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Dear Colleagues

Re: New recommended CCG oral contraceptives

We are jointly writing to you to inform you that the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups are looking to implement a switch for selected oral contraceptive brands. As contraceptives should be prescribed by brand, prescribing the most cost-effective brands would therefore demonstrate a significant cost saving to the local health economy. All the recommended contraceptive brands are licensed in the UK for oral contraception and have MHRA accepted bioequivalence.

The table below provides details of the recommended contraceptive brands and includes summary information on bioequivalence. With this in mind, we would like to assure you that the recommended brands are just as efficacious as the original brands for oral contraception. Therefore patients can be switched to these brands, if they are already having oral contraception, or initiated on these if it is for the first time.

Original contraceptive brand	Recommended cost effective brand	Bioequivalence Summary
Microgynon 30	Levest (Morningside) Rigevidon (Consilient Health)	Levest - MHRA accepted bioequivalence Rigevidon - MHRA accepted bioequivalence
Marvelon	Cimizt (Morningside) Gedarel 30/150 (Consilient Health)	Gedarel - MHRA accepted bioequivalence submission
Cilest	Lizinna (Morningside)	Submitted for authorisation in Europe – MHRA have approved UK license, but no report available
Cerazette	Cerelle (Consilient Health) Zelleta (Morningside)	Cerelle – MHRA accepted bioequivalence Zelleta – submitted for authorisation in Europe – MHRA have approved UK license, but no report available
Mercilon	Gedarel 20/150mcg (Consilient Health)	MHRA accepted bioequivalence
Femodette	Millinette 20/75mcg (Consilient Health)	MHRA accepted bioequivalence
Femodene	Millinette 30/75mcg (Consilient Health)	MHRA accepted bioequivalence
Logynon	TriRegol (Consilient Health)	MHRA accepted bioequivalence
Yasmin	Lucette (Consilient Health)	Published Public Assessment Report from Hungary
Levonelle 1500	Upostelle (Consilient Health)	MHRA accepted bioequivalence

Patients should not be switched mid-cycle and they should be advised to finish their current supply of contraceptive as normal. Following this they should be advised to begin taking their new brand of contraceptive leaving the same “pill-free” interval as they did previously. To support practices implement

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Dr Anil Mehta, Redbridge Clinical Commissioning Group

this switch, the BHR medicines management team will add this to the current ScriptSwitch messages. The team will also provide template letters should practices wish to send them to patients, to inform them about changes to their oral contraception.

We hope that this letter can provide practices suitable assurances to support a switch. If you need any further information please do not hesitate to speak with your medicines management team.

Yours sincerely



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BHR CCGs



Dr Dixit
GP with Special Interest in
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Barbara Hollingworth
BHRuT Sexual Health Lead
Consultant