Contraception LARC Discussion Flow

**C**

**Contraception needs**
- Are they sexually active?
- Do they have any plans to get pregnant?
- How important is it for them NOT to get pregnant right now?
- What is their experience with their previous/current contraception?
- What current method of contraception do they use, if any?
- What do they look for when it comes to choosing contraception? Not getting pregnant as well as minimising problematic periods?

**H**

**How to decide, what’s available**
- Discuss differences in contraception choices
- Establish knowledge around contraception
- Discuss typical and perfect use
- Discuss benefits with LARC addressing any myths and misconceptions they may have and possible adverse events
- Discuss contraindications, special warnings, and precautions

**O**

**Observational questioning**
- How busy would they say their life is?
- Example questions:
  - When is the last time your phone died because you forgot to charge it?
  - When’s the last time you handed your assignment in late?
  - Have you ever required emergency contraception?
  - Have you ever missed an appointment for your current contraception?
  - How many times do you go to the supermarket and forget the one thing you were meant to get?
  - How long have you driven around without screen wash?
  - Have you ever run out of petrol?
  - Have you ever missed a dentist appointment?

**I**

**Inform and advise**
- Expand benefits for appropriate patients: efficacy, rapidly reversible, fit and forget
- Simple procedure
- Every 3, 5, or 10 years depending on LARC choice
- Discuss possible adverse events and any concerns they have
- Gain consent and agreement for LARC

**C**

**Concerns and reassurance**
- Have appropriate conversation around side effects, dispelling myths and misconceptions
- Share knowledge and clinical experience
- Experience e.g., more patients are opting for LARC methods, and reasons
- Show patient example of LARC (palpate/IUS)

**E**

**Establish where and who to fit**
- Decide where the patient wants their implant/IUS/IUD fitted. Book the appointment there and then
- Remember to set realistic expectations about what to expect following insertion of implant/IUS/IUD
- Counsel patient around bleeding changes
- In the event of any side effects, patients should speak to their doctor, pharmacist, or nurse

Please see NEXPLANON® (etonogestrel) Prescribing Information on the next page.
Prescribing Information

Napilpan®
Etodolac

PRESCRIBING INFORMATION
Refer to Summary of Product Characteristics (SmPC) before prescribing

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk.yellowcard or search for MHRA Yellow Card in the Google Play or App Store. Adverse events should also be reported to Organon UK, 49 St. Mary Axe, London EC3A 8EP.

Drug Interactions
The prescribing information of concomitant medications should be consulted to identify potential interactions. Substances that induce monomeric enzymes (e.g., barbiturates, benzodiazepines, phenothiazines, phenytoin, rifampicin, and HMG-CoA reductase inhibitors) can lower etodolac plasma levels and activity. Individuals on etodolac who are also receiving a concomitant medication that induces etodolac should be monitored for inadequate response to etodolac.

Concomitant administration of forals (e.g., ketorolac, ibuprofen, and ibuprofen) or moderate to severe (e.g., flurbiprofen, diclofenac, meloxicam, piroxicam) OUCSA inhibitors may increase the serum concentrations of napilpan, including etodolac.

Napilpan may affect the metabolism of other drugs such as glyburide and warfarin.

Pregnancy and Lactation
Not indicated during pregnancy. Evidence pregnant to treatment. If pregnancy occurs the implant should be reinserted. Napilpan may be used during lactation, and growth and development of the child should be carefully followed.

SIDE EFFECTS Refer to Summary of Product Characteristics for complete information on adverse effects

Frequency can be defined as: Very Common (≥1/10); Common (≥1/100 and <1/10); Uncommon (≥1/1000 and <1/100); Rare (≥1/10,000 and <1/1000); Very Rare (<1/10,000); not known cannot be estimated from the available data:

Verry Common: Vaginal infection, headache, pain, irregular menstruation, weight gain, breast tenderness and pain. Common: Allergic reactions, depression, skin rash, anxiety, sleep disturbances, abnormal menstruation, depression, facial flushing, dizziness, headache, hyperpyrexia, insomnia, somnolence, tremor, drowsiness, paresthesia, flu-like illness, pain, fatigue, weight decrease, injection site pain or reaction and hot flashes. Not known: During post-marketing surveillance, hypothyroidism and angioedema have been reported.

Exposure or migration of the implant has been reported, including rarely in the chest wall 348 implants have been found within the scullcere containing the pulmonary arteries which may cause chest pain and dyspnea or may be asymptomatic.

Overdose
Remove previous implant before inserting a new one. There are no data on overdose with etodolac.

PACKAGING QUANTITIES AND BASIC COST

1 implant: £4.54
Marketing Authorisation number
PL 000025/5063
Marketing Authorisation holder
Merck Sharp & Dohme Limited,
Hatfield Road, Hoddesdon, Hoddesdon EN11 9BU, UK
Legal Category: POM
Data sheet and prescribing information: October 2021
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