AND use extra barrier precaution for 7 days. If there are fewer than 7 yellow active tablets left in the pack, finish the active tablets and go straight to the yellow active tablets of the next pack. This means you skip the white inactive tablets.
				Yes	See your Doctor or Pharmacist for advice.
	Yes	Does your pack still have 7 active yellow tablets in a row to follow?	→	No	Take the tablet you missed AND complete taking the yellow active tablets. Skip the white placebo tablets. Start your next pack with the yellow active tablets.
				Yes	Take the tablet you missed AND complete the pack as normal.