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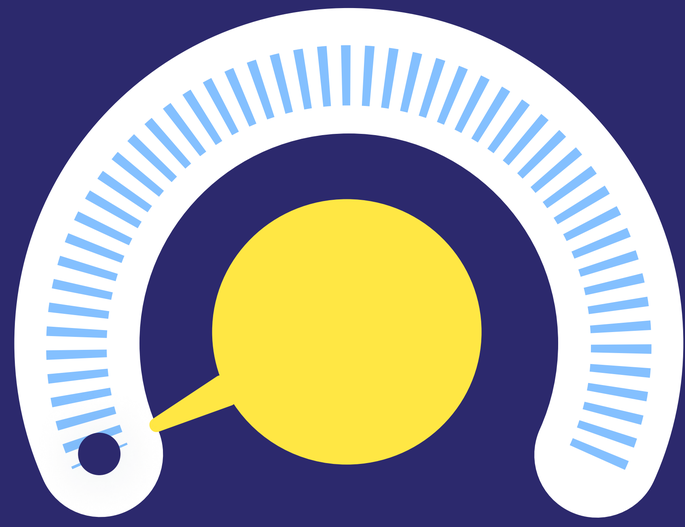
UI Design & Int Treatment

2024 Contraceptive Challenge
Content iPad Refresh

Welcome to the

Contraceptive Challenge

Start!



Selected Safety Information

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

- NEXPLANON should be inserted subdermally so that it will be palpable after insertion, and this should be confirmed by palpation immediately after insertion. Failure to insert NEXPLANON properly may go unnoticed unless it is palpated immediately after insertion. Undetected failure to insert the implant may lead to an unintended pregnancy. Failure to remove the implant may result in continued effects of etonogestrel, such as compromised fertility, ectopic pregnancy, or persistence or occurrence of a drug-related adverse event.
- Complications related to insertion and removal procedures may occur, e.g. pain, paresthesia, bleeding, hematoma, scarring, or infection. If NEXPLANON is inserted deeply (intramuscular or intrafascial), neural or vascular injury may occur.
- Postmarketing reports of implants located within the vessels of the arm and the pulmonary artery may have been related to deep insertions or intravascular insertions. Endovascular or

Scroll to Read Additional Selected Safety Information.

Selected Safety Information

artery may have been related to deep insertions or intravascular insertions. Endovascular or surgical procedures may be needed for removal.

- Implant removal may be difficult or impossible if the implant is not inserted correctly, inserted too deeply, not palpable, encased in fibrous tissue, or has migrated. If at any time the implant cannot be palpated, it should be localized and removal is recommended. When an implant is removed, it is important to remove it in its entirety. Failure to remove the implant may result in continued effects of etonogestrel, such as compromised fertility, ectopic pregnancy, or persistence or occurrence of a drug-related adverse event.

Broken or Bent Implants

- Cases of breakage or bending of implants while inserted within a patient's arm have been reported. Cases of migration of a broken implant fragment within the arm have also occurred. These cases may be related to external forces, e.g., manipulation of the implant or contact sports. The release rate of etonogestrel may be slightly increased in a broken or bent implant, based on in vitro data.

Changes in Menstrual Bleeding Patterns

- After starting NEXPLANON, women are likely to have changes in their menstrual bleeding pattern. These may include changes in frequency, intensity, or duration. Abnormal bleeding should be evaluated as needed to exclude pathologic conditions or pregnancy. In clinical studies of the non-radiopaque etonogestrel implant, reports of changes in bleeding pattern were the most common reason for stopping treatment (11.1%). Women should be counseled regarding bleeding pattern changes that they may experience.

Ectopic Pregnancies

- Be alert to the possibility of an ectopic pregnancy in women using NEXPLANON who become pregnant or complain of lower abdominal pain

Scroll to Read Additional Selected Safety Information.

Selected Safety Information

- Be alert to the possibility of an ectopic pregnancy in women using NEXPLANON who become pregnant or complain of lower abdominal pain.

Thrombotic and Other Vascular Events

- The use of combination hormonal contraceptives increases the risk of vascular events, including arterial events (strokes and myocardial infarctions) or deep venous thrombotic events (venous thromboembolism, deep venous thrombosis, retinal vein thrombosis, and pulmonary embolism). It is recommended that women with risk factors known to increase the risk of venous and arterial thromboembolism be carefully assessed. There have been postmarketing reports of serious arterial thrombotic and venous thromboembolic events, including cases of pulmonary emboli (some fatal), deep vein thrombosis, myocardial infarction, and strokes, in women using etonogestrel implants. NEXPLANON should be removed in the event of a thrombosis. Due to the risk of thromboembolism associated with pregnancy and immediately following delivery, NEXPLANON should not be used prior to 21 days postpartum. Women with a history of thromboembolic disorders should be made aware of the possibility of a recurrence. Consider removal of the NEXPLANON implant in case of long-term immobilization due to surgery or illness.

Ovarian Cysts

- If follicular development occurs, atresia of the follicle is sometimes delayed, and the follicle may continue to grow beyond the size it would attain in a normal cycle. Generally, these enlarged follicles disappear spontaneously. Rarely, surgery may be required.

Carcinoma of the Breast and Reproductive Organs

- Some studies suggest that the use of combination hormonal contraceptives might increase the incidence of breast cancer, and increase the risk of cervical cancer or intraepithelial neoplasia. Women with a family history of breast cancer or who develop breast nodules should be carefully

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Selected Safety Information

incidence of breast cancer, and increase the risk of cervical cancer or intraepithelial neoplasia. Women with a family history of breast cancer or who develop breast nodules should be carefully monitored.

Liver Disease

- NEXPLANON should be removed if jaundice occurs.

Elevated Blood Pressure

- The NEXPLANON implant should be removed if blood pressure rises significantly and becomes uncontrolled.

Gallbladder Disease

- Studies suggest a small increased relative risk of developing gallbladder disease among combination hormonal contraceptive users. It is not known whether a similar risk exists with progestin-only methods like NEXPLANON.

Carbohydrate and Lipid Metabolic Effects

- Prediabetic and diabetic women using NEXPLANON should be carefully monitored.

Depressed Mood

- Women with a history of depressed mood should be carefully observed. Consideration should be given to removing NEXPLANON in patients who become significantly depressed.

Return to Ovulation

- In clinical trials with the non-radiopaque etonogestrel implant (IMPLANON), the etonogestrel levels in blood decreased below sensitivity of the assay by one week after removal of the implant. In addition, pregnancies were observed to occur as early as 7 to 14 days after removal. Therefore, a woman should re-start contraception immediately after removal of the implant if continued contraceptive protection is desired.

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Selected Safety Information

Therefore, a woman should re-start contraception immediately after removal of the implant if continued contraceptive protection is desired.

Fluid Retention

- Hormonal contraceptives may cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring, in patients with conditions which might be aggravated by fluid retention. It is unknown if NEXPLANON causes fluid retention.

Contact Lenses

- Contact lens wearers who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist.

ADVERSE REACTIONS

Clinical Trial Experience

- The most common adverse reaction causing discontinuation of use of the implant in clinical trials was change in menstrual bleeding patterns (11.1%). The most common adverse reactions (≥10%) reported in clinical trials were headache (24.9%), vaginitis (14.5%), weight increase (13.7%), acne (13.5%), breast pain (12.8%), abdominal pain (10.9%), and pharyngitis (10.5%).

DRUG INTERACTIONS

Effects of Other Drugs on Hormonal Contraceptives

Substances decreasing the plasma concentrations of hormonal contraceptives and potentially diminishing the efficacy of hormonal contraceptives:

- Drugs or herbal products that induce certain enzymes, including cytochrome P450 3A4 (CYP3A4), may decrease the plasma concentrations of hormonal contraceptives and potentially diminish the effectiveness of hormonal contraceptives or increase breakthrough

Scroll to Read Additional Selected Safety Information.

Selected Safety Information

potentially diminish the effectiveness of hormonal contraceptives or increase breakthrough bleeding. Women should use an alternative non-hormonal method of contraception or a back-up method when enzyme inducers are used with hormonal contraceptives, and to continue back-up non-hormonal contraception for 28 days after discontinuing the enzyme inducer to ensure contraceptive reliability.

Substances increasing the plasma concentrations of hormonal contraceptives:

- Co-administration of certain hormonal contraceptives and strong or moderate CYP3A4 inhibitors may increase the serum concentrations of progestins, including etonogestrel.

Human Immunodeficiency Virus (HIV)/Hepatitis C Virus (HCV) protease inhibitors and non-nucleoside reverse transcriptase inhibitors:

- Significant changes (increase or decrease) in the plasma concentrations of progestin have been noted in cases of co-administration with HIV protease inhibitors, HCV protease inhibitors, or with non-nucleoside reverse transcriptase inhibitors. These changes may be clinically relevant.

