

# CONTRACEPTIVE TRANSDERMAL PATCHES

## WHAT ARE CONTRACEPTIVE TRANSDERMAL PATCHES?

- These are medicated adhesive patches containing EE and norelgestromin. They are an alternative way of administering CHCs.
- The weekly application provides convenience. Its route of administration prevents food interactions and avoids the first-pass metabolism in the liver.
- These patches are as effective as COCs. However, the patch needs to be changed only once a week for three weeks, unlike the pill that must be taken at the same time every day.



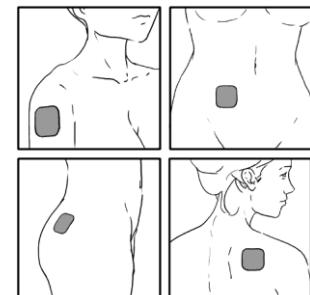
*Transdermal patches are commercially available in other countries as Ortho Evra and Evra.*

*The 20 cm<sup>2</sup> Ortho Evra contraceptive patch contains 750 µg EE and 6000 µg norelgestromin.*

*The 20 cm<sup>2</sup> Evra contraceptive patch contains 600 µg EE and 6000 µg norelgestromin. The contraceptive patch is intended to gradually release approximately 20 µg/day EE and 150 µg/day norelgestromin into the systemic circulation.*

## HOW IS THE CONTRACEPTIVE TRANSDERMAL PATCH USED?

- The patch may be applied to the buttock, abdomen, upper arm, or upper torso.
- The breast or areas surrounding the breast must be avoided because it might cause breast tenderness as a result of high local estrogen concentration.
- A different site must be used each time a new patch is applied.
- Patch sites must be free of lotions, creams, or other topical applications to prevent decreased absorption of the contraceptives.
- The patch is changed once a week for three weeks (total of 21 days), followed by a patch-free week.
- The patch should always be changed and applied on the same day of the week. If the client wants to switch to a new day for changing her patch, the switch should be made during the patch-free week.



## WHEN SHOULD USE OF CONTRACEPTIVE TRANSDERMAL PATCH BEGIN?

- The patch is recommended to be applied on the first day of menstruation.
- Alternatively, women can start the patch any time as long as they are not pregnant.
- If the patch is initiated more than five days from the onset of menstruation, abstinence or backup contraception should be used during the first seven days of use.

## WHAT SHOULD BE DONE WHEN PATCH CHANGE IS DELAYED?

### Delay in beginning the first patch in a cycle:

- When a new patch cycle is delayed beyond the scheduled start day, users are instructed to apply a patch as soon as possible and to avoid intercourse or use backup contraception for at least seven days.
- The day the patient applies the new patch becomes the new “patch change day.”

### Delay in beginning the second or third patch in a cycle:

- When the patch is left on for two extra days, adequate contraception steroid levels are continuously released for 48 hours. If the client changes the patch within this period, then “patch change day” remains the same without the need for backup contraception.

- After this two-day period, failure to replace the second or third patch in a cycle increases the risk for contraceptive failure. Therefore, the client must avoid sex or use backup contraception for seven days.
- The day the patient applies the new patch becomes the new “patch change day.”

#### Delay in removing the third patch in a cycle:

- The client must remove the patch as soon as possible.
- The “patch change day” is not altered.

#### WHAT SHOULD BE DONE WHEN THE CONTRACEPTIVE TRANSDERMAL PATCH FALLS OFF?

- A patch that becomes partially or completely detached for less than 24 hours but is still adhesive enough should be reapplied on the same location.
- Additional adhesives or tape should not be used.
- A patch that is no longer adhesive should be immediately replaced with a new patch.
- If detached longer than 24 hours, a new patch should be applied, and this day of the week becomes the new “patch change day.”
- Users must avoid intercourse or use backup contraception for the first seven days.