

Surrey and North West Sussex Area Prescribing Committee (APC)

East Surrey, North West Surrey, Surrey Heath, Surrey Downs CCG, Guildford & Waverley, Crawley and Horsham & Mid Sussex

Contraceptive Prescribing in Primary Care: A Quick Reference Guide to be used in conjunction with Clinical Knowledge Summary

- **History:** Take full history (family, sexual, gynaecological - including cervical smear, social, medication, previous contraception)
- **Check:** Blood pressure, weight and Body Mass Index
- **Exclude:** Sexually transmitted infections, pregnancy if necessary

- Consider comorbidities, special situations & drug interactions
- **Exclude contraindications to chosen method using the UK Medical Eligibility Criteria (UKMEC)**
<https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016-summary-sheets/>
- **Promote barrier methods in addition for protection against sexually transmitted infections**

- Offer and discuss long-acting reversible methods of contraception (LARCs) as 1st line option - most effective method for preventing pregnancy

- If LARC declined or unsuitable, consider Combined Hormonal Contraception (CHC) or Progesterone Only Pill (POP) if appropriate according to UKMEC and patient history

Contraindication or intolerance to CHC?

No

Yes

Long Acting Reversible Contraception

Intrauterine progesterone-only device

- 1st line (5y license): **Levosert[®], Kyleena[®], Mirena[®]**
Levosert and Mirena licensed for heavy menstrual bleeding. Mirena has a 5y license for contraception. Mirena has a 4y license for HRT endometrial protection (but can be used off-license for 5y)

Copper intrauterine device

- 1st line (10y license): **Copper T380 A[®]** or **T-Safe[®]380A QL**
- 2nd line (5y license): **Nova T 380** if narrow insertion tube required

Progesterone-only subdermal implant

- **Nexplanon[®]** Etonogestrel

Progesterone-only injection

- **Depo-provera[®]** 12 weekly intramuscular injection
- **Sayana Press[®]** 12 weekly subcutaneous injection
Small loss of bone density, reversible on discontinuation
Patients may be trained to self-administer Sayana Press

Progesterone-Only Pill (POP)

- **Desogestrel 75 micrograms**
Prescribe generically, 12 hour missed pill window with higher risk of irregular bleeding **or**
- **Norgeston[®]** Levonorgestrel 30 micrograms
3 hour missed pill window **or**
- **Noriday[®]** Norethisterone 350 micrograms
3 hour missed pill window

Oral CHC

- 1st line - **Levest[®] or Rigevidon[®]** *Consider continuous or extended regimens
If considering health risks, potential benefits, or problematic side effects associated with CHC, see next page

Non-oral CHC

- Not a cost-effective choice: Consider only if compliance issues with oral CHC and LARC unsuitable

Combined Transdermal Patch

- **Evra[®]**

One patch applied on day 1, changed on day 8 and day 15, followed by 7 day patch-free period

Combined Vaginal Ring

- **NuvaRing[®]**

One ring inserted on day 2 of cycle and left in for 3 weeks, followed by 7 day ring-free period.

*Extended Regimen: 9w pill/4-7d hormone free interval

*Continuous Regimen: Taking one pill every day, indefinitely

If considering non-contraceptive health benefits:

- **Heavy Menstrual Bleeding:** 1st line is 52mg levonorgestrel-releasing intrauterine system, for alternative medical management see NICE Guideline NG88
- **Acne:** If no improvement with 2nd generation CHC (e.g. Levest or Rigevidon), try 3rd generation progestogen such as Gedarel® 30/150 or Millinette®30/75
Can use Co-cyprindiol for the treatment of acne, but switched to an alternative lower risk CHC when acne has improved
- **Perimenopausal symptoms:** May be improved by CHC (e.g. Levest or Rigevidon), consider an extended* or continuous* regimen, but only use if age under 50yrs. Lucette®(contains 3mg drospirenone) should be considered 1st line
- **Endometriosis:** options are Levest® or progesterone only methods, switch to extended* regimen if not helpful
- **Polycystic ovary syndrome:** Consider 52mg levonorgestrel-releasing IUS or Levest®

*Extended Regimen: 9w pill/4-7d hormone free interval

*Continuous Regimen: Taking one pill every day, indefinitely

If considering associated health risks of combined hormonal contraceptives:

- **Endometrial, Ovarian and Colorectal Cancer:** Reduced risk in women who have ever taken oral contraceptives
- **Cervical Cancer:** Small increased risk if used >5y
- **Breast Cancer:** Increased risk with higher oestrogen, UKMEC 3 for gene mutation carrier, no restriction for positive family history
- Choose low oestrogen CHC, e.g. Loestrin 20® or Gedarel® 20/150, which contain 20mcg ethinylestradiol
- **VTE:** Usual 1st line is Levest® as levonorgestrel, norethisterone and norgestimate have lower risks
- **Inherited thrombophilia:** UKMEC 4

Consider switching based on side effects:

- **Headaches:** If migraine with aura STOP! Consider extended / continuous* regimen or changing to 20mcg ethinylestradiol containing CHC e.g. Loestrin 20® or Gedarel® 20/150
- **Unscheduled / break through bleeding:** Likely to settle with time, rule out other causes, increasing oestrogen / 2nd generation progestogen helps, e.g. Ciliq®
- **Mood change:** consider extended / continuous regimen, or change of progestogen, e.g. Lucette® (contains 3mg drospirenone)
- **Breast tenderness / nausea :** consider 20mcg ethinylestradiol containing CHC e.g. Loestrin 20® or Gedarel® 20/150
- **Weight gain:** there is no evidence of a causal association between the CHC & weight gain

Emergency Contraception

- For guidance please refer to <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>
- Available emergency contraceptives in the UK are copper intrauterine device, levonorgestrel, ulipristal acetate

Switching between methods

- For guidance please refer to <https://www.fsrh.org/documents/fsrh-ceu-switching-document-feb-2019>

Approved by: Surrey & North West Sussex
Area Prescribing Committee (APC)

Development date: October 2019

Review Date: October 2022



Abbreviations

UKMEC	UK Medical Eligibility Criteria
HRT	Hormone replacement therapy
LARC	Long acting reversible contraceptive
CHC	Combined hormonal contraceptive
POP	Progesterone only pill