Uro-Tainer PHMB polihexanide 0.02% catheter maintenance solution (B.Braun Medical Ltd)
100 ml • NHS indicative price = £3.49 • Drug Tariff (Part IXa)

Uro-Tainer Twin Solutio R citric acid 6% catheter maintenance solution (B.Braun Medical Ltd)
60 ml • NHS indicative price = £4.94 • Drug Tariff (Part IXa)

Uro-Tainer Twin Suby G citric acid 3.23% catheter maintenance solution (B.Braun Medical Ltd)
60 ml • NHS indicative price = £4.94 • Drug Tariff (Part IXa)

OptiFlo S saline 0.9% catheter maintenance solution (Bard Ltd)
Sodium chloride 9 mg per 1 ml 50 ml • NHS indicative price = £3.49 • Drug Tariff (Part IXa)100 ml • NHS indicative price = £3.49 • Drug Tariff (Part IXa)

Uro-Tainer M sodium chloride 0.9% catheter maintenance solution (B.Braun Medical Ltd) **Sodium chloride 9 mg per 1 ml** 50 ml • No NHS indicative price available • Drug Tariff (Part IXa)100 ml • No NHS indicative price available • Drug Tariff (Part IXa)

Uro-Tainer sodium chloride 0.9% catheter maintenance solution (B.Braun Medical Ltd) **Sodium chloride 9 mg per 1 ml** 50 ml • NHS indicative price = £3.61 • Drug Tariff (Part IXa)100 ml • NHS indicative price = £3.61 • Drug Tariff (Part IXa)

3 Contraception

Contraceptives, hormonal

Overview

Hormonal contraception includes combined hormonal contraception (containing an oestrogen and a progestogen) and progestogen-only contraception.

EvGr When prescribing contraception, information should be given on all available methods taking into consideration medical eligibility. This should include contraceptive effectiveness (including factors that alter efficacy), non-contraceptive benefits, health risks, and side effects to allow an informed decision to be made on the most suitable choice. A

In adolescents, hormonal contraception is used after menarche. When prescribing contraception for females under 16 years of age, it is considered good practice for health professionals to follow the criteria in the Department of Health Guidance (July 2004), commonly known as the Fraser Guidelines available at tinyurl.com/yy3hl2gt.

The UK Medical Eligibility Criteria for Contraceptive Use (available at www.fsrh.org) is published by the Faculty of Sexual and Reproductive Healthcare (FSRH); it categorises the risks of using contraceptive methods with pre-existing medical conditions.

Contraception in patients taking medication with teratogenic potential: FSRH (February 2018) and MHRA (May 2019) guidance

Females of childbearing potential should be advised to use highly effective contraception if they or their male partners are taking known teratogenic drugs or drugs with potential teratogenic effects. Highly effective contraception should be used both during treatment and for the recommended duration after discontinuation to avoid unintended pregnancy. Pregnancy testing should be performed before treatment initiation to exclude pregnancy and repeat testing may be required.

Methods of contraception considered to be 'highly effective' include the long-acting reversible contraceptives (LARC) copper intra-uterine device (Cu-IUD), levonorgestrel intra-uterine system (LNG-IUS) and progestogen-only implant (IMP), and male and female sterilisation. For more information see the FSRH CEU statement (www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-statement-contraception-for-women-using-known/), MHRA drug safety update (www.gov.uk/drug-safety-update/medicines-with-teratogenic-potential-what-is-effective-contraception-and-how-often-is-pregnancy-testing-needed), and the UK teratogenic information service (www.uktis.org).

Combined hormonal contraceptives

Combined hormonal contraceptives (CHC) are available as tablets (COC), transdermal patches (CTP), and vaginal rings (CVR). They are highly user-dependant methods where the failure rate if used perfectly (i.e. correctly and consistently) is less than 1%. Certain factors such as the person's weight, malabsorption (COC only), and drug interactions may contribute to contraceptive failure. Prescriptions of up to 12 months' supply for CHC initiation or continuation may be appropriate to avoid unwanted discontinuation and increased risk of pregnancy.

EvGr It is recommended that combined hormonal contraceptives are not continued beyond 50 years of age as safer alternatives exist. A

CHC use may be associated with some health benefits such as:

- Reduced risk of ovarian, endometrial and colorectal cancer;
- Predictable bleeding patterns
- Reduced dysmenorrhoea and menorrhagia;
- Management of symptoms of polycystic ovary syndrome (PCOS), endometriosis and premenstrual syndrome;
- Improvement of acne;
- Reduced menopausal symptoms;
- Maintaining bone mineral density in peri-menopausal females under the age of 50 years.

The use of CHC is, however also associated with health risks. For information on these risks, and further information on the benefits, see FSRH clinical guideline: **Combined Hormonal Contraception** (see *Useful resources*).

For information on advice to give to patients on switching between CHC and other contraception, and the management of incorrect CHC use, see FSRH clinical guidance: **Combined Hormonal Contraception** and **Incorrect use of Combined Hormonal Contraception** (see *Useful resources*).

Preparation choice

Combined oral contraceptives (COCs) containing a fixed amount of an oestrogen and a progestogen in each active tablet are termed 'monophasic'; those with varying amounts of the two hormones are termed 'multiphasic'.

Combined oral contraceptives usually contain ethinylestradiol as the oestrogen component; mestranol and estradiol are also used. The ethinylestradiol content of COCs range from 20–40 micrograms. EvGr A monophasic preparation containing 30 micrograms or less of ethinylestradiol in combination with levonorgestrel or norethisterone (to minimise cardiovascular risk), is generally used as the first line option. However, choice should be made taking into account the patients medical history, personal preference, previous contraceptive experience, and any age related considerations.

Due to potential reduced efficacy, non-oral CHC should be considered if there are concerns over absorption. In females who weigh 90 kg or more, consider non-topical options or use additional precautions with CTP. A