Effects of Hormonal Contraceptives on Other Drugs

- Hormonal contraceptives may affect the metabolism of other drugs. Consequently, plasma concentrations may either increase (for example, cyclosporine) or decrease (for example, lamotrigine).

USE IN SPECIFIC POPULATIONS

Pregnancy

- **Rule out pregnancy before inserting NEXPLANON.**

Lactation

- Small amounts of contraceptive steroids and/or metabolites, including etonogestrel are

Scroll to Read Additional Selected Safety Information.

Selected Safety Information

Lactation

- Small amounts of contraceptive steroids and/or metabolites, including etonogestrel are present in human milk. No significant adverse effects have been observed in the production or quality of breast milk, or on the physical and psychomotor development of breastfed infants.
- Hormonal contraceptives, including etonogestrel, can reduce milk production in breastfeeding mothers. This is less likely to occur once breastfeeding is well-established; however, it can occur at any time in some women.

Pediatric Use

- Safety and efficacy of NEXPLANON have been established in women of reproductive age and are expected to be the same for postpubertal adolescents. However, no studies have been conducted in women less than 18 years of age. Use of this product before menarche is not indicated.

Overweight Women

- The efficacy of NEXPLANON in women who weighed more than 130% of their ideal body weight has not been defined because such women were not studied in clinical trials. Serum concentrations of etonogestrel are inversely related to body weight and decrease with time after implant insertion. Therefore, NEXPLANON may be less effective in overweight women.

PATIENT COUNSELING INFORMATION

- Counsel women to contact their health care professional immediately if, at any time, they are unable to palpate the implant.
- NEXPLANON does not protect against HIV or other STDs.

Before prescribing NEXPLANON, please read the accompanying

Scroll to Read Additional Selected Safety Information.

Selected Safety Information

Overweight Women

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- NEXPLANON does not protect against HIV or other STDs.

Before prescribing NEXPLANON, please read the accompanying Prescribing Information. The Patient Information also is available.

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US-XPL-117206 04/24

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HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use NEXPLANON safely and effectively. See full prescribing information for NEXPLANON.

NEXPLANON® (etonogestrel implant)
Radiopaque
Subdermal Use Only
Initial U.S. Approval: 2001

----------RECENT MAJOR CHANGES----------

Dosage and Administration, Insertion of NEXPLANON (2.2)	09/2023
Warnings and Precautions, Complications of Insertion/Removal and Broken/Bent Implants (5.1)	09/2023

----------INDICATIONS AND USAGE----------
NEXPLANON is a progestin indicated for use by women to prevent pregnancy. (1)

---------- DOSAGE AND ADMINISTRATION ----------
Insert one NEXPLANON subdermally just under the skin at the inner side of the non-dominant upper arm. NEXPLANON must be removed no later than by the end of the third year. (2)

---------- DOSAGE FORMS AND STRENGTHS ----------
NEXPLANON consists of a single, radiopaque, rod-shaped implant, containing 68 mg etonogestrel, pre-loaded in the needle of a disposable applicator. (3)

----------CONTRAINDICATIONS----------
- Known or suspected pregnancy. (4)
- Current or past history of thrombosis or thromboembolic disorders. (4, 5.4)
- Liver tumors, benign or malignant, or active liver disease. (4, 5.7)
- Undiagnosed abnormal genital bleeding. (4, 5.2)
- Known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past. (4, 5.6)
- Allergic reaction to any of the components of NEXPLANON. (4, 6)

---------- WARNINGS AND PRECAUTIONS----------
- Insertion and removal complications: Pain, paresthesia, bleeding, hematoma, infection, scarring, migration, expulsion, and difficult removal. Implant migration may result in unintentional pregnancy. Implant migration to the lung has been reported rarely and may result in dyspnea, chest pain, cough, or hemoptysis. Surgical interventions may be necessary to remove implants. (5.1)
- Menstrual bleeding pattern: Counsel women regarding changes in bleeding frequency, intensity, or duration. (5.2)
- Ectopic pregnancies: Be alert to the possibility of an ectopic pregnancy in women using NEXPLANON who become pregnant or complain of lower abdominal pain. (5.3)
- Thrombotic and other vascular events: The NEXPLANON implant should be removed in the event of a thrombosis. (5.4)
- Liver disease: Remove the NEXPLANON implant if jaundice occurs. (5.7)
- Elevated blood pressure: The NEXPLANON implant should be removed if blood pressure rises significantly and becomes uncontrolled. (5.9)
- Carbohydrate and lipid metabolic effects: Monitor prediabetic and diabetic women using NEXPLANON. (5.11)

---------- ADVERSE REACTIONS ----------
Most common (≥10%) adverse reactions reported in clinical trials were change in menstrual bleeding pattern, headache, vaginitis, weight increase, acne, breast pain, abdominal pain, and pharyngitis. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Organon USA LLC, a subsidiary of Organon & Co., at 1-844-674-3200 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------
Drugs or herbal products that induce certain enzymes, such as CYP3A4, may decrease the effectiveness of progestin hormonal contraceptives or increase breakthrough bleeding. (7.1)

---------- USE IN SPECIFIC POPULATIONS ----------
- Pregnancy: Discontinue if maintaining a pregnancy. (8.1)
- Overweight women: NEXPLANON may become less effective in overweight women over time, especially in the presence of other factors that decrease etonogestrel concentrations, such as concomitant use of hepatic enzyme inducers. (8.7)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 09/2023

Close

- Liver tumors, benign or malignant, or active liver disease. (4, 5.7)
- Undiagnosed abnormal genital bleeding. (4, 5.2)
- Known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past. (4, 5.6)
- Allergic reaction to any of the components of NEXPLANON. (4, 6)

---------- WARNINGS AND PRECAUTIONS----------

- Insertion and removal complications: Pain, paresthesia, bleeding, hematoma, scarring, infection, or migration to vasculature, including pulmonary vessels, may occur. Symptoms associated with implants in pulmonary vessels include chest pain, dyspnea,
- Overweight women: NEXPLANON may become less effective in overweight women over time, especially in the presence of other factors that decrease etonogestrel concentrations, such as concomitant use of hepatic enzyme inducers. (8.7)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 09/2023

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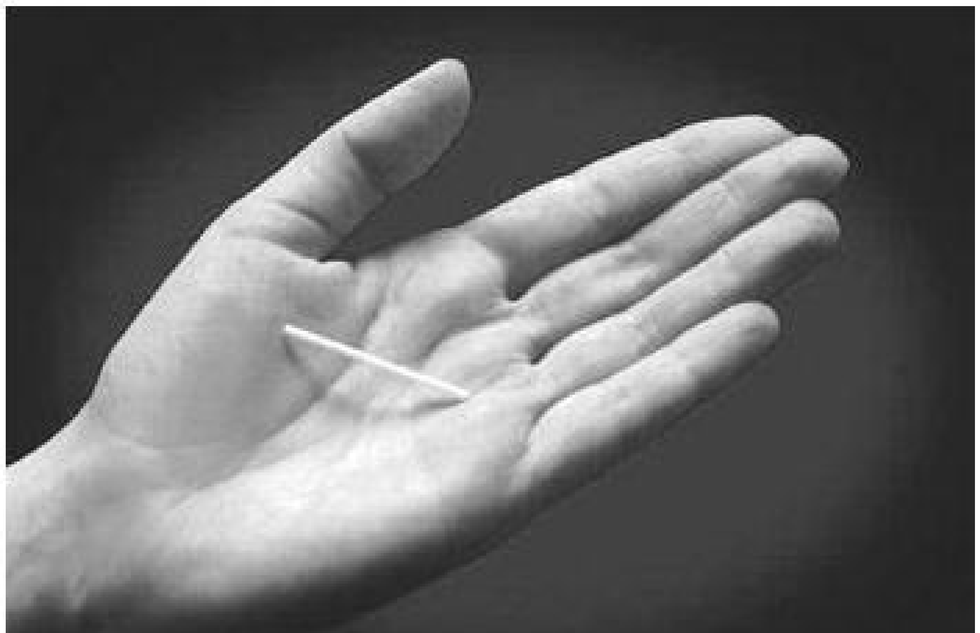
FDA-Approved Patient Labeling

NEXPLANON® (etonogestrel implant)
Radiopaque
Subdermal Use Only

NEXPLANON® does not protect against HIV infection (the virus that causes AIDS) or other sexually transmitted diseases.
Read this Patient Information leaflet carefully before you decide if NEXPLANON is right for you. This information does not take the place of talking with your healthcare professional. If you have any questions about NEXPLANON, ask your healthcare professional.

What is NEXPLANON?

