

Pharmacy Contraception Service (PCS)

NHS Advanced Service | PGD v3.0 (Oct 2025) | CoSRH | UKMEC

■ COC ABSOLUTE EXCLUSIONS: Offer POP Instead

- Tobacco smoking at age 35+. Nicotine vaping at age 35+: assess per PGD
- Current hypertension, treated hypertension, or BP above 140/90 mmHg
- BMI 35 kg/m² or above
- Migraine with aura (any age)
- History of VTE, PE, stroke, or TIA
- Family history of VTE in first-degree relative under 45
- Breastfeeding <6 weeks post-partum, or <21 days post-partum
- Imminent major surgery or prolonged immobility (stop COC 4 weeks before)

BP and BMI must be assessed before COC supply. May be measured directly or from recent records/self-report, assessed as clinically appropriate.

Product (examples)	Missed pill	Key notes
Desogestrel 75 mcg (Cerazette, Cerelle, Zelleta)	12 hr	First-line; inhibits ovulation. Avoid if meningioma history.
Drospirenone 4 mg (Slynd)	24 hr; start day 1 only	NEW Oct 2025. Excluded: renal impairment (all stages), diabetes, hyperkalaemia. Avoid with potassium-raising medicines.
Levonorgestrel 30 mcg (Norgeston)	3 hr	Older POP; thickens cervical mucus only.
Norethisterone 350 mcg (Noriday)	3 hr	Older POP; thickens cervical mucus only.

Situation	Option	Notes
UPSI/failure within 72 hours	LNG-EC or UPA-EC	Both effective; UPA efficacy declines less over time
72 to 120 hours	UPA-EC (ellaOne) only	LNG-EC not licensed beyond 72 hours
Highest efficacy required	Copper IUD	Most effective; signpost to GP or sexual health
Weight >70 kg or BMI >26	UPA-EC or copper IUD	LNG-EC less effective
After UPA-EC	Delay hormonal contraception 5 days	Advise barrier contraception in the interim

✓ EVERY CONSULTATION: Advise and Screen

- Discuss LARC (IUD/IUS/implant) as a more effective alternative
- Oral contraception does not protect against STIs; recommend condoms
- Always ask about meningioma history before desogestrel (POP or COC) or Zoely
- GLP-1 agonists: may reduce efficacy; follow CoSRH guidance + provide PIL
- Enzyme inducers (rifampicin, some antiepileptics, St John's Wort): exclude both POP and COC; refer to prescriber
- COC first-line: EE 30 mcg + levonorgestrel (Microgynon 30, Rigevidon, Levest)

Key pitfalls: COC without BP/BMI assessment. Age 35+ tobacco smoker supplied COC. Migraine with aura missed. Drospirenone with renal impairment, diabetes, hyperkalaemia, or potassium-raising medicines. Wrong missed-pill window (3 hr LNG/norethisterone POP; 12 hr desogestrel POP; 24 hr drospirenone POP). Meningioma not asked before desogestrel or Zoely. GLP-1 guidance not followed. LARC not discussed. Ongoing supply <6 months without documented reason.