QUICK REFERENCE GUIDE FOR COMBINED ORAL CONTRACEPTIVES

Offer and discuss long-acting reversible methods of contraception (LARCs) as this is the most effective method of contraception.

LARCs include: copper intrauterine devices, the levonorgestrel-releasing intrauterine system (Mirena®), progestogen-only injectables (Depo Provera®, Noristerat®) and progestogen-only implant (Nexplanon®)

LARC declined or not suitable

Take clinical history to assess **UK Medical Eligibility Criteria** (UKMEC, REFER TO TABLE 1 OVERLEAF) for COC use

- Exclude pregnancy and sexually transmitted diseases if necessary
- Check blood pressure (BP), weight and body mass index (BMI)
- Discuss contraceptive history: any contraception previously used, side effects, reason for stopping

**UKMEC 1 or single UKMEC 2 condition**: 30mcg ethinylestradiol and 150mcg levonorgestrel as the COC, which is both cost-effective and has lowest VTE risk, should be used first line irrespective of presenting symptoms as any COC may improve the symptoms, unless previously tried;

  - **Recommended choice**: Ovranette® or Rigevidon® (branded generics of Microgynon 30®)

**Symptoms persist or side effects experience**

- **Acne/hirsutism**: COC with progestogen that has minimal androgenic effect#; desogestrel, gestodene, or norgestimate;
  - **Recommended choice(s)**: Cilest®, or Gedarel® 30/150 (branded generic of Marvelon®), or Millinette® 30/75 (branded generic of Femodene®)

- **Progestogenic side effects** (water retention, breast tenderness): as for acne/hirsutism but if symptoms persist try low strength oestrogen content and progestogen with minimal androgenic effect;
  - **Recommended choice(s)**: Gedarel® 20/150 (branded generic of Mercilon®) or Millinette® 20/75 (branded generic of Femodette®)

- **Poor cycle control**:
  1. Check compliance and consider "every day" preparation if problematic, e.g. Microgynon 30 ED®
  2. Try different progestogen, as for acne/hirsutism
  3. Try higher strength oestrogen (35mcg), e.g. Ovysmen® (branded generic of Brevinor®)

**UKMEC 3 OR 2 or more UKMEC 2 conditions**: Risks generally outweigh benefits but COC can be considered with clinical judgement and/or specialist referral if other methods unacceptable

  - **UKMEC Category 4**: COC contraindicated

  - Consider alternative method of contraception;
    - Progestogen-only pill (POP):
      - **recommended choice(s)**: Micronor® or Norgeston®
    - If compliance problematic Cerelle® (branded generic of Cerazette®) may be prescribed
    - LARC

**COUNSEL**
- Potential harms associated with COC use (e.g. small increased risk of VTE, MI, stroke)
- Instructions for use
- Advice on missing doses, vomiting/diarrhoea, interactions

**REVIEW**
- 3 months after initiation or change of contraceptive
- Annually: check BP, weight, BMI, new risk factors / contraindications

*The recommended choice(s) are branded generics based on cost effectiveness. The original brand & other branded generics are also clinically appropriate.*

#For advice on Dianette, Yasmin & Qlaira see COCs with antiandrogen progestogen on page 3.

Sharon Wouda
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Prepared April 2011, Reviewed July 2013
# QUICK REFERENCE GUIDE FOR COMBINED ORAL CONTRACEPTIVES

## Eligibility Criteria (UKMEC) for combined oral contraceptive use

### UKMEC Category 1 – Unrestricted use

- **Age** – menarche to <40 years
- **Parity** – nulliparous and parous
- **Breastfeeding** – >6 months postpartum
- **Postpartum** – >21 days if not breastfeeding
- **Post-abortion** – immediately first and second trimester, and post-septic
- **Past ectopic pregnancy**
- **History of pelvic surgery**
- **Minor surgery without immobilisation**
- **Varicose veins**
- **Non-migrainous headaches** – mild or severe
- **Epilepsy** – and not using liver enzyme-inducers
- **Depressive disorders**
- **Vaginal bleeding** – unsuspicous irregular, heavy or prolonged
- **Endometriosis**
- **Benign ovarian tumour**
- **Severe dysmenorrhoea**
- **Gestational trophoblastic neoplasia** – when hCG is normal
- **Cervical ectropion**
- **Breast disease** – benign breast disease or a family history of breast cancer
- **Endometrial or ovarian cancer**
- **Uterine fibroids** – with or without distortion of the uterine cavity
- **PID** – current; or past history of, with or without subsequent pregnancy
- **STI** – current, vaginitis or increased risk of STI
- **HIV/AIDS** – risk of HIV/AIDS, current HIV not using antiretroviral therapy
- **Schistosomiasis, pelvic and non-pelvic tuberculosis, malaria**
- **Diabetes** – history of gestational disease
- **Thyroid disorders**
- **Viral hepatitis** – carrier
- **Anaemias** – thalassaemia, iron deficiency
- **Raynaud’s disease** – primary without lupus anticoagulant