NEXPLANON is a hormone-releasing birth control implant for use by women to prevent pregnancy for up to 3 years. The implant is a flexible plastic rod about the size of a matchstick that contains a progestin hormone called etonogestrel. It contains a small amount of barium sulfate (15 mg), so that the implant can be seen by X-ray, an ethylene vinyl acetate (EVA) copolymer (28% vinyl acetate, 43 mg) core, and magnesium stearate (0.1 mg). Your healthcare professional will insert the implant just under the skin of the inner side of your upper arm. You can use a single NEXPLANON implant for up to 3 years. NEXPLANON does not contain estrogen.



Close



What if I need birth control for more than 3 years?
The NEXPLANON implant must be removed by the end of 3 years. Your healthcare professional can insert a new implant under your skin after taking out the old one if you choose to continue using NEXPLANON for birth control.

What if I change my mind about birth control and want to stop using NEXPLANON before 3 years?
Your healthcare professional can remove the implant at any time. You may become pregnant as early as the first week after removal of the implant. If you do not want to get pregnant after your healthcare professional removes the NEXPLANON implant, you should start another birth control method right away.

How does NEXPLANON work?
NEXPLANON prevents pregnancy in several ways. The most important way is by stopping the release of an egg from your ovary. NEXPLANON also thickens the mucus in your cervix and this change may keep sperm from reaching the egg. NEXPLANON also changes the lining of your uterus.

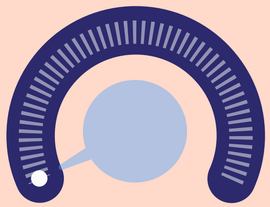
How well does NEXPLANON work?
When the NEXPLANON implant is placed correctly, your chance of getting pregnant is very low (less than 1 pregnancy per 100 women who use NEXPLANON for 1 year). It is not known if NEXPLANON is as effective in very overweight women because studies did not include many overweight women.

The following chart shows the chance of getting pregnant for women who use different methods of birth control. Each box on the chart contains a list of birth control methods that are similar in effectiveness. The most effective methods are at the

The Contraceptive Challenge

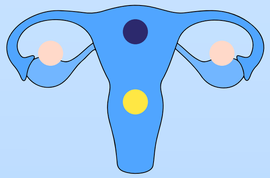
Test Your Knowledge

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque



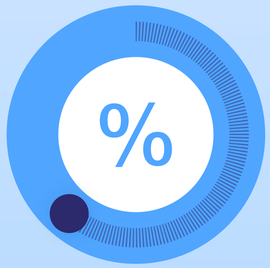
LARC Usage

Complete



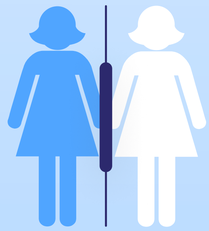
NEXPLANON: Mechanism of Action

Select



NEXPLANON: Efficacy

Select



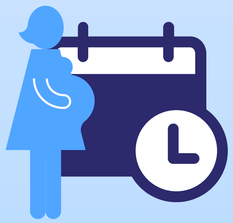
NEXPLANON: Bleeding Changes

Select



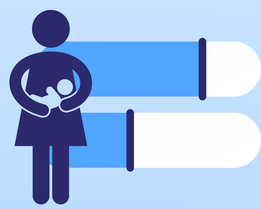
NEXPLANON: Removal

Select



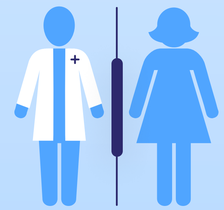
Pregnancy After NEXPLANON

Select



NEXPLANON: Postpartum

Select



Role of HCPs

Select

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

According to the National Center for Health Statistics data brief on current contraceptive status, what percentage of women used a LARC from 2017–2019?

Study Design

The National Center for Health Statistics data on women's current contraceptive status were derived from the 2017–2019 National Survey of Family Growth of women aged 15–49 years in the United States.[1]

1. Daniels K, Abma JC. *NCHS Data Brief*, no 388. National Center for Health Statistics; 2020.

Answer Question >

Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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(etonogestrel implant) 68mg
Radiopaque

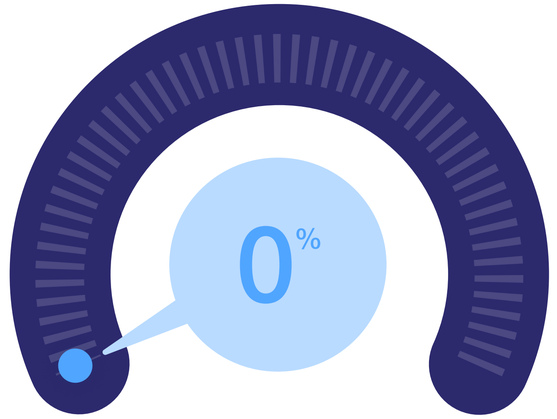
Track your progress: 0/8 completed

- LARC Usage
- NEXPLANON: Mechanism of Action
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

LARC Usage | The Contraceptive Challenge

According to the National Center for Health Statistics data brief on current contraceptive status, what percentage of women used a LARC from 2017–2019?

Here's a tip!
Drag the blue dot clockwise around the dial to make your estimate.



Submit Answer

Study Design

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

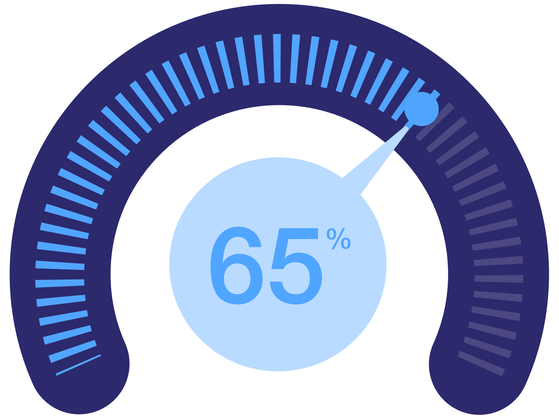
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- LARC Usage
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LARC Usage | The Contraceptive Challenge

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Here's a tip!
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Reset Drawing

Submit Answer

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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Radiopaque

Track your progress: 0/8 completed

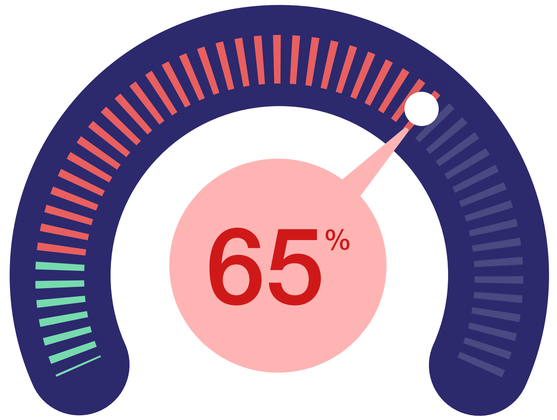
- LARC Usage
- NEXPLANON: Mechanism of Action
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

LARC Usage | The Contraceptive Challenge

According to the National Center for Health Statistics data brief on current contraceptive status, what percentage of women used a LARC from 2017–2019?

Your Answer
65%

Correct Answer
10.4%



Continue >

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

LARC Usage | The Contraceptive Challenge

Study Design

The National Center for Health Statistics data on women's current contraceptive status were derived from the 2017–2019 National Survey of Family Growth of women aged 15–49 years in the United States.[1]

1. Daniels K, Abma JC. *NCHS Data Brief*, no 388. National Center for Health Statistics; 2020.

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

HCP = health care professional; LARC = long-acting reversible contraception.

Mechanism of Action | The Contraceptive Challenge

NEXPLANON is a progestin-only contraceptive that does not contain estrogen. In which way does this progestin-only LARC prevent pregnancy?

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Track your progress: 1/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

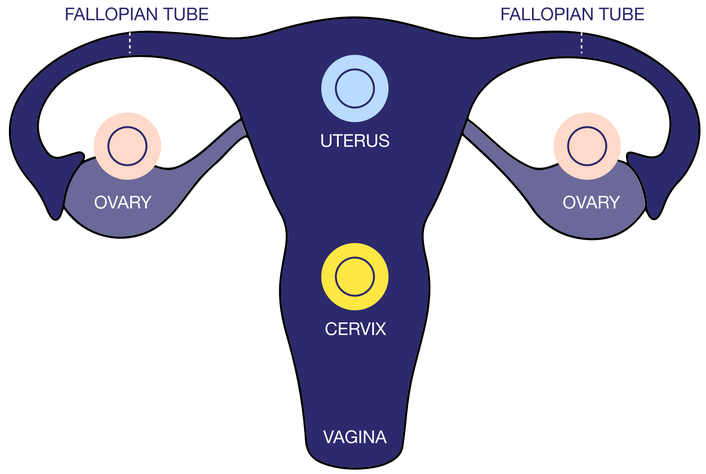
HCP = health care professional; LARC = long-acting reversible contraception.

