

Nexplanon®
68 mg implant for subdermal use
Etonogestrel

Information for the user

Read all of this leaflet carefully before you start using this medicine.

- The presented information may help you to decide to use Nexplanon and to use it properly and safely
- Keep this leaflet. You may need to read it again during the use of Nexplanon, since it is important to remain aware of potential future issues.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If you have any further questions, ask your doctor or pharmacist.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:

- 1. What is Nexplanon and what is it used for?**
- 2. What do you have to know before Nexplanon is inserted?**
- 3. How to use Nexplanon?**
- 4. Possible side effects**
- 5. How to store Nexplanon**
- 6. Further Information**
- 7. Information for the healthcare professional**

1. What is Nexplanon and what is it used for?

Nexplanon is a contraceptive implant preloaded in a disposable applicator. The implant is a small, soft, flexible, plastic rod, 4 cm in length and 2 mm in diameter, which contains 68 milligrams of the active substance, etonogestrel. The applicator allows the healthcare professional to insert the implant just under the skin of your upper arm. Etonogestrel is a synthetic female hormone resembling progesterone. A small amount of etonogestrel is continuously released into the bloodstream. The implant itself is made of ethylene vinyl acetate copolymer, a plastic that will not dissolve in the body. It also contains a small amount of barium sulfate which renders it visible under X-ray.

Nexplanon is used to prevent pregnancy

How does Nexplanon work?

The implant is inserted just below the skin. The active compound, etonogestrel, works in two ways:

- It prevents the release of an egg cell from the ovaries.
- It causes changes in the cervix that make it difficult for sperm to enter the womb.

As a result, Nexplanon protects you against pregnancy for a period of three years, but if you are overweight the doctor may advise you to replace the implant earlier. Nexplanon is one of several means of preventing pregnancy. Another frequently used birth control method is the combined Pill. In contrast to combined Pills, Nexplanon can be used by women who may not, or do not want to use estrogens. When you use Nexplanon you do not have to remember to take a pill every

day. This is one of the reasons that Nexplanon is very reliable (over 99% effective). If in rare cases the implant is not inserted correctly or is not inserted at all, you may not be protected against pregnancy. When you are using Nexplanon, your menstrual bleeding may change and become absent, irregular, infrequent, frequent, prolonged, or rarely heavy. The bleeding pattern that you experience during the first three months generally indicates your future bleeding pattern. Painful periods may improve.

You may stop using Nexplanon at any time (See also “*When you want to stop using Nexplanon*”).

2. What do you have to know before Nexplanon is inserted?

Hormonal contraceptives, also including Nexplanon, do not protect against HIV infection (AIDS) or any other sexually transmitted disease.

Do not use Nexplanon

Do not use Nexplanon if you have any of the conditions listed below. If any of these conditions apply to you, tell your doctor before Nexplanon is inserted. Your doctor may advise you to use a non-hormonal method of birth control.

- if you are allergic to etonogestrel or any of the other ingredients of Nexplanon.
- if you have a thrombosis. Thrombosis is the formation of a blood clot in a blood vessel [for example in the legs (deep venous thrombosis) or the lungs (pulmonary embolism)].
- if you have or have had jaundice (yellowing of the skin), severe liver disease (when the liver is not functioning properly), or a liver tumour.
- if you have (had) or if you may have cancer of the breast or of the genital organs.
- if you have any unexplained vaginal bleeding.

If any of these conditions appear for the first time while using Nexplanon, consult your doctor immediately.

Take special care with Nexplanon

If Nexplanon is used in the presence of any of the conditions listed below, you may need to be kept under close observation. Your doctor can explain to you what to do. If any of these apply to you, tell your doctor before Nexplanon is inserted. Also if the condition develops or gets worse while you are using Nexplanon you must tell your doctor.

- you have had cancer of the breast;
- you have or have had a liver disease;
- you have ever had a thrombosis;
- you have diabetes;
- you are overweight;
- you suffer from epilepsy;
- you suffer from tuberculosis;
- you have high blood pressure;
- you have or have had chloasma (yellowish-brown pigmentation patches on the skin, particularly of the face); if so avoid too much exposure to the sun or ultraviolet radiation.

Possible serious conditions

Cancer

The information presented below has been obtained in studies with women who daily take an oral combined contraceptive containing two different female hormones (“the Pill”). It is not known whether these observations are also applicable to women who use a different hormonal contraceptive, such as implants containing only a progestagen.

