

Dancy

Drospirenone USP



Composition

Each Dancy pack contains 28 tablets, among these 24 tablets are white colored, film coated which contains Drospirenone USP 4 mg and the remaining 4 light pink colored film coated tablets are without API (Placebo).

Description

Dancy tablet is a Progestin-only pill that contains Drospirenone and is indicated for use by females of reproductive potential to prevent pregnancy.

Pharmacokinetics

Absorption

The pharmacokinetics of oral drospirenone is dose-proportional following single doses ranging from 1-10 mg. Maximum concentrations (C_{max}) of drospirenone in plasma of about 27 ng/ml are reached at about 2-6 hours after a single ingestion of Dancy. During a treatment cycle, maximum steady-state concentrations of drospirenone in serum of about 41 ng/ml are reached after about 10 days of treatment. Concomitant ingestion of food does not influence the extent of absorption of drospirenone.

Distribution

Drospirenone is 95% to 97% bound to serum albumin and does not bind to sex hormone-binding globulin (SHBG) or corticosteroid-binding globulin (CBG). The apparent volume of distribution of drospirenone is approximately 4 L/kg.

Metabolism

Drospirenone is extensively metabolized after oral administration. The two main metabolites of DRSP found in human plasma were identified to be the acid form of DRSP generated by the opening of the lactone ring and the 4, 5-dihydrodrospirenone-3-sulfate, formed by reduction and subsequent sulfation. These metabolites were shown not to be pharmacologically active. Drospirenone is also subject to oxidative metabolism catalyzed by CYP3A4.

Excretion

Drospirenone serum concentrations are characterized by a terminal disposition phase half-life of approximately 30 hours after both single and multiple-dose regimens. Excretion of DRSP was nearly complete after ten days and amounts excreted were slightly higher in feces compared to urine. DRSP was extensively metabolized and only trace amounts of unchanged DRSP were excreted in urine and feces.

Indication

Dancy is indicated for use by females of reproductive potential to prevent pregnancy.

Dosage and Administration

Dancy (white active and pink inert tablets) is swallowed whole once a day. Take one tablet daily for 28 consecutive days; one white active tablet daily during the first 24 days and one light green inert tablet daily during the 4 following days. Tablets must be taken every day at about the same time of the day so that the interval between two tablets is always 24 hours.

Instructions for Starting or Switching Dancy

Starting Dancy in females with no current use of hormonal contraception (Day 1 Start) Important: Consider the possibility of ovulation and conception before initiation of this product. Tablet Color: • Dancy active tablets are white (Day 1 to Day 24). • Dancy inert tablets are light pink (Day 25 to Day 28).	Day 1 Start: • Take the first white active tablet on the first day of menses. • Take subsequent white active tablets once daily at the same time, each day for a total of 24 days. • Take one green inert tablet daily for 4 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).
Switching from another contraceptive method to Dancy	Start Dancy
A Combined Oral Contraceptive (COC)	On the day when the new pack of the previous COC would have started.
Transdermal Patch	On the day when the next application would have been scheduled.
Vaginal ring	On the day when the next insertion would have been scheduled.
Injection	On the day when the next injection would have been scheduled.
Intrauterine contraceptive	On the day of removal
Implant	On the day of removal
Refer to the patient information and instructions for use for additional instructions for counseling the patient concerning the proper use	

Contraindications

• Renal impairment • Adrenal insufficiency • Presence or history of cervical cancer or progestin sensitive cancers • Liver tumors, benign or malignant, or hepatic impairment • Undiagnosed abnormal uterine bleeding

Side Effects

• Hyperkalemia • Bleeding Irregularities and Amenorrhea

Adverse Reactions

Acne, Metrorrhagia, Headache, Breast pain, Increased weight, Dysmenorrhea, Nausea, Vaginal hemorrhage, Decreased libido, Breast tenderness, Irregular menstruation

Warnings and Precautions

Hyperkalemia

Dancy contains drospirenone, a progestin, which has anti-mineralocorticoid activity, including the potential for hyperkalemia in high-risk females, comparable to a 25 mg dose of spironolactone. Dancy is contraindicated in females with conditions that predispose to hyperkalemia (e.g. renal impairment, hepatic impairment, and adrenal insufficiency). Females receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium concentration should have their serum potassium concentration checked before starting treatment and during the first treatment cycle. Consider monitoring serum potassium concentration in females at increased risk for hyperkalemia i.e., those females who take a strong CYP3A4 inhibitor long-term and concomitantly with Dancy. Strong CYP3A4 inhibitors include azole antifungals (e.g. ketoconazole, itraconazole, voriconazole), HIV/HCV protease inhibitors (e.g., indinavir, boceprevir), and clarithromycin. Monitor females taking Dancy who later develop medical conditions and/or begin medication that put them at an increased risk for hyperkalemia.

Thromboembolic Disorders

Epidemiological studies have not indicated an association between progestin-only preparations and an increased risk of myocardial infarction, cerebral thromboembolism, or venous thromboembolism. Combined oral contraceptives containing drospirenone and ethinyl estradiol may be associated with a higher risk of venous thromboembolism (VTE) than those containing some other progestins in combination with ethinyl estradiol. It is unknown whether the risk of VTE is increased with drospirenone alone; however, if there is a risk, it is expected to be lower than that of drospirenone in combination with ethinyl estradiol. When prescribing Dancy, consider the increased risk of thromboembolism inherent in the postpartum period and females with a history of thromboembolism. Discontinue Dancy if arterial or venous thromboembolic events occur. Consider discontinuing Dancy, if feasible, in case of Dancy's prolonged immobilization due to surgery or illness.