Mechanism of Action | The Contraceptive Challenge

NEXPLANON is a progestin-only contraceptive that does not contain estrogen. In which way does this progestin-only LARC prevent pregnancy?

Here's a tip!
Select the colored circles on the graphic to provide your answer. Select all that apply.





- Suppresses ovulation
- Increases viscosity of the cervical mucus
- Alters the endometrium

Submit Answer

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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Radiopaque

Track your progress: 1/8 completed

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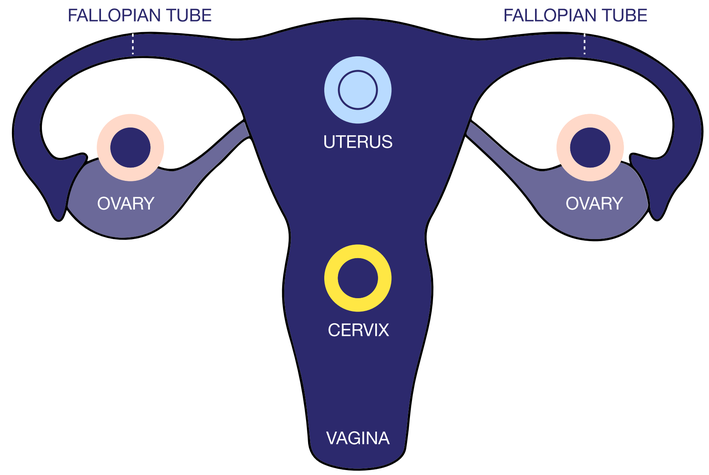
Mechanism of Action | The Contraceptive Challenge

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Select the colored circles on the graphic to provide your answer. Select all that apply.





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- Increases viscosity of the cervical mucus
- Alters the endometrium

Submit Answer

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

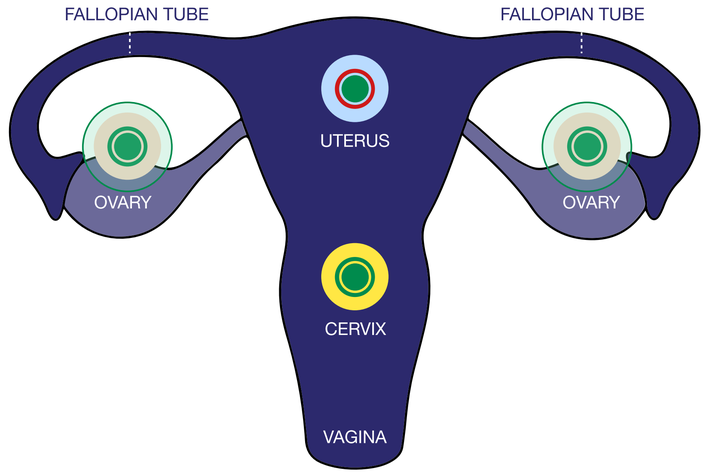
Complications of Insertion and Removal

Track your progress: 1/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Mechanism of Action | The Contraceptive Challenge

NEXPLANON is a progestin-only contraceptive that does not contain estrogen. In which way does this progestin-only LARC prevent pregnancy?



Your Answer
2 out of 3

Correct Answer
All 3

- Suppresses ovulation
- Increases viscosity of the cervical mucus
- Alters the endometrium

While all three answers are correct, suppression of ovulation is the primary mechanism by which NEXPLANON prevents pregnancy[1]

Continue >

HCP = health care professional; LARC = long-acting reversible contraception.

1. Nelson, AL, Crabtree Sokol D, Grentzer, J, et al. Contraceptive Implant. In: Hatcher, RA et al, eds. Contraceptive Technology. 21st ed. New York, NY: Ayer Company Publishers, Inc, 2018.

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Efficacy | The Contraceptive Challenge

What is the percent effectiveness of NEXPLANON at preventing pregnancy in sexually active women aged 18–35, as reported in clinical trials?

Study Design

Pregnancies were assessed in 11 integrated clinical trials of the non-radiopaque etonogestrel implant (IMPANON). Of the 946 women, 18 to 40 years of age, who were enrolled in the clinical studies, 923 made up the group for which efficacy was determined. In a subgroup of 833 women, 18 to 35 years of age at entry, 6 pregnancies during 20,648 cycles of use were reported.

1. Darney P, Patel A, Rosen K, Shapiro LS, Kaunitz AM. *Fertil Steril.* 2009;91:1646–1653.

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

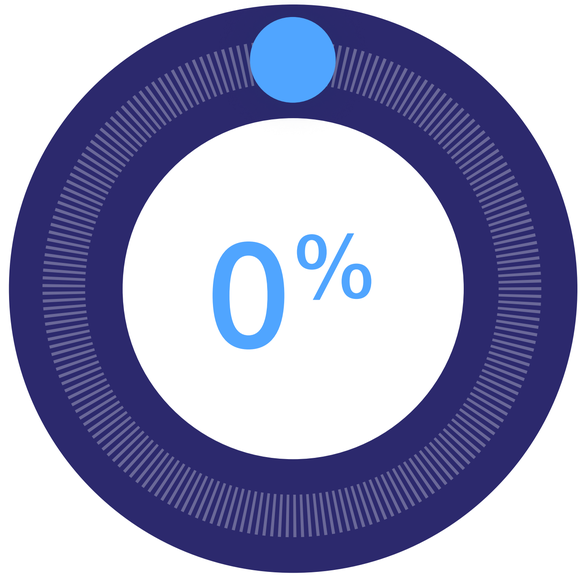
Track your progress: 2/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Efficacy | The Contraceptive Challenge

What is the percent effectiveness of NEXPLANON at preventing pregnancy in sexually active women aged 18–35, as reported in clinical trials?

Here's a tip!
Drag the blue dot clockwise around the dial to make your estimate.



Submit Answer

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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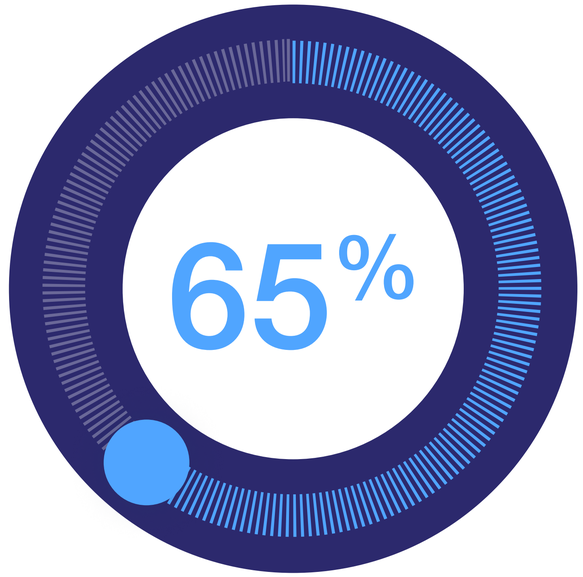
Track your progress: 2/8 completed

- LARC Usage ✓
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Efficacy | The Contraceptive Challenge

What is the percent effectiveness of NEXPLANON at preventing pregnancy in sexually active women aged 18–35, as reported in clinical trials?

Here's a tip!
Drag the blue dot clockwise around the dial to make your estimate.



Reset Drawing

Submit Answer

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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Radiopaque

Track your progress: 2/8 completed

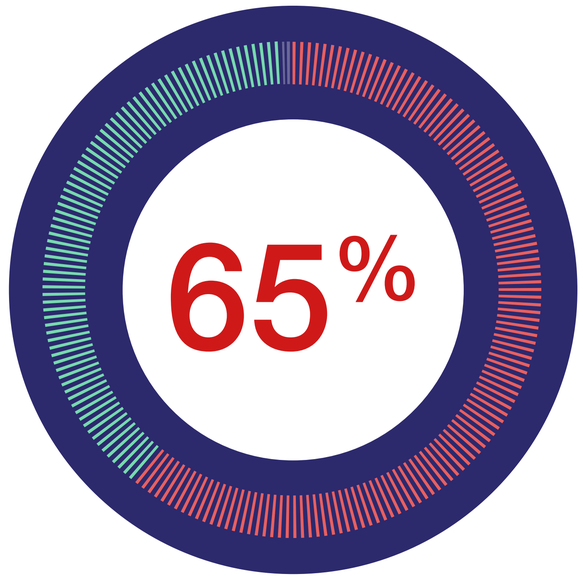
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- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Efficacy | The Contraceptive Challenge

What is the percent effectiveness of NEXPLANON at preventing pregnancy in sexually active women aged 18–35, as reported in clinical trials?

Your Answer
65%

Correct Answer
>99%*



Continue >

*Less than 1 pregnancy per 100 women who used NEXPLANON for 1 year.

