

- ▶ **Uncommon** Alopecia · contact lens intolerance · fatigue · ovarian cyst · vomiting · vulvovaginal infection
- ▶ **Rare or very rare** Erythema nodosum
- ▶ **Frequency not known** Angioedema · embolism and thrombosis · neoplasms

SIDE-EFFECTS, FURTHER INFORMATION The benefits of using progestogen-only contraceptives (POCs), such as desogestrel, should be weighed against the possible risks for each individual woman.

There is a small increase in the risk of having breast cancer diagnosed in women using a combined oral contraceptive pill (COC); this relative risk may be due to an earlier diagnosis, biological effects of the pill or a combination of both. This increased risk is related to the age of the woman using the COC rather than the duration of use and disappears gradually within 10 years after discontinuation.

The risk of breast cancer in users of POCs is possibly of similar magnitude as that associated with COCs, however the evidence is less conclusive.

Available evidence does not support an association between the use of a progestogen-only contraceptive pill and breast cancer. Any increased risk is likely to be small and reduces gradually during the 10 years after stopping; there is no excess risk 10 years after stopping. The older age at which the contraceptive is stopped appears to have a greater influence on increased risk rather than the duration of use.

- **PREGNANCY** Not known to be harmful.
- **BREAST FEEDING** Progestogen-only contraceptives do not affect lactation.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution; avoid in severe or active disease.

● PATIENT AND CARER ADVICE

Surgery All progestogen-only contraceptives are suitable for use as an alternative to combined hormonal contraceptives before major elective surgery, before all surgery to the legs, or before surgery which involves prolonged immobilisation of a lower limb.

Starting routine One tablet daily, on a continuous basis, starting on day 1 of cycle and taken at the same time each day (if delayed by longer than 12 hours contraceptive protection may be lost). Additional contraceptive precautions are not required if desogestrel is started up to and including day 5 of the menstrual cycle; if started after this time, additional contraceptive precautions are required for 2 days.

Changing from a combined oral contraceptive Start on the day following completion of the combined oral contraceptive course without a break (or in the case of ED tablets omitting the inactive ones).

After childbirth Oral progestogen-only contraceptives can be started up to and including day 21 postpartum without the need for additional contraceptive precautions. If started more than 21 days postpartum, additional contraceptive precautions are required for 2 days. **Diarrhoea and vomiting** Vomiting and persistent, severe diarrhoea can interfere with the absorption of oral progestogen-only contraceptives. If vomiting occurs within 2 hours of taking desogestrel, another pill should be taken as soon as possible. If a replacement pill is not taken within 12 hours of the normal time for taking desogestrel, or in cases of persistent vomiting or very severe diarrhoea, additional precautions should be used during illness and for 2 days after recovery.

Missed doses The following advice is recommended: 'If you forget a pill, take it as soon as you remember and carry on with the next pill at the right time. If the pill was more than 12 hours overdue you are not protected. Continue normal pill-taking but you must also use another method, such as the condom, for the next 2 days'.

The Faculty of Sexual and Reproductive Healthcare recommends emergency contraception if one or more tablets are missed or taken more than 12 hours late and unprotected intercourse has occurred before 2 further tablets have been correctly taken.

● NATIONAL FUNDING/ACCESS DECISIONS

Scottish Medicines Consortium (SMC) decisions

SMC No. 36/03

The *Scottish Medicines Consortium* has advised (September 2003) that *Cerazette*® should be restricted for use in women who cannot tolerate oestrogen-containing contraceptives or in whom such preparations are contraindicated.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

▶ Desogestrel (Non-proprietary)

Desogestrel 75 microgram Desogestrel 75microgram tablets | 84 tablet **[PoM]** £9.55 DT = £2.87

▶ Cerazette (Merck Sharp & Dohme Ltd)

Desogestrel 75 microgram Cerazette 75microgram tablets | 84 tablet **[PoM]** £9.55 DT = £2.87

▶ Cerelle (Consilient Health Ltd)

Desogestrel 75 microgram Cerelle 75microgram tablets | 84 tablet **[PoM]** £3.50 DT = £2.87

▶ Desomono (MedRx Licences Ltd)

Desogestrel 75 microgram Desomono 75microgram tablets | 84 tablet **[PoM]** £6.50 DT = £2.87

▶ Desorex (Somex Pharma)

Desogestrel 75 microgram Desorex 75microgram tablets | 84 tablet **[PoM]** £2.45 DT = £2.87

▶ Feanolla (Lupin Healthcare (UK) Ltd)

Desogestrel 75 microgram Feanolla 75microgram tablets | 84 tablet **[PoM]** £3.49 DT = £2.87

▶ Moonia (Stragen UK Ltd)

Desogestrel 75 microgram Moonia 75microgram tablets | 84 tablet **[PoM]** **[X]** DT = £2.87

▶ Zelleta (Morningside Healthcare Ltd)

Desogestrel 75 microgram Zelleta 75microgram tablets | 84 tablet **[PoM]** £2.98 DT = £2.87

Levonorgestrel

03-Mar-2020

● INDICATIONS AND DOSE

Emergency contraception

▶ BY MOUTH

- ▶ Females of childbearing potential: 1.5 mg for 1 dose, taken as soon as possible after coitus, preferably within 12 hours and no later than after 72 hours (may also be used between 72–96 hours after coitus but efficacy decreases with time), alternatively 3 mg for 1 dose, taken as soon as possible after coitus, preferably within 12 hours and no later than after 72 hours (may also be used between 72–96 hours after coitus but efficacy decreases with time). Higher dose should be considered for patients with body-weight over 70 kg or BMI over 26 kg/m²

Contraception

▶ BY MOUTH

- ▶ Females of childbearing potential: 30 micrograms daily starting on day 1 of the cycle then continuously, dose is to be taken at the same time each day, if administration delayed for 3 hours or more it should be regarded as a "missed pill"

JAYDESS® 13.5MG INTRA-UTERINE DEVICE

Contraception

▶ BY INTRA-UTERINE ADMINISTRATION

- ▶ Females of childbearing potential: Insert into uterine cavity within 7 days of onset of menstruation, or any time if replacement (additional precautions (e.g. barrier methods) advised for at least 7 days before), or any time if reasonably

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