Breast cancer has been found slightly more often in women using oral combined pills, but it is not known whether this is caused by the treatment. For example, it may be that tumors are found

more in women on combined pills, because they are examined by the doctor more often. The increased occurrence of breast cancer becomes gradually less after stopping the combined pill. **It is important to regularly check your breasts and you should contact your doctor if you feel any lump in your breasts.** You should also tell your doctor if a close relative has or ever had breast cancer.

In rare cases, benign and even more rarely malignant liver tumors have been reported in women using the Pill. **If you experience severe abdominal pain, you should contact your doctor immediately.**

Thrombosis

A blood clot in a vein (known as a 'venous thrombosis') can block the vein. This can happen in veins in the leg, the lung (a lung embolus), or other organs.

Using any combined hormonal contraceptive increases a woman's risk of developing such clots compared with a woman not taking any combined hormonal contraceptive. The risk is not as high as the risk of developing a blood clot during pregnancy. The risk with progestagen-only methods like Nexplanon, is believed to be lower than in users of Pills that also contain estrogens. **If you notice suddenly possible signs of a thrombosis, you should see your doctor immediately.** (See also "When should you contact your doctor?".)

Other conditions

Menstrual bleeding pattern changes

Like with other progestagen-only contraceptives, your menstrual bleeding pattern may change when using Nexplanon. You may experience a change in frequency (absent, less, more frequent or continuous), intensity (reduced or increased) or in duration. Absence of bleeding was reported in about 1 of 5 women while another 1 of 5 women reported frequent and/or prolonged bleeding. Occasionally heavy bleeding has been observed. In clinical trials, bleeding changes were the most common reason for stopping treatment (about 11 %). The bleeding pattern that you experience during the first three months generally indicates your future bleeding pattern.

A changing bleeding pattern does not mean that Nexplanon does not suit you or is not giving you contraceptive protection. In general, you do not need to take any action. You should consult your doctor if menstrual bleeding is heavy or prolonged.

Insertion and removal related events

The implant may migrate from the original insertion site, if not correctly or too deeply inserted and/or due to external forces (e.g. manipulation of the implant or contact sports). In these cases localization of the implant may be more difficult and removal may require a larger incision. If the implant cannot be found, and there is no evidence it has been expelled, contraception and the risk of progestagen-related undesirable effects may last longer than you want.

Ovarian cysts

During the use of all low-dose hormonal contraceptives, small fluid-filled sacs may develop in the ovaries. These are called ovarian cysts. They usually disappear on their own. Sometimes they cause mild abdominal pain. Only rarely, they may lead to more serious problems.

Using other medicines

Please tell your doctor if you are taking or have recently taken any other medicines or herbal products, including medicines obtained without a prescription. Some medicines may stop Nexplanon from working properly. These include medicines used for the treatment of

- epilepsy (e.g. primidone, phenytoin, barbiturates, carbamazepine, oxcarbazepine, topiramate, felbamate),

- tuberculosis (e.g. rifampicin),
- HIV infections (e.g. ritonavir, nelfinavir, nevirapine, efavirenz),
- other infectious diseases (e.g. griseofulvin),
- depressive moods (the herbal remedy St. John's wort)

Nexplanon may also interfere with the working of other medicines; e.g. increase the activity of ciclosporin and decrease the effect of lamotrigine.

Always tell the doctor, who prescribes Nexplanon, which medicines or herbal products you are already using. Also tell any other doctor or dentist who prescribes another medicine (or the dispensing pharmacist) that you use Nexplanon. They can tell you if you need to take additional non-hormonal contraceptive precautions and if so, for how long since the interaction may last up to four weeks after stopping with the medicine. If there are medicines that you have been taking for a long time, that makes Nexplanon less effective, your doctor may also advise that the implant is removed and recommend a birth control method that can be used effectively with these medicines. If you want to use herbal products containing St. John's wort while you are already using Nexplanon you should consult your doctor first.

Using Nexplanon with food and drink

There are no indications of any effect of food and drink on the use of Nexplanon.

Pregnancy and Breast-feeding

You must not use Nexplanon when you are pregnant, or think you may be pregnant. In case you doubt whether you are pregnant or not, you should perform a pregnancy test before starting using Nexplanon.

Nexplanon may be used while you are breast-feeding. Although a small amount of the active substance of Nexplanon passes over into the breast milk, there is no effect on the production or the quality of breast milk, nor on the growth and development of the child.

If you are breast-feeding and want to use Nexplanon, please inform your healthcare professional.