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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Track your progress: 2/8 completed

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- NEXPLANON: Postpartum
- Role of HCPs

Efficacy | The Contraceptive Challenge

Study Design

Pregnancies were assessed in 11 integrated clinical trials of the non-radiopaque etonogestrel implant (IMPANON). Of the 946 women, 18 to 40 years of age, who were enrolled in the clinical studies, 923 made up the group for which efficacy was determined. In a subgroup of 833 women, 18 to 35 years of age at entry, 6 pregnancies during 20,648 cycles of use were reported.

1. Darney P, Patel A, Rosen K, Shapiro LS, Kaunitz AM. *Fertil Steril.* 2009;91:1646–1653.

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Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Bleeding Changes | The Contraceptive Challenge

In clinical trials, what proportion of women experienced frequent and/or prolonged bleeding, and what proportion experienced no bleeding and/or spotting?

Study Design

Bleeding changes were assessed in 11 integrated clinical trials of the non-radiopaque etonogestrel implant (IMPLANON).[1] Data on bleeding patterns were based on 3,315 recording periods of 90 days duration in 780 patients, excluding the first 90 days after implant insertion. A bleeding/spotting episode equals one or more consecutive days during which bleeding or spotting occurred. Click on the Prescribing Information link below for more information.

1. Data available on request from Professional Services-DAP (Marketing Operations), 30 Hudson Street, Jersey City, NJ 07302. Please specify information package US-XPL-117111.

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
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Radiopaque

Track your progress: 3/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Bleeding Changes | The Contraceptive Challenge

In clinical trials, what proportion of women experienced frequent and/or prolonged bleeding, and what proportion experienced no bleeding and/or spotting?

Here's a tip! Drag the sliders horizontally to make your estimates.

Frequent and/or prolonged bleeding

0 in 5

No bleeding and/or spotting

0 in 5

Submit Answer

Additional Information & Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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Track your progress: 3/8 completed

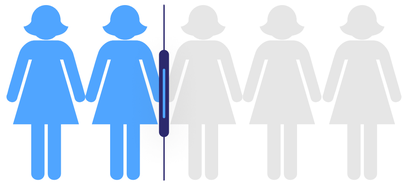
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- NEXPLANON: Postpartum
- Role of HCPs

Bleeding Changes | The Contraceptive Challenge

In clinical trials, what proportion of women experienced frequent and/or prolonged bleeding, and what proportion experienced no bleeding and/or spotting?

Here's a tip! Drag the sliders horizontally to make your estimates.

Frequent and/or prolonged bleeding



2 in 5

No bleeding and/or spotting



1 in 5

Reset Drawing | Submit Answer

Additional Information & Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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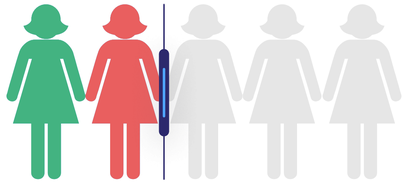
Track your progress: 3/8 completed

- LARC Usage ✓
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- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes
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- NEXPLANON: Postpartum
- Role of HCPs

Bleeding Changes | The Contraceptive Challenge

In clinical trials, what proportion of women experienced frequent and/or prolonged bleeding, and what proportion experienced no bleeding and/or spotting?

Frequent and/or prolonged bleeding



Your Answer	Correct Answer
2 in 5	~1 in 5

No bleeding and/or spotting



Your Answer	Correct Answer
1 in 5	~1 in 5

Continue >

Additional Information & Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Track your progress: 3/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
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- NEXPLANON: Removal
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- NEXPLANON: Postpartum
- Role of HCPs

Bleeding Changes | The Contraceptive Challenge

Additional Information

In clinical studies, 11.1% of women discontinued treatment because of changes in their bleeding pattern.*

*Data collected from clinical trials of the non-radiopaque etonogestrel implant.

Study Design

Bleeding changes were assessed in 11 integrated clinical trials of the non-radiopaque etonogestrel implant (IMPLANON).[1] Data on bleeding patterns were based on 3,315 recording periods of 90 days duration in 780 patients, excluding the first 90 days after implant insertion. A bleeding/spotting episode equals one or more consecutive days during which bleeding or spotting occurred. Click on the Prescribing Information link below for more information.

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Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Removal | The Contraceptive Challenge

In a post-marketing prospective active surveillance study, what percentage of removal procedures resulted in difficulties or complications?

Study Design

Data on the frequency of removal-related events were derived from the NEXPLANON Observational Risk Assessment Study. This postmarketing prospective active surveillance study conducted from December 2011 to October 2017 followed 7,364 women in the United States who were first-time users or repeat/consecutive users of any implant and were newly prescribed NEXPLANON. Of these patients, 4,373 had data regarding removal procedures available from health care professionals.[1]

1. Reed S, Minh TD, Lange JA, Koro C, Fox M, Heinemann K. *Contraception*. 2019;100:31–36.

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Track your progress: 4/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Removal | The Contraceptive Challenge

In a post-marketing prospective active surveillance study, what percentage of removal procedures resulted in difficulties or complications?

Here's a tip! Drag the slider horizontally to make your estimate.



Submit Answer

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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(etonogestrel implant) 68mg
Radiopaque

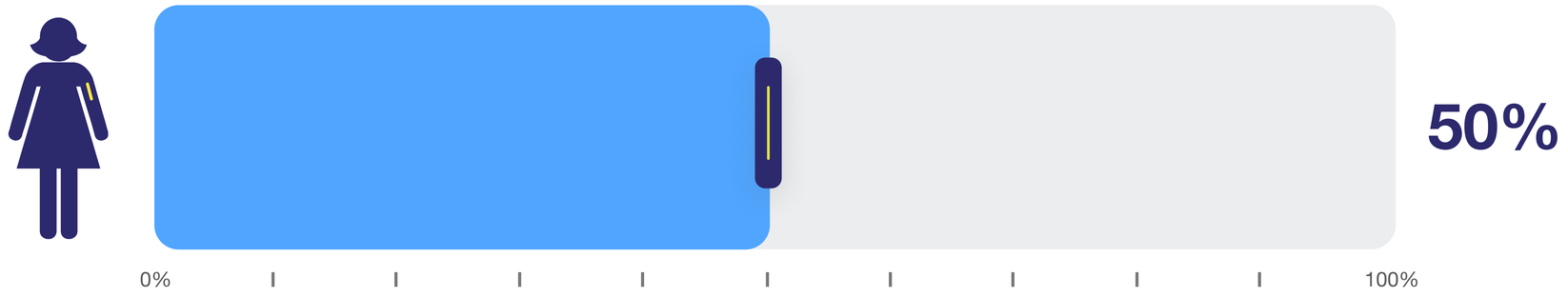
Track your progress: 4/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Removal | The Contraceptive Challenge

In a post-marketing prospective active surveillance study, what percentage of removal procedures resulted in difficulties or complications?

Here's a tip! Drag the slider horizontally to make your estimate.



Reset Drawing | Submit Answer

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

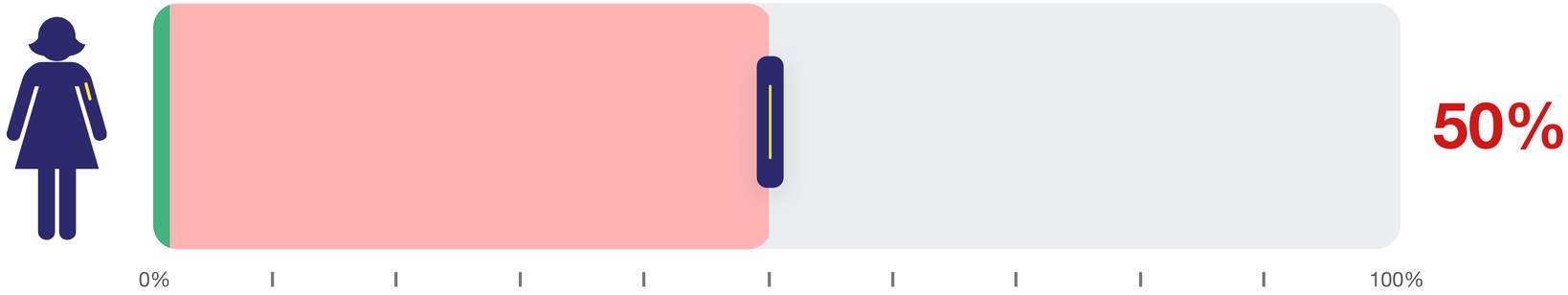
Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Track your progress: 4/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Removal | The Contraceptive Challenge

In a post-marketing prospective active surveillance study, what percentage of removal procedures resulted in difficulties or complications?