### UKMEC Category 2 – Benefits generally outweigh risks

- **Age** – ≥40 years
- **Breastfeeding** – between 6 weeks and 6 months postpartum and partially breastfeeding (medium to low)
- **Smoking** – aged <35 years, or aged ≥35 years and stopped smoking ≥1 year ago
- **Obesity** – BMI ≥30 – 34 kg/m²
- **History of high blood pressure during pregnancy**
- **Family history of VTE in a first-degree relative aged ≥45 years**
- **Major surgery without prolonged immobilisation**
- **Superficial thrombophlebitis**
- **Known hyperlipidaemias** – e.g. common hypercholesterolaemia or familial combined hyperlipidaemia
- **Valvular and congenital heart disease** – uncomplicated
- **Migraine headaches** – without aura in women aged <35 years
- **Vaginal bleeding** – suspicious for serious condition before evaluation
- **CIN and cervical cancer**
- **HIV/AIDS** – current HIV using antiretroviral therapy, or current AIDS and using HAART
- **Diabetes** – NIDDM and IDDM, non-vascular disease
- **Galbladder disease** – asymptomatic or treated with a cholecystectomy
- **History of cholestasis** – pregnancy-related
- **Inflammatory bowel disease**
- **Sickle cell disease**
- **Raynaud’s disease** – secondary without lupus anticoagulant
- **Non-liver enzyme-inducing antibiotics**
- **Highly active antiretroviral therapy (HAART)**

### UKMEC Category 3 – Risks generally outweigh benefits

- **Breastfeeding** – between 6 weeks and 6 months postpartum and fully or almost fully breastfeeding
- **Postpartum** – <21 days postpartum
- **Smoking** – aged ≥35 years and smoking <15 cigarettes per day, or stopped smoking <1 year ago
- **Obesity** – BMI ≥35 – 39 kg/m²
- **Cardiovascular disease** – multiple risk factors for arterial cardiovascular disease
- **Hypertension** – elevated blood pressure >140 to 159 mmHg systolic or >90 to 94 mmHg diastolic
- **Family history of VTE in a first-degree relative aged <45 years**
- **Immobility (unrelated to surgery)** – e.g. wheelchair use, debilitating illness
- **Known hyperlipidaemias** – e.g. familial hypercholesterolaemia
- **Migraine headaches** – without aura in women aged ≥35 years; or a past history of migraine with aura at any age
- **Breast disease** – past history of breast cancer and no evidence of recurrence for 5 years; carriers of known gene mutations associated with breast cancer (e.g. BRCA1); undiagnosed mass
- **Diabetes** – with nephropathy/retinopathy/neuropathy; or other vascular disease or diabetes of >20 years’ duration (category given will depend on disease severity)
- **Galbladder disease** – symptomatic medically treated or current
- **History of cholestasis** – past COC-related
- **Cirrhosis** – mild compensated disease
- **Drugs which induce liver enzymes** – e.g. rifampicin, rifabutin, St John’s Wort, griseofulvin and certain anticonvulsants (i.e. phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)

### UKMEC Category 4 – Unacceptable health risk and should not be used

- **Breastfeeding** – <6 weeks postpartum
- **Smoking** – aged ≥35 years and smoking ≥15 cigarettes per day
- **Obesity** – BMI ≥40 kg/m²
- **Cardiovascular disease** – multiple risk factors for arterial cardiovascular disease
- **Hypertension** – blood pressure ≥160 mmHg systolic and/or ≥95 mmHg diastolic; or vascular disease
- **VTE** – current (on anticoagulants) or past history
- **Major surgery with prolonged immobilisation**
- **Known thrombogenic mutations**
- **Current and history of ischaemic heart disease**
- **Stroke**
- **Valvular and congenital heart disease** – complicated by pulmonary hypertension, atrial fibrillation, history of subacute bacterial endocarditis
- **Migraine headaches** – with aura at any age
- **Gestational trophoblastic neoplasia** – when hCG is abnormal
- **Breast disease** – current breast cancer
- **Diabetes** – with nephropathy, retinopathy, neuropathy or other vascular disease, or diabetes of ≥20 years’ duration (category given will depend on disease severity)
- **Viral hepatitis** – active disease
- **Cirrhosis** – severe decompensated disease
- **Liver tumours** – benign and malignant
- **Raynaud’s disease** – secondary with lupus anticoagulant and thus a tendency to thrombosis

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*a* Age 340 years: women may use COC until age 50 years if there are no medical contraindications.

