Summary of Product Characteristics for Pharmaceutical Products

1. Name of the medicinal product:

Unipill 1.5mg tablet

2. Qualitative and quantitative composition

Each tablet contains 1.5 mg levonorgestrel.

Excipints with known effect
Each tablet also contains 137.35 mg of lactose monohydrate.
For a full list of excipients, see section 6.1

3. Pharmaceutical form

Tablet
Almost white, flat, round, uncoated tablet, about 8 mm in diameter, debossed with “UP” on one
side and plain on the other side.

4. Clinical particulars

4.1 Therapeutic indications

Emergency contraception within 72 hours of unprotected sexual intercourse or failure of a contraceptive method.

4.2 Posology and method of administration

Posology
The highest efficacy is achieved if the tablet is taken as soon as possible, preferably within 12 hours (and no later than 72 hours) after unprotected intercourse.

If vomiting occurs within three hours of taking the tablet, another tablet should be taken immediately. If repeated vomiting occurs, the tablet may be administered vaginally.

Unipill can be used at any time during the menstrual cycle unless menstrual bleeding is overdue.

After using emergency contraception, it is recommended to use a local barrier method (condom, diaphragm, spermicide, cervical cap) until the next menstrual period starts. The use of Unipilldoes not contraindicate the continuation of regular hormonal contraception.

Unipill is not recommended for use by young women aged under 16 years without medical supervision.

Method of administration

For oral administration, the treatment course comprises a single tablet.

4.3 Contraindications

Hypersensitivity to levonorgestrel or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Emergency contraception is not effective in terminating an existing pregnancy.

Emergency contraception is an occasional method. It should not replace a regular contraceptive method.

Emergency contraception does not prevent a pregnancy in every instance.

Efficacy appears to decline with time (see section 5.1).

If there is uncertainty about the timing of the unprotected intercourse or if the woman has had unprotected intercourse more than 72 hours earlier in the same menstrual cycle, conception may have occurred. Treatment with Unipill following the second act of intercourse may therefore be ineffective in preventing pregnancy. If menstrual periods are delayed by more than 5 days or abnormal bleeding occurs at the expected date of menstrual periods or pregnancy is suspected for any other reason, pregnancy should be ruled out.

If pregnancy occurs after treatment with Unipill, the possibility of an ectopic pregnancy should be considered, especially in women in whom severe abdominal pain or fainting occurs, or if there is a history of ectopic pregnancy, Fallopian tube surgery or pelvic inflammatory disease. The absolute risk of ectopic pregnancy is likely to be low, as levonorgestrel prevents ovulation and fertilisation. Ectopic pregnancy may continue despite uterine bleeding. Therefore, Unipill is not recommended for women at risk of ectopic pregnancy (history of salpingitis or of ectopic pregnancy).

Unipill is not recommended in patients with severe hepatic dysfunction.

Severe malabsorption syndromes, such as Crohn's disease, might impair the efficacy of Unipill.

After taking Unipill, menstrual periods are usually normal and occur at the expected date. They
can sometimes occur earlier or later than expected by a few days. Women should be advised to
see a health care provider to initiate or adopt a method of regular contraception. If no withdrawal bleed occurs in the next pill-free period following the use of Unipill after regular hormonal contraception, pregnancy should be ruled out.

Repeated administration within a menstrual cycle is not advisable because of the possibility of
disturbing the cycle.

Any regular contraceptive method can be started immediately after the use of Unipill emergency
contraceptive pills. If the woman starts a hormonal contraceptive:

- she needs to abstain from sexual intercourse or use barrier contraception for 7 days;

- she should be advised to have a pregnancy test if she does not have a withdrawal bleed within 3 weeks.

Unipill is not as effective as a conventional regular method of contraception and is suitable only
as an emergency measure. Women who present for repeated courses of emergency contraception should be advised to consider long-term methods of contraception.

Use of emergency contraception does not replace the necessary precautions against sexually transmitted diseases.

Excipients
The tablet contains lactose monohydrate. Patients with rare hereditary problems of galactose
intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption may experience
symptoms of intolerance.

4.5 Interaction with other medicinal products and other forms of interaction

The metabolism of levonorgestrel is enhanced by concomitant use of liver enzyme inducers,
mainly CYP3A4 enzyme inducers.