Your Answer
50%

Correct Answer
1.5%

Continue >

Study Design +

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Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal
- Pregnancy after NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

Removal | The Contraceptive Challenge

Study Design

Data on the frequency of removal-related events were derived from the NEXPLANON Observational Risk Assessment Study. This postmarketing prospective active surveillance study conducted from December 2011 to October 2017 followed 7,364 women in the United States who were first-time users or repeat/consecutive users of any implant and were newly prescribed NEXPLANON. Of these patients, 4,373 had data regarding removal procedures available from health care professionals.[1]

1. Reed S, Minh TD, Lange JA, Koro C, Fox M, Heinemann K. *Contraception*. 2019;100:31–36.

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

In clinical trials, how early were pregnancies observed to occur after removal of the implant?

Study Design

Pregnancies were assessed in 11 integrated clinical trials of the non-radiopaque etonogestrel implant (IMPANON). Of the 946 women, 18 to 40 years of age, who were enrolled in the clinical studies, 923 made up the group for which efficacy was determined. In a subgroup of 833 women, 18 to 35 years of age at entry, 6 pregnancies during 20,648 cycles of use were reported.

In clinical trials, the etonogestrel levels in blood decreased below sensitivity of the assay by one week after removal of the implant. In addition, pregnancies were observed to occur as early as 7 to 14 days after removal. Therefore, a woman should re-start contraception immediately after removal of the implant if continued contraceptive protection is desired.

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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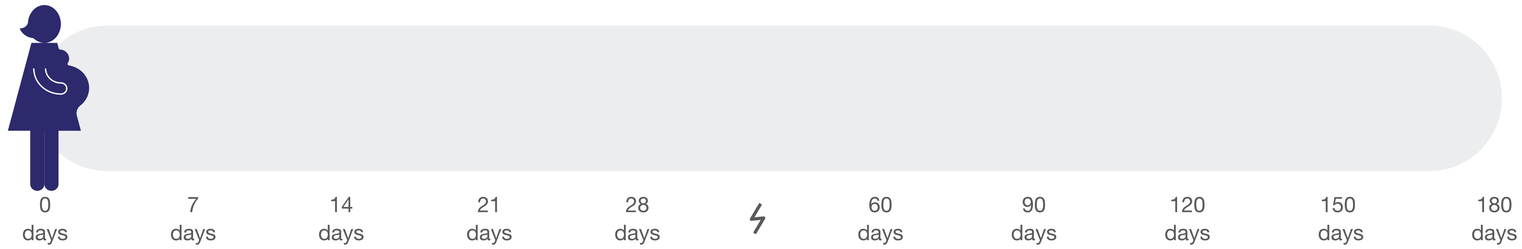
Track your progress: 5/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ○
- NEXPLANON: Postpartum ○
- Role of HCPs ○

Pregnancy | The Contraceptive Challenge

In clinical trials, how early were pregnancies observed to occur after removal of the implant?

Here's a tip! Drag the icon to make your estimate.



Submit Answer

Study Design +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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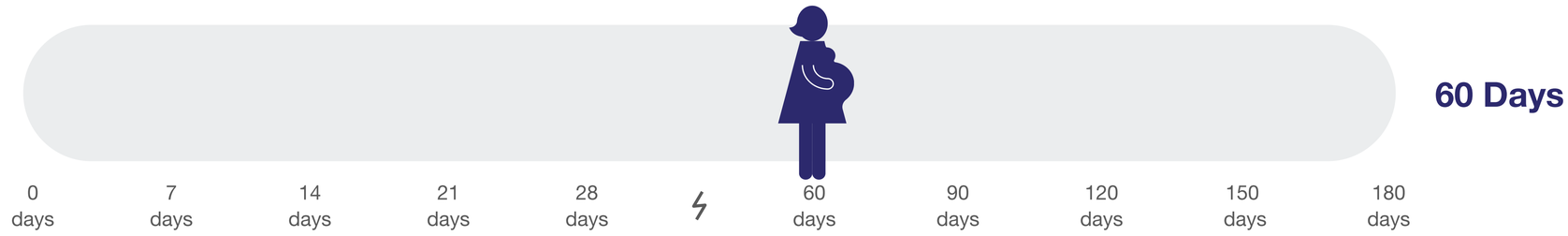
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- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ○
- NEXPLANON: Postpartum ○
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Pregnancy | The Contraceptive Challenge

In clinical trials, how early were pregnancies observed to occur after removal of the implant?

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Reset Drawing | Submit Answer

Study Design +

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Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

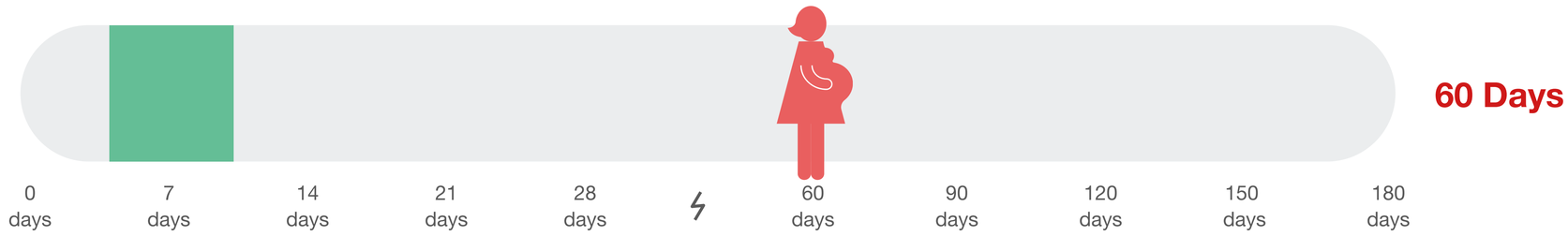
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- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ○
- NEXPLANON: Postpartum ○
- Role of HCPs ○

Pregnancy | The Contraceptive Challenge

In clinical trials, how early were pregnancies observed to occur after removal of the implant?



Your Answer
60 Days

Correct Answer
7–14 Days

Continue >

Study Design +

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Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ○
- NEXPLANON: Postpartum ○
- Role of HCPs ○

Pregnancy | The Contraceptive Challenge

Study Design

Pregnancies were assessed in 11 integrated clinical trials of the non-radiopaque etonogestrel implant (IMPANON). Of the 946 women, 18 to 40 years of age, who were enrolled in the clinical studies, 923 made up the group for which efficacy was determined. In a subgroup of 833 women, 18 to 35 years of age at entry, 6 pregnancies during 20,648 cycles of use were reported.

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Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

When can NEXPLANON be inserted postpartum?

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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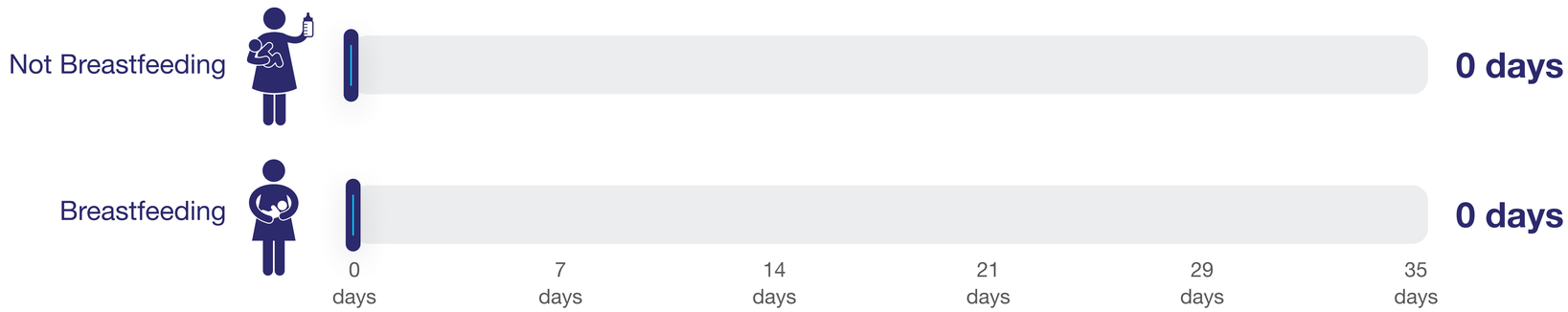
Track your progress: 6/8 completed

- LARC Usage ✓
- NEXPLANON: Mechanism of Action ✓
- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ✓
- NEXPLANON: Postpartum ○
- Role of HCPs ○

Postpartum | The Contraceptive Challenge

When can NEXPLANON be inserted postpartum?

Here's a tip! Drag the sliders horizontally to make your estimates.