Driving and using machines

There are no indications of any effect of the use of Nexplanon on alertness and concentration.

When should you contact your doctor?

Regular check-ups

Before Nexplanon is inserted, your healthcare professional will ask you some questions about your personal health history and that of your close relatives. The healthcare professional will also measure your blood pressure, and depending on your personal situation, may also carry out some other tests. When you are using Nexplanon, your healthcare professional may ask you to return for a (routine) medical check-up some time after insertion of the implant. The frequency and nature of further check-ups will depend on your personal situation.

Contact your doctor as soon as possible if:

- you notice any changes in your own health, especially involving any of the items mentioned in this leaflet (see also "Do not use Nexplanon" and "Take special care with Nexplanon"; do not forget about the items related to your immediate family);
- you have severe pain or swelling in either of your legs, unexplained pains in the chest, breathlessness, an unusual cough, especially when if you cough up blood;
- you have a sudden, severe stomach ache or look jaundiced;
- you feel a lump in your breast (see also "Cancer");

- you have a sudden or severe pain in the lower part of your belly or stomach;
- you have unusual, heavy vaginal bleeding;
- you are to be immobilized (for example being confined to bed) or are to have surgery (consult your doctor at least four weeks in advance);
- you suspect that you are pregnant.

3. How to use Nexplanon?

Please tell your healthcare professional if you are pregnant or think you might be pregnant before Nexplanon is inserted (e.g. if you had unprotected intercourse during the current menstrual cycle).

How to use

Nexplanon should be inserted and removed only by a healthcare professional who is familiar with procedures as described on the other side of this leaflet. The healthcare professional will decide in consultation with you the most suitable time for insertion. This depends on your personal situation (for example on the birth control method that you are currently using). Unless you are switching from another hormonal contraceptive method, the insertion should be performed on day 1-5 of your spontaneous menstrual bleeding to rule out pregnancy. Your healthcare professional will advise you.

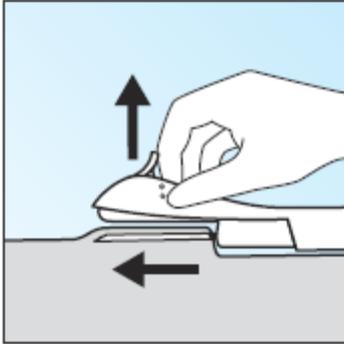
Before inserting or removing Nexplanon, your healthcare professional will give you a local anesthetic. Nexplanon is inserted directly under the skin, on the inside of your upper non-dominant arm (the arm that you do not write with). A description of the insertion and the removal procedure of Nexplanon is shown below.

How is Nexplanon inserted?

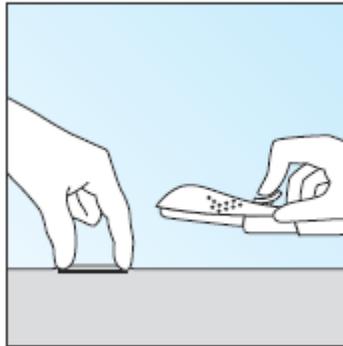
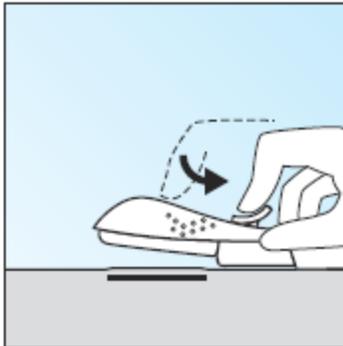
- Insertion of Nexplanon should only be performed by a qualified healthcare professional who is familiar with the procedure.



- To facilitate the insertion of the implant, you should lie on your back, with your arm slightly bent at the elbow and turned outwards.
- The implant will be inserted at the inner side of your upper non-dominant arm (the arm that you do not write with).
- The insertion site will be indicated on the skin, the site is disinfected and anesthetized.



- The skin is stretched and the needle is inserted, **directly** under the skin. Once the tip is inside the skin the needle is completely inserted in a movement parallel to the skin.