Drugs suspected of having the capacity to reduce the efficacy of levonorgestrel include

barbiturates (including primidone), phenytoin, carbamazepine, herbal medicines containing St.
John's wort (Hypericum perforatum), rifampicin, ritonavir, rifabutin, bosentan, felbamate,
oxcarbazepine and griseofulvin.

Significant changes (increase or decrease) in the plasma levels of the progestogen have been
noted in some cases of co-administration with HIV protease inhibitors or with non-nucleoside reverse transcriptase inhibitors. The potential interaction may require close monitoring, alteration
of drug dosage or timing of administration.

Medicines containing levonorgestrel may increase the risk of cyclosporin toxicity due to possible inhibition of cyclosporin metabolism.

4.6 Pregnancy and Lactation

Pregnancy

Unipill should not be given to pregnant women. It will not interrupt the pregnancy.
In case of failure of this emergency contraception and developing pregnancy, epidemiological
studies indicate no adverse effects of progestogens on the fetus. There are no clinical data on the potential consequences if doses greater than 1.5 mg levonorgestrel are taken (see section 5.3).

Breast-feeding

Levonorgestrel is secreted into breast milk. Potential exposure of an infant to levonorgestrel can be reduced if the breast-feeding woman takes the tablets immediately after feeding and avoids nursing following each Unipill administration.

Fertility

Levonorgestrel increases the possibility of cycle disturbances which can sometimes lead to earlier or later ovulation date. These changes can result in modified fertility date; however there are no fertility data in the long term.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed.

4.8 Undesirable effects

The most commonly reported undesirable efefct was nausea.All adverse drug reactions are listed by system, organ class and frequency.Frequencies are defined as very common (≥ 1/10), common (≥ 1/100, <1/10), uncommon (≥ 1/1,000, <1/100), rare (≥ 1/10,000, <1/1,000), very rare (<1/10,000), not known (cannot be estimated from the available data).

Table 1: Tabulated adverse events

System Organ Class	**Frequency of adverse reactions**	
	Very common (≥ 10%)	**Common (≥ 1% to 10%)**
Nervous system disorders	Headache	Dizziness
Gastrointestinal disorders	Nausea Lower abdominal pain	Diarrhoea
Reproductive system and breast disorders	Bleeding not related to menses*	Delay of menses more than 7 days**
General disorders and administration site conditions	Fatigue	

* Bleeding patterns may be temporarily disturbed, but most women will have their next menstrual period within 7 days of the expected time.

** If the next menstrual period is more than 5 days overdue, pregnancy should be excluded.

From Post-marketing surveillance additionally, the following adverse events have been reported:

Gastrointestinal disorders

Very rare (<1/10,000): abdominal pain

Skin and subcutaneous tissue disorders

Very rare (<1/10,000): rash, urticaria, pruritus,

Reproductive system and breast disorders

Very rare (<1/10,000): pelvic pain, dysmenorrhoea

General disorders and administration site conditions

Very rare (<1/10,000): face oedema

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is import. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare providers are asked to report any suspected adverse reactions via Pharmacy and Poisons Board Pharmacovigilance Electronic Reporting System (PvERS); https://pv.pharmacyboardkenya.org.

4.9 Overdose

There have been no reports of any serious damage to health caused by an overdose.
The symptoms that may occur in such a case include: nausea, vomiting and mild vaginal bleeding. There is no specific antidote. Treatment should be symptomatic.

5 Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Sex hormones and modulators of the genital system, emergency contraceptives, ATC code: G03AD01

Mechanism of action
At the recommended regimen, levonorgestrel is thought to work mainly by preventing ovulation and fertilisation if intercourse has taken place in the preovulatory phase, when the likelihood of fertilisation is the highest. Levonorgestrel is not effective once the process of implantation has begun.

Clinical efficacy and safety
Results from a randomised, double-blind clinical study conducted in 2001 (Lancet 2002; 360: 1803-1810) showed that a 1.5 mg single dose of levonorgestrel (taken within 72 hours of unprotected sex) prevented 84% of expected pregnancies (compared with 79% when the two 0.75 mg tablets were taken 12 hours apart).

