

Pharmacy Contraception Service: A focus on initiation of supply and key changes to the service.

21 May 2025

Q&A

COC – Combined Oral Contraceptive

POP – Progesterone Only Oral Contraceptive

UKMEC – UK Medical Eligibility Criteria Calculator (Link to this is on the final slide)

FSRH – Faculty of Sexual and Reproductive Health

BMI – Body Mass Index

BP – Blood Pressure

VTE – Venous Thromboembolism (A non-common side effect from oral contraceptives)

HRT – Hormone Replacement Therapy

CPH – Community Pharmacy Hertfordshire

BLMK-N – Community Pharmacy Bedfordshire, Luton, Milton Keynes and Northamptonshire

PGD- Patient Group Direction

Q: Is it essential to check the patients BMI and BP at every supply of COC?

A: Due to the specific exclusion criteria related to BP and BMI in the PGD which pharmacists must adhere to, it is important to obtain accurate BP and BMI readings at each supply. Patients can submit self reported measurements, but the Pharmacist should decide if the measurements provided are clinically suitable.

Q:How do you safely switch a patient from COC to POP?

A: Consider when the contraception cover will start, it is advised to wait until the end of the pill packet before switching to POP. Once the change has commenced patients are advised to take extra precaution for a week. If making the switch from POP to COC, patients will only need to take extra precautions for 48 hours.

Q: Does a patient's continuous use of an oral contraceptive increase VTE risk and weight gain?

A: Continuous use of an oral contraceptive does not increase the risk. Blood clot risk is usually within the first year of use, after that the risk reduces. Patients can be started on a regular regime and monitored.

Q: Can a patient who is 52 and premenopausal be prescribed POP or COC?

A: Yes, it is safe for women to be started on an oral contraceptive. Please note that COC is safe for ages up to 50 and POP can be used up to age 55.

Q: Previous training suggested that local guidelines for prescribing contraceptives should be referred to. Does this still apply?

A: Yes, local formularies should be referred to for first- and second-line options of oral contraceptives. Please refer to the PGD to ensure the contraception that will be initiated falls within this.

Q: Is it safe for a patient to be prescribed a tablet form of contraception if they already have an arm implant?

A: Yes, this is prescribed to patients off license by GPs to control irregular bleeding within the first 6 months of having the arm implant. COC can be started for three months to settle the bleeding pattern. Patients should be referred to the GP if a patient requires this.

Q: Is there a table of strengths of Progesterone in COC available to refer to?

A: Within the BNF there is a detailed table with the different versions of Progesterone oral contraceptives. There is not varying strengths of Progesterone but rather a variation in the type of progesterone.

Refer to Chapter 6: Endocrine System, Section 6.4: Sex Hormones, Subsection 6.4.1.2.

Q: In community pharmacy we see some prescriptions for Desogestral with a daily dose of 2 tablets, why would this dose be prescribed? And does this fall within the scope of the Pharmacy PGD?

A: This dose is not often used but can be used for those who have irregular bleeding and who would prefer not to have a copper coil. It is used off license to stabilise the endometrium and settle the bleeding pattern. This does not fall within the pharmacy PGD.

Q: If a patient is on HRT, what considerations are there to make when supplying an oral contraceptive?

A: COC should not be used alongside HRT. POP is the preferred oral contraceptive in this circumstance and can be used until the age of 55.

Q: How can the system suppliers' template be updated to reflect 7-day break to 4-day break when needed?

A: Contact your system supplier for details on how this can be manually updated.

Q: If a patient suffers from headaches and breast tenderness whilst taking the COC, is it best to switch to another COC?

A: If a patient is Developing new headaches, the oral contraceptive should be stopped. The patient can then be switched to POP. Breast tenderness can settle within a few months and can be a common side effect, if the symptoms persist switch to another type of the COC pill. COC, POP and implants can cause breast tenderness.

Q: If a patient mentioned they have a specific recommendation from a friend or family member that they wish to try, can this be provided if it falls within the Pharmacy PGD?

A: Yes, a patient can recommend an oral contraceptive, but it is up to the Pharmacist or Technician to make a clinical evaluation on if the recommended treatment would be clinically suitable for the patient. If it is not suitable it is important to explain this to the patient.

Q: If presented with a patient who has diagnosed Endometriosis, what oral contraceptive is recommended? And would this fall within the Pharmacy PGD?

A: For individuals experiencing endometriosis symptoms, the COC is often a preferred treatment option. While primarily prescribed for contraception, COCs can significantly alleviate endometriosis symptoms as a beneficial side effect. Pharmacists operating under a PGD can supply oral contraceptives for contraceptive purposes. This provision can, in turn, help manage endometriosis symptoms. For individuals with a BMI over 35 who prefer not to be referred for a copper coil, POP is another suitable option for endometriosis symptom management.

Q: If a patient misses a dose of their contraceptive, what time frame have they got to take the tablet without it disrupting their coverage?

A: An example provided is, if a patient takes their tablet at 7am and they have missed this the minimum amount of time they should take their next dose within is at the earliest 7am the next morning or at the very latest by 7pm that evening. This will not disrupt the patient's coverage.

Q: If a patient does not have any known bleeding issues, why is the COC oral contraceptives recommended?

A: POP can give no bleeding in some women but not in all, some women would prefer to not have a risk of an irregular bleeding pattern.

COC would be first line option for younger women who have concerns of heavier bleeding and who struggle with their bleeding pattern.

Resources and Useful Links

Check contraception eligibility quickly and easily using the
[UKMEC Calculator](#)

[FSRH Guidelines](#)

[CPPE PCS Learning Resources](#)

[CPE Contraception Pre-consultation Questionnaire](#)

[CPPE Workshop Events](#)

[Hertfordshire and West Essex Formulary](#)

[BLMK Contraception Formulary](#)

[Northamptonshire Local Formulary](#)

Community Pharmacy Local Contacts

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