Bone Loss

Treatment with Dancy leads to decreased estradiol serum levels. It is unknown if this may cause a clinically relevant loss of bone mineral density.

Liver Disease

Discontinue Dancy if jaundice or acute or chronic disturbances of liver function develop. Do not resume use until markers of liver function return to normal and Dancy causation has been excluded. Dancy is contraindicated in females with liver tumors, benign or malignant, or hepatic impairment.

Ectopic Pregnancy

Be alert to the possibility of ectopic pregnancy in females who become pregnant or complain of lower abdominal pain while on Dancy.

Risk of Hyperglycemia in Patients with Diabetes

Some patients receiving progestins, including Dancy, may exhibit a decrease in insulin sensitivity. Therefore, patients with diabetes may be at greater risk of hyperglycemia and may require additional medication adjustments or monitoring.

Bleeding Irregularities and Amenorrhea

Females using Dancy may experience unscheduled (breakthrough or intracyclic) bleeding and spotting, especially during the first three months of use. Bleeding irregularities may resolve over time or by changing to a different contraceptive product. If bleeding persists or occurs after previously regular cycles, evaluate for causes such as pregnancy or malignancy.

If scheduled bleeding does not occur, consider the possibility of pregnancy. If the patient has not adhered to the prescribed dosing schedule (missed one or two active tablets or started taking them on a day later than she should have, consider the possibility of pregnancy at the time of the first missed period and perform appropriate diagnostic measures. If the patient has adhered to the prescribed dosing schedule and misses two consecutive periods, rule out pregnancy.

Depression

Carefully observe females for a history of depression and discontinue Dancy if depression recurs to a serious degree. Data on the association of progestin-only contraceptive products with the onset of depression and exacerbation of depression are limited.

Drug Interactions

Effects of Other Drugs on Hormonal Contraceptives:

Substances decreasing the systemic concentrations of hormonal contraceptives (HCs) and potentially diminishing the efficacy of HCs: Drugs or herbal products that induce certain enzymes, including cytochrome P450 3A4 (CYP3A4), may decrease the systemic concentrations of HCs and potentially diminish the effectiveness of HCs or increase breakthrough bleeding. Some drugs or herbal products that may decrease the effectiveness of HCs include efavirenz, phenytoin, barbiturates, carbamazepine, bosentan, felbamate, griseofulvin, oxcarbazepine, rifampicin, rifabutin, rifinamide, aprepitant, and products containing St. John's wort. Interactions between HCs and other drugs may lead to breakthrough bleeding and/or contraceptive failure. Counsel females to use an alternative non-hormonal method of contraception or a backup method when enzyme inducers are used with HCs, and to continue backup non-hormonal contraception for 28 days after discontinuing the enzyme inducer to ensure contraceptive reliability.

Substances increasing the systemic concentrations of hormonal contraceptives (HCs): In a clinical drug-drug interaction study conducted in premenopausal females, once-daily co-administration of DRSP 3 mg/ethinyl estradiol (EE) 0.02 mg containing tablets with a strong CYP3A4 inhibitor, ketoconazole 200 mg twice daily for 10 days resulted in a moderate increase of drospirenone systemic exposure.

Influence of Dancy on other Medicinal Products:

Based on in vitro studies and in vivo interaction studies in female volunteers using omeprazole, simvastatin, and midazolam as marker substrate, an interaction of drospirenone with the metabolism of other active substances is unlikely.

Potential to increase serum potassium concentration: There is a potential for an increase in serum potassium concentration in females taking Dancy with other drugs that may increase serum potassium concentration, for example, ACE inhibitors, angiotensin-II receptor antagonists, potassium-sparing diuretics, potassium supplementation, heparin, aldosterone antagonists, and NSAIDs.

Pregnancy and Lactation

Use in pregnancy

Based on epidemiologic studies and meta-analyses, there is little or no increased risk of birth defects in the children of females who inadvertently use oral progestins during early pregnancy.

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

Use in lactation

Negligible amounts of drospirenone are excreted in breast milk. Thus, at therapeutic doses of Dancy, no effects on breastfed newborns/infants are anticipated. In general, no adverse effects have been found on milk production or the healthy growth, or development of the infant with the use of POPs.

Overdose

There have been no reports of serious deleterious effects from overdosage of Dancy. Symptoms that may occur include nausea, vomiting, and vaginal bleeding. There are no antidotes and treatment should be to provide symptomatic support. Drospirenone is a spironolactone analogue that has antimineralocorticoid properties. Therefore, serum potassium and sodium, and evidence of metabolic acidosis, should be monitored in cases of overdose.

Storage

Do not store above 30°C. Protect from light. Keep out of the reach of children.

Packaging

Each box contains 1x28's tablets in blister pack that contains 24 white colored active tablet and 4 light pink colored placebo tablet.

Manufactured by:

ZISKA Ziska Pharmaceuticals Ltd.
Pharmaceuticals
Kaliakoir, Gazipur, Bangladesh

Version: 00

P-3023