College of Pharmacy

Key Take-Away Points for Prescribing Hormonal Contraception

1	Which type of pill should I start with?	• ***Step 1:*** **Ask your patient if she has a preference**. Many women will already have an idea of one they would like to either continue, restart, or try. If so, just go with that one, and skip to question 6. • ***Step 2***: If she doesn't know, or have an opinion, the best place to start is with a monophasic. There is no added benefit for having the doses change in a cycle. Additionally a monophasic will allow her to use them in an extended or continuous regimen which is not recommended with biphasic, triphasic or quadphasic.
2	Which dose of estrogen should I start with?	Start with **20mcg of ethinyl estradiol** (EE). 10 mcg has high rates of spotting and is generally avoided. 50mcg is too high of a dose, and is very rarely used. Examples of monophasic, 20mcg EE, traditional pill packs include: *Aviane-28, Falmina, Gildess, Junel, Lessina, Loestrin, Lutera, Microgestin, Orsythia,* and *Orsythia*
3	Which kind of progestin should I start with?	There is no clinical benefit to using one progestin over another. Any of the progestins are fine to start with. Examples of monophasic, 20mcg EE, traditional pill packs broken down by progestin type: Norethindrone: *Gildess, Junel, Loestrin, Microgestin* Levonorgestrel: *Aviane, Falmina, Lessina, Lutera, Orsythia, Sronyx*
4	Which regimen should I choose?	• ***Step 1:*** Ask your patient if she has a preference for active vs. placebo days. You may need to explain the difference: ○ *Traditional:* 21 active pill days, 7 placebo (or pill-free) days ▪ See examples from questions 2 and 3 above ○ *Shortened placebo:* 24 active pill days, 4 placebo days ▪ Product examples: *Loestrin-24, Beyaz, Gianvi, Loryna, Vestura, Yaz* ○ *Extended:* generally 3 months of active pills with 7 placebo days ▪ Product examples: *Amethia Lo, LoSeasonique, Seasonale* ▪ Can also use any monophasic pills by taking only the active pills ○ *Continuous:* only takes active pills and no placebo days ▪ Product examples: *Amethyst, Seasonique, Lybrel* ▪ Can also use any monophasic pills by taking only the active pills • ***Step 2***: If she doesn't know, or have an opinion, the **traditional regimen is a good place to start.**
5	Which specific product should I choose?	After deciding with the patient which regimen she wants, either consult the options given above or another table of possible products. **Then look to see if that product is covered by her insurance.**
6	When should I have her start?	**Start right now**. • If she is continuing a pack or changing from another method without a break, she does not need back-up. • If she is starting for the first time, or after a break she will need to use back-up for 7 days unless she is within 5 days of starting her period.

7	How much of a supply should I give?	As many packs as she would like, and can pay for, **up to a year's supply.** Some states are now requiring insurance to pay for up to a year's supply in a single pharmacy copay depending on if it is a continuing prescription.
8	When should I have her follow-up?	Make sure she understands that she can come back **at any time** with questions. Since prescriptions last for one year, she will need to come back then to get more. This is a good time to check satisfaction with and any side effects of her pills.
9	How do I adjust for common but persistent side effects?	• ***Step 1:*** **Check how long** the patient has been on her contraception. Most side-effects will go away after 3-4 months. • ***Step 2***: **Use the table below for adjustments** if she has been on this regimen for more than 3 or 4 months.

Managing Side Effects of Hormonal Contraception

Side Effect	Management
Estrogen-Related	
Nausea	If severe, may want to check for pregnancy If mild, recommend the patient take with food or at night Consider decreasing the estrogen dose from 35 mcg to 20 mcg
Breast Tenderness	Recommend a supportive bra and/or a pain reliever
Headache	If severe, should refer the patient Have the patient stop taking if symptoms indicate an aura prior to onset, (seeing flashing lights, loss of vision, strange smells, or confusion) If not severe, have the patient take a pain reliever
Breakthrough Bleeding	Check for adherence, smoking status, and STI exposure risk • Encourage and help find a best time of the day to take, and identify reminders (see if the patient can set a cell phone alarm reminder) • If adherence is not an issue, consider referral to check for underlying causes of unexplained bleeding Could increase the estrogen dose (up to 35 mcg of EE) along with changing the progestin
Severe, but Rare: Thromboembolic Events	Have patient seek emergency medical attention Symptoms would include any of the following: chest pain, abdominal pain, shortness of breath, leg pain and swelling and/or swelling, and an unbearable headache
Progestin-Related	
Tiredness	Have patient take at night
Mood Swings	Likely unrelated to use of CHC. However, if severe, refer the patient to her PCP If occurring, mood swings are correlated with hormone breaks during the placebo week, and changing to a continuous regimen will generally resolve the mood swings.
Breakthrough Bleeding	Refer to BTB under "estrogen-related" This may be normal for patients taking POPs
Lighter Flow	Reassure patient that this is a normal benefit of using pills and not harmful