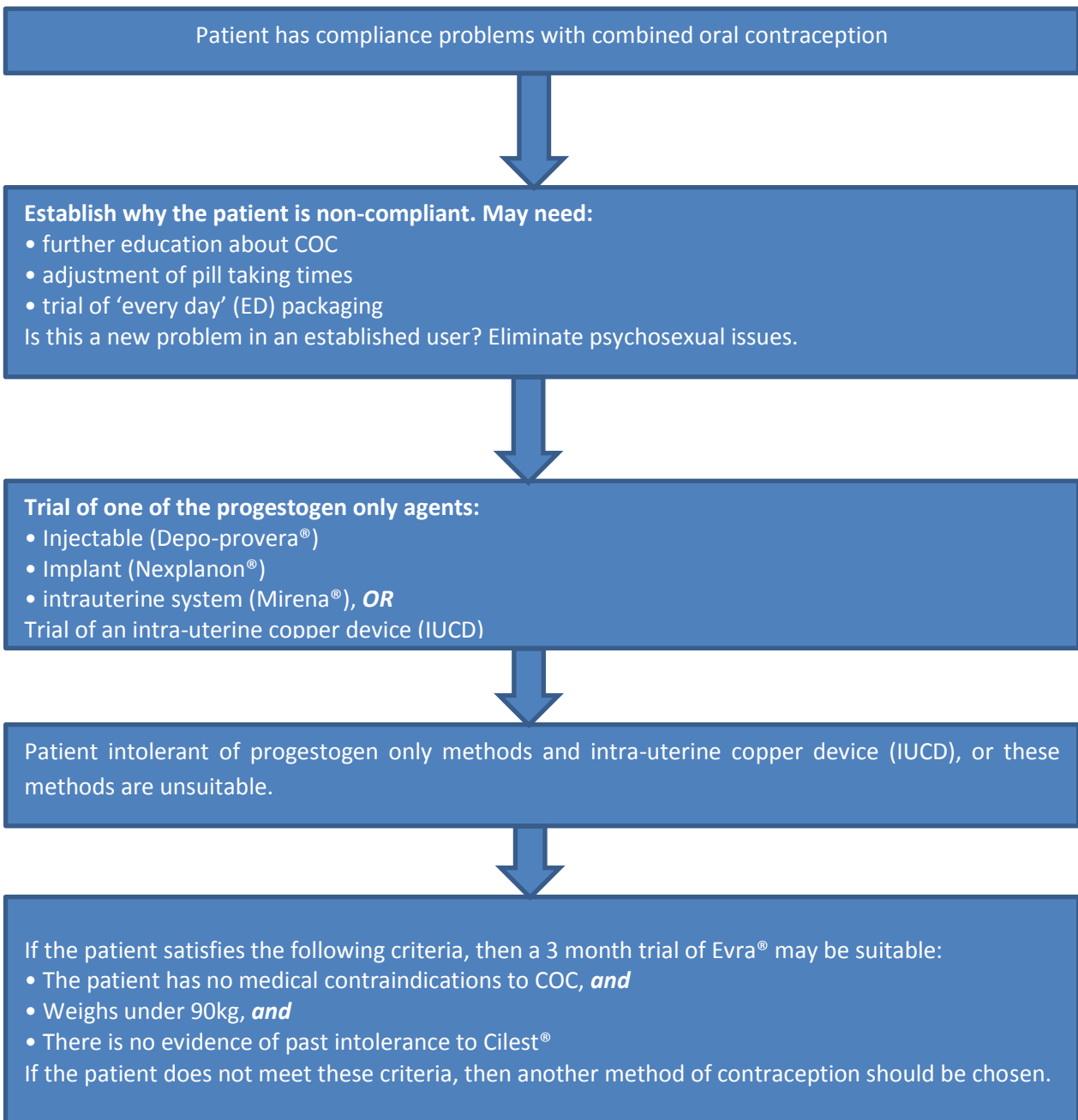


# Evra® Contraceptive Patch Prescribing Guidance

20cm<sup>2</sup> patch containing 6mg Norelgestromin and 600mcg ethinyl estradiol.  
Releases 203mcg noelgestromin and 33.9mcg ethinyloestradiol per 24 hrs.



## Information for the patient

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.

**The relative risk of VTE in comparison to other contraceptive options should be discussed with patients.**

# Evra® Contraceptive Patch Prescribing Guidance

## Q: What is Evra?

A transdermal combined contraceptive patch, which contains norelgestromin and ethinyloestradiol. One patch is applied and worn for 1 week to suppress ovulation. The patch is replaced on a weekly basis for two further weeks (day 8 and day 15). The fourth week (starting on day 22) is patch-free to allow a withdrawal bleed. A new patch is then applied after seven patch-free days.

Safety and efficacy has been established in women aged 18 to 45 years of age. Note that efficacy may be decreased in women weighing  $\geq 90\text{kg}$ .

## Q: A bit like Cilest® on the skin then?

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 (Drug Tariff Jan 18) compared with combined oral contraceptives, which cost between £1.80 and £14.70.

## Q: Who would be a good candidate for Evra?

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?

No, not advised by FSRH, or in the summary of product characteristics (see reference below). 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.
- 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.

## Reference:

Prepared by Rachel Hobson, Formulary Pharmacist, NHS Wiltshire CCG on behalf of BaNES CCG. Adapted from BNSSG formulary guidance. January 2018. Approved by Bath Clinical Area Partnership Prescribing & Therapeutics Committee March 2108

# Evra® Contraceptive Patch Prescribing Guidance

Evra transdermal patch Summary of Product Characteristics:  
<https://www.medicines.org.uk/emc/product/6794>