

## Contraception

CHI Formulary Treatment algorithm

Treatment algorithm-November 2023

Supporting treatment algorithms for the clinical management of Contraception

Figure 1 outlines a comprehensive treatment algorithm on **the management of contraception**, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI **Contraception** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at <a href="https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx">https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx</a>

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.

## **Contraception counselling** Assess medical eligibility for CHC USMEC 1 or single USMEC 2 1<sup>ST</sup> Line Route: oral Preparation: Monophasic Standard Strength **OR** Monophasic low Strength if CVD risk **Explain** Directions for use •Benefits & Risks Side effects & cautions Missed pill rule, compliance Sick day rule •Red flags 2<sup>nd</sup> line •Estrogen excess: Monophasic low Strength Preparations or Monophasic Low Strength Preparations with 3<sup>rd</sup> generation progestogens \*Progesterone excess: Monophasic Standard Strength with 3rd generation progesterone ·Acne/hirsutism: COC with progestogen that has minimal androgenic effect; desogestrel, gestodene, or norgestimate •Poor cycle control: higher estrogen strength, change progesterone Follow up 3 months then annually Medical eligibility Satisfaction & adherence Drug interactions •Consideration of alternative contraception

Figure 1: Management of contraception

•Blood pressure

<sup>&</sup>lt;sup>1</sup> Saudi Society of Family and Community Medicine Contraception Clinical Practice Guidelines.