Submit Answer

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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(etonogestrel implant) 68mg
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Track your progress: 6/8 completed

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- Pregnancy after NEXPLANON ✓
- NEXPLANON: Postpartum ○
- Role of HCPs ○

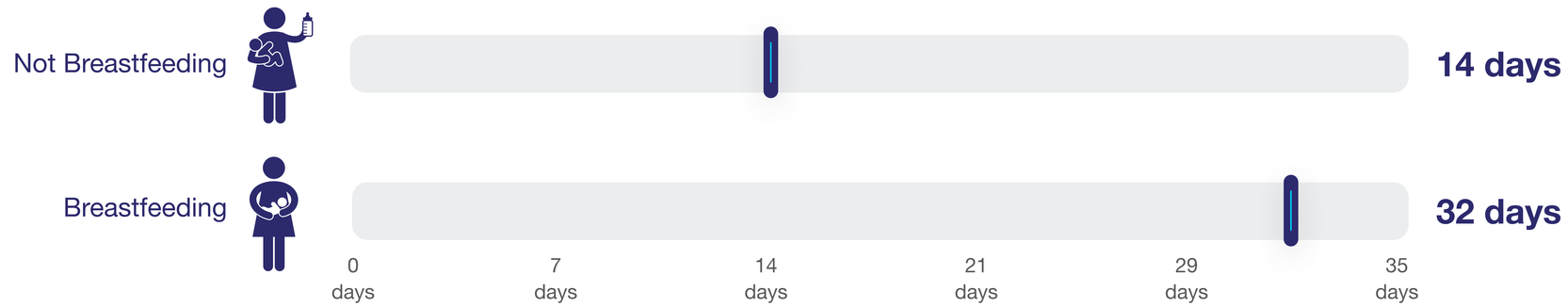
HCP = health care professional; LARC = long-acting reversible contraception.

Postpartum | The Contraceptive Challenge

When can NEXPLANON be inserted postpartum?

Here's a tip! Drag the sliders horizontally to make your estimates.





Reset Drawing | Submit Answer

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

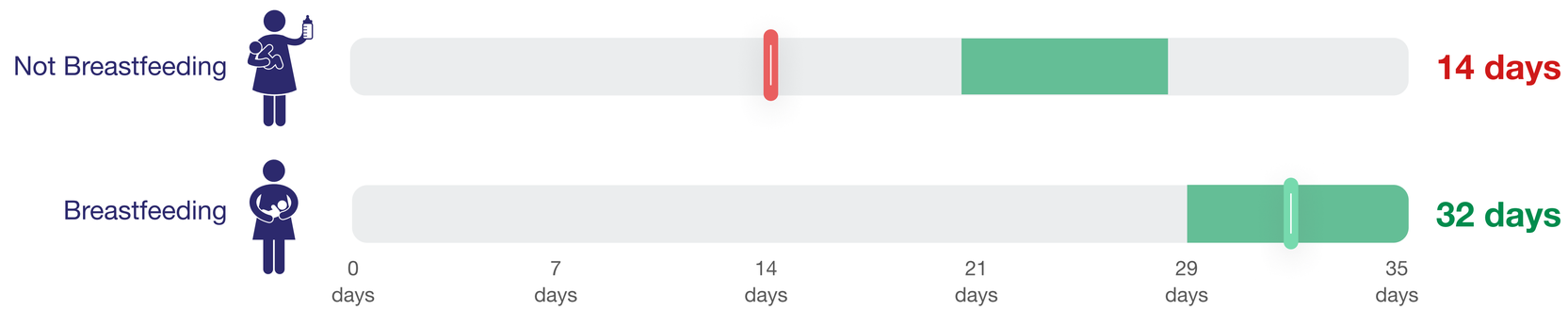
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- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ✓
- NEXPLANON: Postpartum ○
- Role of HCPs ○

Postpartum | The Contraceptive Challenge

When can NEXPLANON be inserted postpartum?



Not Breastfeeding

Your Answer: **14 Days**

Correct Answer: **21–28 Days**

Breastfeeding

Your Answer: **32 Days**

Correct Answer: **After 28 Days**

Continue >

Additional Information +

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

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CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
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Track your progress: 6/8 completed

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- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ✓
- NEXPLANON: Postpartum
- Role of HCPs

Postpartum | The Contraceptive Challenge

Additional Information

Postpartum
Not Breastfeeding
NEXPLANON should be inserted between 21 to 28 days postpartum. If inserted as recommended, back-up contraception is not necessary. If deviating from the recommended timing of insertion, the woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

Breastfeeding
NEXPLANON should not be inserted until after the fourth postpartum week. The woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

Thrombotic and Other Vascular Events
Due to the risk of thromboembolism associated with pregnancy and immediately following delivery, NEXPLANON should not be used prior to 21 days postpartum. Women with a history of thromboembolic disorders should be made aware of the possibility of a recurrence. Click on the Prescribing Information link below for more information.

HCP = health care professional; LARC = long-acting reversible contraception.

Indication and Selected Safety Information ⊕ Read More

Indication

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Selected Safety Information

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

In a 2017–2018 survey that assessed patient preferences for sources of contraceptive information, what percentage of the 270 women surveyed said that a clinician is their preferred source of contraceptive information?

Study Design

This survey-based study explored women's preferences for contraceptive education and the role of the clinician in delivering this education. A total of 270 women aged 16–29 presenting for scheduled appointments from October 2017 to July 2018 across 3 US health centers were surveyed.[1]

1. Zeal C, Paul R, Dorsey M, Politi MC, Madden T. *Contraception*. 2021;104:553–555.

Answer Question >

Indication and Selected Safety Information ⊕ Read More

Indication

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

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Track your progress: 7/8 completed

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- NEXPLANON: Bleeding Changes ✓
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- Pregnancy after NEXPLANON ✓
- NEXPLANON: Postpartum ✓
- Role of HCPs ○

Role of HCPs | The Contraceptive Challenge

In a 2017–2018 survey that assessed patient preferences for sources of contraceptive information, what percentage of the 270 women surveyed said that a clinician is their preferred source of contraceptive information?

Here's a tip!
Drag the slider to make your estimate.



0%

Submit Answer

Study Design +

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Indication and Selected Safety Information ⊕ Read More

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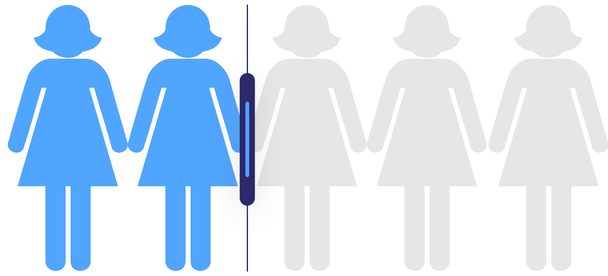
WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Role of HCPs | The Contraceptive Challenge

In a 2017–2018 survey that assessed patient preferences for sources of contraceptive information, what percentage of the 270 women surveyed said that a clinician is their preferred source of contraceptive information?

Here's a tip!
Drag the slider to make your estimate.



40%

Reset Drawing | Submit Answer

Study Design +

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Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

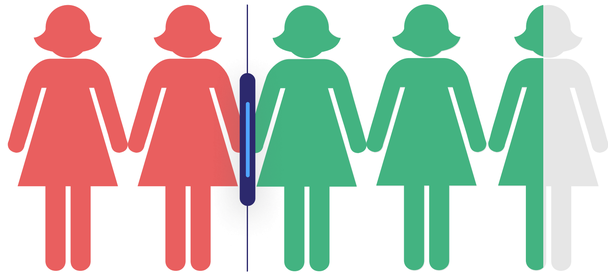
Nexplanon®
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Track your progress: 7/8 completed

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- NEXPLANON: Efficacy ✓
- NEXPLANON: Bleeding Changes ✓
- NEXPLANON: Removal ✓
- Pregnancy after NEXPLANON ✓
- NEXPLANON: Postpartum ✓
- Role of HCPs ○

Role of HCPs | The Contraceptive Challenge

In a 2017–2018 survey that assessed patient preferences for sources of contraceptive information, what percentage of the 270 women surveyed said that a clinician is their preferred source of contraceptive information?



40%

Your Answer	Correct Answer
40%	87%

End Session >

Study Design +

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Indication and Selected Safety Information ⊕ Read More

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Role of HCPs | The Contraceptive Challenge

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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

The Contraceptive Challenge

Test Your Knowledge

End Session

You are about to end your session. Continue?

End session

Continue challenge >

Indication and Selected Safety Information

Read More

Indication

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CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

Prescribing Information Patient Product Information End Session

Nexplanon®
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Your Score

6 out of 8

- LARC Usage
- NEXPLANON: Mechanism of Action
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy After NEXPLANON
- NEXPLANON: Postpartum
- Role of HCPs

End session | Try again >

HCP = health care professional; LARC = long-acting reversible contraception.

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Indication and Selected Safety Information ⊕ Read More

Indication

- NEXPLANON is indicated for use by women to prevent pregnancy.