There is limited and inconclusive data on the effect of high body weight/high BMI on the contraceptive efficacy. In three WHO studies no trend for a reduced efficacy with increasing body weight/BMI was observed (see Table 1), whereas in the two other studies (Creinin et al., 2006 and Glasier et al., 2010) a reduced contraceptive efficacy was observed with increasing body weight or BMI (see Table 2). Both meta-analyses excluded intake later than 72 hours after unprotected intercourse (i.e., off-label use of levonorgestrel) and women who had further acts of unprotected intercourse. (For pharmacokinetic studies of women with severe overweight (obesity) see section 5.2)

Table 2: Meta-analysis on three WHO studies (Von Hertzen et al., 1998 and 2002; Dada et al., 2010)

BMI (kg/m2)	**Underweight 0–18.5**	**Normaweight 18.5–25**	**Overweight 25–30**	**Obesity ≥ 30**
N total	600	3,952	1,051	256
N pregnancies	11	39	6	3
Pregnancy rate	1.83%	0.99%	0.57%	1.17%
Confidence Interval	0.92–3.26	0.70–1.35	0.21–1.24	0.24–3.39

BMI (kg/m2)	**Underweight 0–18.5**	**Normal weight 18.5–25**	**Overweight 25–30**	**Obesity ≥ 30**
N total	64	933	339	212
N pregnancies	1	9	8	11
Pregnancy rate	1.56%	0.96%	2.36%	5.19%
Confidence Interval	0.04–8.40	0.44–1.82	1.02–4.60	2.62–9.09

5.2 Pharmacokinetic properties

Absorption

Orally administered levonorgestrel is rapidly and almost completely absorbed. The absolute bioavailability of levonorgestrel was determined to be almost 100% of the dose administered. The results of a pharmacokinetic study carried out with 16 healthy women showed that following ingestion of one tablet of Levonorgestrel 1.5mg maximum drug serum levels of levonorgestrel of 18.5 ng/ml were found at 2 hours.

Distribution

Levonorgestrel is bound to serum albumin and sex hormone binding globulin (SHBG). Only about 1.5% of the total serum levels are present as free steroid, but 65% are specifically bound to SHBG. About 0.1% of the maternal dose can be transferred via milk to the nursed infant.

Biotransformation
The biotransformation follows the known pathways of steroid metabolism, levonorgestrel is hydroxylated in the liver and the metabolites are excreted as glucuronide conjugates. No pharmacologically active metabolites are known.

Elimination
After reaching maximum serum levels, the concentration of levonorgestrel decreased with a mean elimination half-life of about 26 hours. Levonorgestrel is not excreted in unchanged form but as metabolites. Levonorgestrel metabolites are excreted in about equal proportions with urine and faeces.

Pharmacokinetics in obese women
A pharmacokinetic study showed that levonorgestrel concentrations are decreased in obese women (BMI ≥ 30 kg/m²) (approximately 50% decrease in Cmax and AUC0-24), compared to women with normal BMI (< 25 kg/m²) (Praditpan et al., 2017). Another study also reported a decrease of levonorgestrel Cmax by approximately 50% between obese and normal BMI women. A doubling of the dose (3 mg) in obese women appeared to provide plasma concentration levels similar to those observed in normal BMI women who received 1.5 mg of levonorgestrel (Edelman et al., 2016). The clinical relevance of these data is unclear.

5.3 Preclinical safety data

Animal experiments with levonorgestrel have shown virilisation of female foetuses at high doses. Preclinical data from conventional studies on chronic toxicity, mutagenicity and carcinogenicity reveal no special hazard for humans beyond the information included in other sections of the SmPC

6 Pharmaceutical Particulars

6.1 List of Excipients

Lactose monohydrate
Maize starch
Poloxamer
Povidone
Colloidal silicon dioxide
Magnesium stearate

6.2 Incompatibilities

Not applicable

6.3 Shelf-Life

60 months

6.4 Special Precautions for storage

Do not store above 30°C. Store tablets in the blisters in the provided carton in order to protect from light

6.5 Nature and Content of container

Clear PVC/PVDC-Alu blister card containing 1 tablet. One blister card is packed in a carton. Twenty (20) such cartons are packed in a master carton.

6.6 Special precautions for disposal and other handling

No special requirements.

Any unused product or waste material should be disposed of in accordance with local requirements.

7 Marketing Authorization Holder

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8 Marketing Authorization Number

CTD11530

9 Date of first authorization/renewal of the authorization

12/09/2024

10 Date of revision of the text

10/05/2025