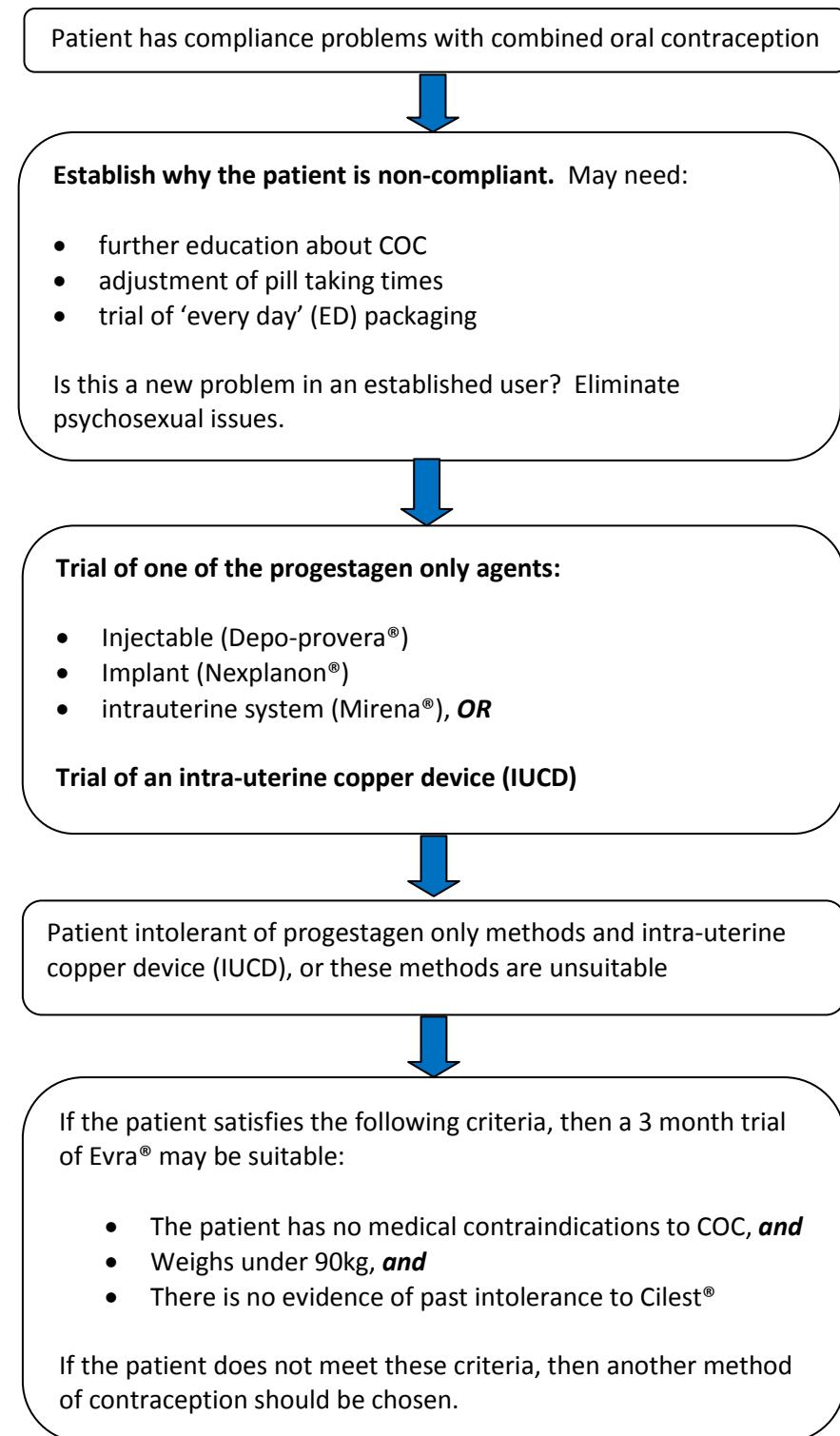


Dorset Medicines Advisory Group guidelines on the use of Evra® contraceptive patch.



Questions & answers about Evra®

Q: What is Evra?

A: A transdermal combined contraceptive patch, which contains norelgestromin and ethinylestradiol. One patch is applied and worn for 1 week to suppress ovulation. Thereafter the patch is replaced on a weekly basis for two further weeks. The fourth week is patch-free to allow a withdrawal bleed. A new patch is then applied after seven patch-free days.

Q: A bit like Cilest® on the skin then.

A: Sort of. The patch appears to work as well at preventing pregnancy as the combined pill, has a similar side effect profile and the same mode of action. However, if a combined oral contraceptive is an absolute contraindication for the patient then the patch will be too.

Q: So how is Evra® different to the COC?

Evra's contraceptive effect will not be compromised if a woman suffers from vomiting or diarrhoea. In one study self-reported "perfect" compliance was significantly better with the patch than with the combined pill. However, this did not translate into improved efficacy. Evra® costs £19.51 per 3 months (BNF) compared with combined oral contraceptives, which cost between £1.80 and £14.70 (BNF).