Selected Safety Information

CONTRAINDICATIONS

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors, benign or malignant, or active liver disease; undiagnosed abnormal genital bleeding; known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in the past; and/or allergic reaction to any of the components of NEXPLANON.

WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Your Score

3 out of 4

- LARC Usage
- NEXPLANON: Mechanism of Action
- NEXPLANON: Efficacy
- NEXPLANON: Bleeding Changes
- NEXPLANON: Removal
- Pregnancy After NEXPLANON
- NEXPLANON: Postpartum
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WARNINGS AND PRECAUTIONS

Complications of Insertion and Removal

- NEXPLANON should be inserted subdermally so that it will be palpable after insertion, and this should be confirmed by palpation immediately after insertion. Failure to insert NEXPLANON properly may go unnoticed unless it is palpated immediately after insertion. Undetected failure to insert the implant may lead to an unintended pregnancy. Failure to remove the implant may result in continued effects of etonogestrel, such as compromised fertility, ectopic pregnancy, or persistence or occurrence of a drug-related adverse event.
- Complications related to insertion and removal procedures may occur, e.g. pain, paresthesia, bleeding, hematoma, scarring, or infection. If NEXPLANON is inserted deeply (intramuscular or intrafascial), neural or vascular injury may occur.
- Postmarketing reports of implants located within the vessels of the arm and the pulmonary artery may have been related to deep insertions or intravascular insertions. Endovascular or surgical procedures may be needed for removal.
- Implant removal may be difficult or impossible if the implant is not inserted correctly, inserted too deeply, not palpable, encased in fibrous tissue, or has migrated. If at any time the implant cannot be palpated, it should be localized and removal is recommended. When an implant is removed, it is important to remove it in its entirety. Failure to remove the implant may result in continued effects of etonogestrel, such as compromised fertility, ectopic pregnancy, or persistence or occurrence of a drug-related adverse event.

Broken or Bent Implants

- Cases of breakage or bending of implants while inserted within a patient's arm have been reported. Cases of migration of a broken implant fragment within the arm have also occurred. These cases may be related to external forces, e.g., manipulation of the implant or contact sports. The release rate of etonogestrel may be slightly increased in a broken or bent implant, based on in vitro data.

Changes in Menstrual Bleeding Patterns

- After starting NEXPLANON, women are likely to have changes in their menstrual bleeding pattern. These may include changes in frequency, intensity, or duration. Abnormal bleeding should be evaluated as needed to exclude pathologic conditions or pregnancy. In clinical studies of the non-radiopaque etonogestrel implant, reports of changes in bleeding pattern were the most common reason for stopping treatment (11.1%). Women should be counseled regarding bleeding pattern changes that they may experience.

Ectopic Pregnancies

- Be alert to the possibility of an ectopic pregnancy in women using NEXPLANON who become pregnant or complain of lower abdominal pain.

Thrombotic and Other Vascular Events

- The use of combination hormonal contraceptives increases the risk of vascular events, including arterial events (strokes and myocardial infarctions) or deep venous thrombotic events (venous thromboembolism, deep venous thrombosis, retinal vein thrombosis, and pulmonary embolism). It is recommended that women with risk factors known to increase the risk of venous and arterial thromboembolism be carefully assessed. There have been postmarketing reports of serious arterial thrombotic and venous thromboembolic events, including cases of pulmonary emboli (some fatal), deep vein thrombosis, myocardial infarction, and strokes, in women using etonogestrel implants. NEXPLANON should be removed in the event of a thrombosis. Due to the risk of thromboembolism associated with pregnancy and immediately following delivery, NEXPLANON should not be used prior to 21 days postpartum. Women with a history of thromboembolic disorders should be made aware of the possibility of a recurrence. Consider removal of the NEXPLANON implant in case of long-term immobilization due to surgery or illness.

Ovarian Cysts

- If follicular development occurs, atresia of the follicle is sometimes delayed, and the follicle may continue to grow beyond the size it would attain in a normal cycle. Generally, these enlarged follicles disappear spontaneously. Rarely, surgery may be required.

Carcinoma of the Breast and Reproductive Organs

- Some studies suggest that the use of combination hormonal contraceptives might increase the incidence of breast cancer, and increase the risk of cervical cancer or intraepithelial neoplasia. Women with a family history of breast cancer or who develop breast nodules should be carefully monitored.

Liver Disease

- NEXPLANON should be removed if jaundice occurs.

Elevated Blood Pressure

- The NEXPLANON implant should be removed if blood pressure rises significantly and becomes uncontrolled.

Gallbladder Disease

- Studies suggest a small increased relative risk of developing gallbladder disease among combination hormonal contraceptive users. It is not known whether a similar risk exists with progestin-only methods like NEXPLANON.

Carbohydrate and Lipid Metabolic Effects

- Prediabetic and diabetic women using NEXPLANON should be carefully monitored.

Depressed Mood

- Women with a history of depressed mood should be carefully observed. Consideration should be given to removing NEXPLANON in patients who become significantly depressed.

Return to Ovulation

- In clinical trials with the non-radiopaque etonogestrel implant (IMPLANON), the etonogestrel levels in blood decreased below sensitivity of the assay by one week after removal of the implant. In addition, pregnancies were observed to occur as early as 7 to 14 days after removal. Therefore, a woman should re-start contraception immediately after removal of the implant if continued contraceptive protection is desired.

Fluid Retention

- Hormonal contraceptives may cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring, in patients with conditions which might be aggravated by fluid retention. It is unknown if NEXPLANON causes fluid retention.

Contact Lenses

- Contact lens wearers who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist.

ADVERSE REACTIONS

Clinical Trial Experience

- The most common adverse reaction causing discontinuation of use of the implant in clinical trials was change in menstrual bleeding patterns (11.1%). The most common adverse reactions (≥10%) reported in clinical trials were headache (24.9%), vaginitis (14.5%), weight increase (13.7%), acne (13.5%), breast pain (12.8%), abdominal pain (10.9%), and pharyngitis (10.5%).

DRUG INTERACTIONS

Effects of Other Drugs on Hormonal Contraceptives

Substances decreasing the plasma concentrations of hormonal contraceptives and potentially diminishing the efficacy of hormonal contraceptives:

- Drugs or herbal products that induce certain enzymes, including cytochrome P450 3A4 (CYP3A4), may decrease the plasma concentrations of hormonal contraceptives and potentially diminish the effectiveness of hormonal contraceptives or increase breakthrough bleeding. Women should use an alternative non-hormonal method of contraception or a back-up method when enzyme inducers are used with hormonal contraceptives, and to continue back-up non-hormonal contraception for 28 days after discontinuing the enzyme inducer to ensure contraceptive reliability.

Substances increasing the plasma concentrations of hormonal contraceptives:

- Co-administration of certain hormonal contraceptives and strong or moderate CYP3A4 inhibitors may increase the serum concentrations of progestins, including etonogestrel.

Human Immunodeficiency Virus (HIV)/Hepatitis C Virus (HCV) protease inhibitors and non-nucleoside reverse transcriptase inhibitors:

- Significant changes (increase or decrease) in the plasma concentrations of progestin have been noted in cases of co-administration with HIV protease inhibitors, HCV protease inhibitors, or with non-nucleoside reverse transcriptase inhibitors. These changes may be clinically relevant.

Effects of Hormonal Contraceptives on Other Drugs

- Hormonal contraceptives may affect the metabolism of other drugs. Consequently, plasma concentrations may either increase (for example, cyclosporine) or decrease (for example, lamotrigine).

USE IN SPECIFIC POPULATIONS

Pregnancy

- **Rule out pregnancy before inserting NEXPLANON.**

Lactation

- Small amounts of contraceptive steroids and/or metabolites, including etonogestrel are present in human milk. No significant adverse effects have been observed in the production or quality of breast milk, or on the physical and psychomotor development of breastfed infants.
- Hormonal contraceptives, including etonogestrel, can reduce milk production in breastfeeding mothers. This is less likely to occur once breastfeeding is well-established; however, it can occur at any time in some women.

Pediatric Use

- Safety and efficacy of NEXPLANON have been established in women of reproductive age and are expected to be the same for postpubertal adolescents. However, no studies have been conducted in women less than 18 years of age. Use of this product before menarche is not indicated.

Overweight Women

- The efficacy of NEXPLANON in women who weighed more than 130% of their ideal body weight has not been defined because such women were not studied in clinical trials. Serum concentrations of etonogestrel are inversely related to body weight and decrease with time after implant insertion. Therefore, NEXPLANON may be less effective in overweight women.

PATIENT COUNSELING INFORMATION

- Counsel women to contact their health care professional immediately if, at any time, they are unable to palpate the implant.
- NEXPLANON does not protect against HIV or other STDs.

Before prescribing NEXPLANON, please read the accompanying Prescribing Information. The Patient Information also is available.

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