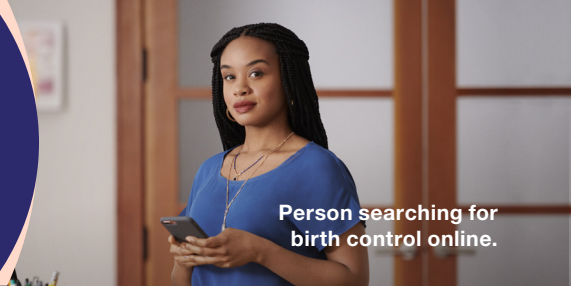
Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Considerations for Discussing NEXPLANON Via Telemedicine


Person searching for birth control online.

You may find that virtual contraceptive counseling discussions are different from your in-person visits. The various techniques you and your staff already use to discuss NEXPLANON and other birth control options during in-person visits can be translated to the virtual setting. Below are some possible approaches you may want to consider.

DURING IN-PERSON VISITS	DURING VIRTUAL VISITS
1. **If you** typically show examples of NEXPLANON and other LARCs to help your patients get a sense of product size, shape, and flexibility	**Consider** keeping a placebo rod of NEXPLANON and other LARC samples on hand. Desktop models of NEXPLANON may be available from your sales representative or by calling the Organon National Service Center at (844) 674-3200.
2. **If you** find it useful to show patients where NEXPLANON is inserted in the arm so they can visualize how it might look and feel	**Consider** demonstrating the location of placement on your own arm using the placebo rod of NEXPLANON.
3. **If you** appreciate finding new ways to have candid and thorough discussions with your patients about their contraceptive options	**Consider** some of the specific ways that telemedicine can help you achieve this. The virtual setting may be more comfortable for some patients, and online resources like the "Which Birth Control May Be Right for You" questionnaire can help support your discussions with patients about their contraceptive options.
4. **If you** ever refer patients to websites and online resources to help them understand certain contraceptive methods	**Consider** keeping the links to those websites on hand and reviewing them with your patients in real time.
5. **If you** typically recommend or perform same-day LARC insertions to promote follow-through	**Consider** sharing your recommendation and encouraging patients to schedule an insertion appointment as soon as possible.

If your patient chooses NEXPLANON or another LARC, you may also want to walk them through any relevant protocols that your practice has in place for the in-person insertion.

For more resources to help you meet the contraceptive counseling needs of your patients through telemedicine, click here.

LARC = long-acting reversible contraception.

NEXPLANON is indicated for use by women to prevent pregnancy.

SELECTED SAFETY INFORMATION

Who is not appropriate for NEXPLANON

- NEXPLANON should not be used in women who have known or suspected pregnancy; current or past history of thrombosis or thromboembolic disorders; liver tumors 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; or allergy to any component of NEXPLANON.

Selected Safety Information continued on next page.

Click here to see full Prescribing Information for NEXPLANON.

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(etonogestrel implant) 68mg
Radiopaque

Up to 3 years of pregnancy prevention*

>99% effective†

Reversible contraception if her plans change

*NEXPLANON must be removed by the end of the third year and may be replaced by another NEXPLANON at the time of removal, if continued contraceptive protection is desired.

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

NEXPLANON is indicated for use by women to prevent pregnancy.

SELECTED SAFETY INFORMATION *(continued)*

WARNINGS and PRECAUTIONS

Complications of insertion and removal

- Palpate immediately after insertion to ensure proper placement. Undetected failure to insert the implant may lead to unintended pregnancy.
- Insertion and removal-related complications may include pain, paresthesias, bleeding, hematoma, scarring, or infection. If NEXPLANON is inserted too deeply (intramuscular or in the fascia), neural or vascular injury may occur. 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 removed.
- There have been postmarketing reports of implants located within the vessels of the arm and the pulmonary artery; in these cases, endovascular or surgical procedures may be needed for removal.
- 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.

NEXPLANON and pregnancy

- Should pregnancy or lower abdominal pain occur while using NEXPLANON, be alert to the possibility of an ectopic pregnancy.
- **Rule out pregnancy before inserting NEXPLANON.**

Educate her about the risk of serious vascular events

- 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. Assess women with known risk factors. NEXPLANON should be removed if thrombosis occurs.
- NEXPLANON should not be used prior to 21 days postpartum due to risk of thromboembolism.
- Women with a history of thromboembolic disorders should be made aware of the possibility of a recurrence.
- In case of long-term immobilization, consider removing NEXPLANON.

Counsel her about changes in bleeding patterns

- Women are likely to have changes in their menstrual bleeding pattern with NEXPLANON, including changes in frequency, intensity, or duration. Evaluate abnormal bleeding as needed to exclude pathologic conditions or pregnancy. In clinical studies of the non-radiopaque etonogestrel implant, the most common reason for discontinuation was changes in bleeding patterns (11.1%).

Be aware of other serious complications, adverse reactions, and drug interactions

- Remove NEXPLANON if jaundice occurs or blood pressure rises significantly and becomes uncontrolled.
- Monitor prediabetic and diabetic women using NEXPLANON.
- Observe women with a history of depressed mood. Consider removing NEXPLANON in patients who become significantly depressed.
- 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%).
- Drugs or herbal products that induce enzymes, including CYP3A4, may decrease the effectiveness of NEXPLANON or increase breakthrough bleeding.
- The efficacy of NEXPLANON in women weighing more than 130% of their ideal body weight has not been studied. Serum concentrations of etonogestrel are inversely related to body weight and decrease with time after implant insertion. NEXPLANON may be less effective in overweight women.
- NEXPLANON does not protect against HIV or other STDs.

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

ORGANON