Q: Who would be a good candidate for Evra?

A: The following 4 groups of women are likely to be good candidates for use of Evra®:

- Women planning to travel abroad who do not want their contraception compromised by gastrointestinal upset and have a desire to avoid their menstrual period by avoiding the patch free week. (Care if the woman intends to trek in high altitudes).
- Those with lactose intolerance who want a combined hormonal method rather than a LARC. All current oral contraception has lactose as an excipient.
- A woman who for whatever reason has compliance problems with oral combined contraceptives and who is intolerant of or unsuitable for other methods, which are 'compliance free'. The woman will still need to be able to remember to change her patch each week.
- Shift workers.

Q: Is Evra® affected by enzyme inducing agents?

Yes. During any short term therapy with an enzyme inducing agent and for 28 days after this ends, additional contraception is advised plus the elimination of any patch free interval during this time. Anyone on long term therapy with enzyme inducers should use another method (IUS, IUD or DMPA).

Q: We double the dose of pills for women on enzyme inducing agents , so can we use two patches instead?

A: No. Not advised by FSRH, or in the summary of product characteristics. Only one patch should be worn at any one time. Another contraceptive option may be more suitable in these circumstances.

Q: How and where is the patch applied?

- The patch should be applied to clean, dry, hairless, intact healthy skin on the buttock, abdomen, upper outer arm or upper torso, in a place where it will not be rubbed by tight clothing.

- EVRA should not be placed on the breasts or on skin that is red, irritated or cut. Each consecutive transdermal patch should be applied to a different place on the skin to help avoid potential irritation, although they may be kept within the same anatomic site.
- The transdermal patch should be pressed down firmly until the edges stick well.

Q: Are there any special considerations?

A: The Summary of Product Characteristics (SPC) for Evra® states that contraceptive efficacy may be decreased in women weighing ≥ 90 kg, therefore additional precautions or an alternative method should be advised.^{1,2}

Patches normally stick well to the skin with normal daily activity. However, patients should be counselled to take care with any topical product (e.g. make-up, creams, lotions, powders) as these may affect the stickiness of the patch if applied to the area where the patch is placed or where it will be applied shortly. The contraceptive is in the glue of the patch, so a dry patch that has fallen off should not be reused.

To dispose of used patches, the disposal label from the outside of the sachet should be peeled open. The used patch should be placed within the open disposal label so that the sticky surface covers the shaded area on the sachet. The disposal label should then be closed sealing the used transdermal patch within. Used patches should not be flushed down the toilet.

Q: What happens if a patch change is muddled?

The following table sets out actions required if the patch is accidentally detached, a new patch is not attached at the correct time, or a patch is worn for too long.^{1,2}

Situation	Time frame	Additional Contraceptive Protection required?
Extension of patch free interval (new patch not attached on time)	48 hours or less	No.
	More than 48 hours	<ul style="list-style-type: none"> • Yes – for 7 days. • Consider emergency contraception if unprotected sexual intercourse occurred in patch free interval
Patch detachment	48 hours or less	<ul style="list-style-type: none"> • No, provided that there has been consistent and correct use for 7 days prior to removal/detachment.* • Replace with a fresh patch.
	More than 48 hours	<ul style="list-style-type: none"> • Yes – for 7 days. • Consider emergency contraception if patch was detached in week 1 of patch taking and unprotected sexual intercourse occurred in patch free interval or week 1. • Replace with a fresh patch.
Extended use of patch (patch not changed on time)	9 days or less	<ul style="list-style-type: none"> • No
	More than 9 days	<ul style="list-style-type: none"> • Yes – for 7 days.

*The Faculty noted evidence from a study by Pierson et al which looked at the effect incorrect dosing of the patch had on ovulation and follicular development. Pierson found that in women who used the patch for 7 days then didn't wear it for 3 days, follicular size and incidence of ovulation was significantly reduced compared with women using the combined pill. Therefore the clinical effectiveness unit suggested that if the patch has been worn correctly for 7 days a patch can remain off for up to 48 hours before contraceptive efficacy is reduced. After 48 hours of being detached additional contraception would be required

References and more information:

1. [FSRH Guidance Combined Hormonal Contraception](http://www.fsrh.org) (October 2011, updated August 2012. Accessed via www.fsrh.org, 16/01/2015)
2. [Summary of product characteristics for Evra®](http://www.emea.europa.eu) (accessed via [electronic medicines compendium](http://www.emea.europa.eu), 16/01/2015)
3. Pierson RA, Archer DF, Moreau M, Shangold GA, Fisher AC, Creasy GW. Ortho Evra/Evra versus oral contraceptives: follicular development and ovulation in normal cycles and after and intentional dosing error. *Fertil Steril* 2003; **80**:34–42.