

# Chapter 7: Family Planning



NATIONAL DEPARTMENT OF HEALTH

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AFFORDABLE MEDICINES DIRECTORATE  
ESSENTIAL DRUGS PROGRAMME

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PRIMARY HEALTHCARE STANDARD TREATMENT  
GUIDELINES AND ESSENTIAL MEDICINES LIST  
2020-4 REVIEW CYCLE



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## EVIDENCE

Please access the National Essential Medicines List Committee (NEMLC) report for detailed evidence (including rationale, references and costings) informing decision-making on medicine addition, amendments and deletions:

NHI webpage: <https://www.health.gov.za/nhi-edp-stgs-eml/>

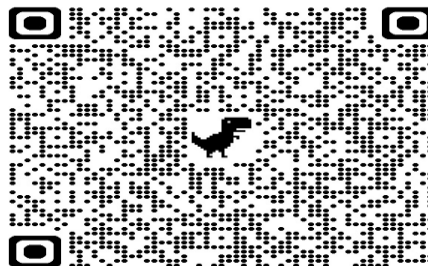
## DISCLAIMER

This slide set is an implementation tool and should be used alongside the most recently published STG available on the EML Clinical Guide Application. This information does not supersede or replace the STG itself.



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# Medicine Amendments



## DESCRIPTION

### 7.2.1 Subdermal Implant

Medicine/ Management	Decision
Subdermal Implant	Timing of insertion amended

#### Rationale:

The timing of insertion of the subdermal implant has been revised. The implant should be inserted between Day 1 (first day of menstrual bleeding) and Day 5 of the menstrual cycle <sup>1</sup> with the contraceptive effect being achieved within 24 hours of placement.

<sup>1</sup> Organon SA. Implanon NXT® 68 mg Implant ®. Package insert.2019



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# Medicine Amendments



## DESCRIPTION

### 7.2.3 Injectable

#### Medicine/ Management

#### Decision

**Depot Medroxyprogesterone (long-acting), SC**

Added outside of therapeutic class

#### CHANGE:

DMPA-SC added as an alternative choice of contraception method outside of the progestin-only injectable therapeutic class

#### Rationale:

This marks a change of recommendation of DMPA-SC to EML item as an alternative choice of contraception method outside of the progestin-only injectable therapeutic class. This change is based on available evidence of efficacy and safety, in line with the approval of DMPA-SC by the South African Health Products Authority (SAHPRA) for self-administration, along with updated evidence of feasibility, acceptability and affordability.



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# Medicine Amendments



## DESCRIPTION

### 7.2.3 Injectable

#### Medicine/ Management

#### Decision

**Late injections**

**Guidance amended**

#### **CHANGE:**

The next injection can be as much as 4 weeks late if using the medroxyprogesterone acetate DMPA (long-acting), or 2 weeks late if using norethisterone enanthate (NET-EN).



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# Medicine Amendments



## DESCRIPTION

### 7.2.3 Injectable

Medicine/ Management	Decision
<b>Risk of meningiomas with long term use of DMPA</b>	Caution box added

## CHANGE:

The risk of meningiomas with long term use of progestins including DMPA (Depo-Provera®) have been added to the updated SAHPRA Professional Information under the special warnings and precautions for use section. A caution box has been added to the STG to address this concern.



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# Medicine Amendments



## DESCRIPTION

### 7.2.3 Injectable

#### Medicine/ Management

#### Decision

**Risk of HIV acquisition associated with progestin injectable contraceptives**

Guidance removed

## CHANGE:

The previous STG recommendation for dual contraception with barrier methods in view of the uncertainty of the risk of HIV acquisition associated with using the progestin injectable contraceptives has been removed. There is no substantial difference in HIV acquisition among various contraceptive methods.<sup>1</sup>

1.Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial. Lancet. 2019 Jul 27;394(10195):303-313. doi: 10.1016/S0140-6736(19)31288-7. Epub 2019 Jun 13. Erratum in: Lancet. 2019 Jul 27;394(10195):302. doi: 10.1016/S0140-6736(19)31408-4. PMID: 31204114; PMCID: PMC6675739





# Thank you



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