Pharmacy Consultation Checklist

Lovima
75 microgram film coated-tablets

- Use of this checklist is optional.
- This consultation checklist is provided to act as a reminder for pharmacists.
- It covers the key considerations when determining suitability of Lovima 75 microgram film-coated tablets for women who request them and advice to provide when supply is made.
- There are many contraception options available, including both hormonal and non-hormonal contraceptives. Lovima is not suitable for everybody. Make women aware of the options available to them and refer them to a GP or family planning clinic if they are interested in LARC, IUD or an implant.
- For women who are already receiving Lovima and request a resupply, you may want to also consider referring to this guide during follow-up consultation.
- Women should be encouraged to inform their GP or healthcare professional that they have started taking Lovima.

1. Who is Lovima® for?

Lovima 75 microgram film-coated tablets are a type of progestogen-only pill (POP) containing desogestrel indicated for oral contraception for women of childbearing age.

Check if she is on any other form of contraception. Consider whether she can switch to Lovima or continue with her current method.

If the answer is 'Yes' to any of the following, Lovima should NOT be supplied and she should be referred to her doctor:

- Could the women be pregnant? (See Excluding Pregnancy)
- Does she / could she have a thrombosis (blood clot)?
- Does she have diabetes?
- Does she have, or have a history of liver disease or liver cancer?
- Does she have a history of, or suspect she has an active sex-steroid sensitive cancer (e.g. breast, uterine or ovarian cancer)?
- Does she have any unexplained vaginal bleeding?
- Is she allergic to peanuts or soya?
- Does she have an intolerance to certain sugars such as lactose?
- Does she have any other allergies? (Check ingredients of Lovima for any allergies).

Lovima is not contraindicated in women with a history of thrombosis however they may wish to discuss alternative contraception with their doctor. If there is doubt regarding diagnosis or whether Lovima is appropriate, it should not be supplied, and the woman referred to their doctor. See the SmPC for more detail. Lovima may be used by women who are breastfeeding. See the SmPC for more detail.

2. Checking concomitant medications

Check ALL medication the woman is taking, this can be regular medication or any other medication including OTC, GSL or herbal medicines. If women are taking hepatic enzyme-inducing agents, **the effectiveness of Lovima® may be reduced.**
Some examples include (this is not an exhaustive list):

- **Anticonvulsants** e.g. for epilepsy, such as hydantoins (e.g. phenytoin), barbiturates (e.g. phenobarbital), primidone, carbamazepine, oxcarbazepine, felbamate or topiramate.
- **Antibiotics and antivirals** e.g. for tuberculosis, HIV infection, hepatitis C infection, or other infectious diseases, such as rifampicin, rifabutin, ritonavir, nelfinavir, nevirapine, boceprevir, telaprevir, efavirenz or griseofulvin.
- **Endothelin receptor antagonists** e.g. for pulmonary arterial hypertension, such as bosentan.
- **St John's wort / hypericum perforatum** e.g. for depressive mood.

Women taking any of the above medications should **NOT be supplied Lovima tablets and should be referred to their doctor. Other concomitant medications can affect Lovima and Lovima can affect other medicines.** If **clinically relevant** interactions are identified, the woman should be referred to her doctor for advice on whether she can take Lovima. See advice overleaf regarding taking Lovima after EHC.

3. Excluding pregnancy

Pregnancy can be ruled out with reasonable certainty if one or more of the following criteria are met and there are no symptoms or signs of pregnancy:

- She has not had sexual intercourse since her last period, or since childbirth, abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease.
- She has used a reliable alternative method of contraception correctly and consistently (note that barrier methods are considered reliable, providing that they have been used consistently and correctly for every episode of intercourse).
- She is within the first 5 days of the start of a normal (natural) menstrual period.
- She is less than 21 days after giving birth (non-breastfeeding women).
- She is fully breastfeeding, not having periods and less than 6 months after giving birth.
- She is within the first 5 days after abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease.
- She has had a high-sensitivity urine pregnancy test (able to detect human chorionic gonadotrophin [hCG] levels around 20 mIU/ml) performed at least 3 weeks after the last episode of unprotected sexual intercourse, and it was negative.

Checkpoint: Suitability, concomitant medicines and pregnancy exclusions checked?

Further advice and consultation tips

4. How to take Lovima®

Take one tablet at the same time every day.

5. How to start Lovima® after taking emergency hormonal contraception (EHC)

Lovima can reduce the effectiveness of some EHC tablets. Use the below information to advise patients how to start taking Lovima after taking EHC. Further "How to start" information is available in the patient information leaflet.

Has taken levonorgestrel:
- Start or continue taking Lovima immediately.
- Use additional barrier contraception (condom) for 7 days.

Has taken ulipristal:
- Start taking Lovima no sooner than 5 days after taking ulipristal. This is because Lovima can stop ulipristal working.
- Use additional barrier contraception (condom) for 5 days after taking ulipristal and then 7 days after starting Lovima. That is 12 days in total.

Checkpoint: Advice on how to start Lovima® provided?

6. Providing advice on potential side effects

Inform women that like all medicines Lovima may cause side effects.

Advise women that taking Lovima may impact her bleeding patterns. If she is worried about changes or if bleeding becomes very frequent, irregular or heavy, she should consult her doctor.

Rash, hives, painful blue-red skin lumps.

Advise women that if signs or symptoms of the following conditions occur while taking Lovima, they should seek immediate medical attention:

• Thrombosis **• Liver problems** **• Ectopic pregnancy**

Remind women that the signs and symptoms of the above conditions can be found in the patient information leaflet (PIL).

Checkpoint: Patient advised?

7. Reminders for follow-up visits

When a woman returns for a repeat supply of Lovima, check that she is still suitable for Lovima and has not experienced any changes in her health that require medical attention or referral. Ask her:

1. Have there been any changes to any regular medication including herbal medicines?
2. Has she experienced any changes in her health?
3. Has she experienced any changes in her periods / bleeding patterns that worry her?

Checkpoint: Follow-up consultation conducted before resupply?

8. Supplying Lovima®

Each blister of 28 tablets provides 1 month supply of Lovima.
First supply of Lovima: up to **3 months'** supply of Lovima could be provided.
Repeat supply of Lovima: up to **12 months'** supply could be provided.
Women under the age of 18 should be limited to **3 months'** supply.

Checkpoint: Appropriate quantity supplied?