*b* Definition of UKMEC 3: the risks generally outweigh the benefits but the method can be considered for use with clinical judgement and/ or specialist referral if other methods are unacceptable.

AIDS, acquired immune deficiency syndrome; BMI, body mass index; CIN, cervical intraepithelial neoplasia; HAART, highly active antiretroviral therapy; hCG, human chorionic gonadotrophin; HIV, human immunodeficiency virus; IDDM, insulin-dependent diabetes; NIDDM, non-insulin-dependent diabetes; PID, pelvic inflammatory disease; STI, sexually transmitted infection; TB, tuberculosis; VTE, venous thromboembolism.
Advice on missed dose(s) of COC
- One pill missed (i.e. 24 to 48 hours late)
  - Take missed pill as soon as remembered
  - Continue taking remainder of pack as usual
  - Emergency contraception (EC) if unprotected sex occurred is not usually required but may be considered if other pills have been missed
- Two or more pills missed (i.e. more than 48 hours late)
  - Take most recent missed pill as soon as remembered
  - Continue taking remainder of pack as usual
  - If less than 7 days remaining omit 7-day pill-free interval/placebo tablets and start next pack immediately upon finished current pack
  - Avoid sex or use barrier method of contraception for next 7 days
  - EC is required if missed pill is within first week of pack and unprotected sex occurred during pill-free interval or first week

Emergency Contraception (EC)
- Unprotected sex within last 72 hours: levonorgestrel 1500mcg tablet (Levonelle® 1500 NOT Levonelle One Step) as a single dose as soon as possible after coitus but no later than 72 hours. Repeat dose if vomiting occurs within 3 hours. If currently taking (or within last 4 weeks) enzyme-inducing drug increase dose to 3mg (unlicensed dose).
- Unprotected sex between 72 hours and 120 hours: ulipristal 30mg tablet (ellaOne®) as a single dose as soon as possible after coitus but no later than 120 hours. Repeat dose if vomiting occurs within 3 hours. Efficacy may be affected by enzyme-inducing drugs and concomitant use not recommended.

Drug Interactions
- Potent enzyme inhibitors may affect contraceptive efficacy of COC: rifampicin, rifabutin, St John's Wort, griseofulvin and certain anticonvulsants (i.e. phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine), antiretrovirals (protease inhibitors, e.g. ritonavir, and non-nucleoside reverse transcriptase inhibitors, e.g. efavirenz)
- An alternative unaffected method of contraception is recommended. Seek specialist advice or refer to FSRH guidance.

COC with anti-androgen progestrone
- Co-cyprindiol (Dianette®, ethynylestradiol/cyproterone): Should not be used solely for contraception due to risk of VTE. Indicated for treatment of severe acne unresponsive to oral antibiotics. Continued need should be periodically reviewed.
- Yasmin® (ethinylestradiol/drospirenone) and Olayra® (estradiol valerate/dienogest): No conclusive evidence of superiority over other currently available COCs and are therefore not cost effective options. Yasmin is associated with increased VTE risk.
- These should be reserved where symptoms remain uncontrolled following an adequate trial (minimum 3 months) of at least 2 other COCs, including one with progestogen that has minimal androgenic effect.

USEFUL REFERENCES AND RESOURCES
If further information required please refer to the following:
- Faculty of Sexual & Reproductive Health (FSRH): UK Medical Eligibility Criteria for Contraceptive Use (UKMEC 2009) and Clinical Guidelines on all contraceptive methods, missed pills, drug interactions, emergency contraception. Website: http://www.ffprhc.org.uk.
- NICE Clinical Knowledge Summaries (CKS) topics on contraception. Website: Contraception - combined hormonal methods - NICE CKS.

For Sexual Health Services visit South West London Information on Sexual Health; www.swish.nhs.uk.