- The purple slider is unlocked by pushing it slightly down and fully pushing it backwards until it is arrested in the back in order to retract the needle. The implant will remain in the upper arm when the needle is withdrawn.
- **The presence of the implant should be verified by feeling it (palpation) immediately following insertion. A correctly inserted implant can be felt between thumb and finger by both the healthcare professional and by you. It should be realized that palpation is not suitable for 100% verification of the presence of the implant.**
- **In case the implant can not be palpated or when its presence is doubtful other methods must be used to confirm the presence of the implant.**
- **Until the presence of the implant has been verified you may not be protected against pregnancy and a contraceptive barrier method (e.g. condoms) must be used.**
- You will be given sterile gauze with a pressure bandage to minimize bruising. You may remove the pressure bandage in 24 hours and the small bandage over the insertion site in 3-5 days.

- After insertion of the implant, the healthcare professional will give you a User Card with on it the insertion site, insertion date and the latest date on which the implant has to be removed or replaced. Put it in a safe place, since the information on the card may facilitate removal later on.

Nexplanon should be removed or replaced no more than three years after insertion.

To help you remember when and where Nexplanon was inserted, and when Nexplanon must be removed at the latest, your healthcare professional will give you a User Card that shows this information. Store the card in a safe place!

At the end of the insertion procedure, the healthcare professional will ask you to feel the implant by palpation. A correctly inserted implant should be clearly palpable by the healthcare professional as well as by you, certainly if both ends can be lifted between thumb and finger. It should be realized that palpation is not suitable for 100% verification of the presence of the implant. In case of the slightest doubt you have to use a barrier method (e.g. a condom) until the healthcare professional and you are absolutely sure that the implant has been inserted. In rare cases the healthcare professional may have to use X-rays, ultrasound or magnetic resonance imaging, or may have to take a blood sample, to make sure that the implant is inside your arm. In case you would like to have Nexplanon replaced, a new implant may be inserted immediately after the old implant is removed. The new implant may be inserted in the same arm and at the same site as the previous implant. Your healthcare professional will advise you.

When you want to stop using Nexplanon

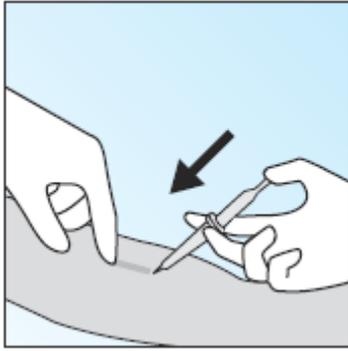
You can ask your healthcare professional to remove the implant at any time you want. If the implant cannot be localized by palpation, the healthcare professional may use X-rays, ultrasound or magnetic resonance imaging to locate the implant. Depending on the exact position of the implant removal may be a little difficult and may require minor surgery.

If you do not want to become pregnant after removal of Nexplanon, ask your healthcare professional about other reliable methods of birth control.

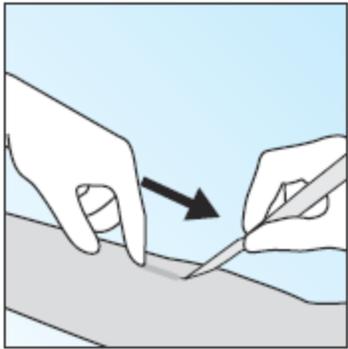
If you stop using Nexplanon because you want to get pregnant, it is generally recommended that you wait until you have had a natural period before trying to conceive. This helps you to work out when the baby will be due.

How should Nexplanon be removed?

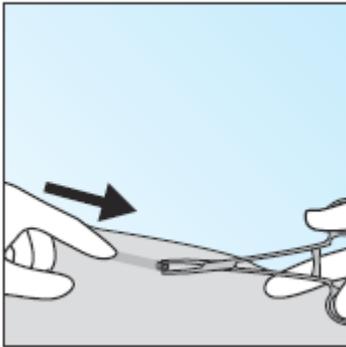
- The implant should only be removed by a qualified healthcare professional who is familiar with the procedure.
- The implant is removed at your request or **-at the latest-** three years after insertion.
- The location of the insertion site of the implant is indicated on the User card.
- The healthcare professional will locate the implant. If the implant can not be located the healthcare professional may have to use X-ray, ultrasound or magnetic resonance imaging techniques.



- Your upper arm will be disinfected and anesthetized.



- A small incision will be made along the arm just below the tip of the implant.



- The implant is gently pushed towards the incision and removed with a forceps.
- Occasionally, the implant may be surrounded by hard tissue. If this is the case, a small cut needs to be made into the tissue before the implant can be removed.
- If you want your healthcare professional to replace Nexplanon with another implant, the new implant may be inserted using the same incision.
- The incision will be closed by a steri-strip.
- You will be given sterile gauze with a pressure bandage to minimize bruising. You may remove the pressure bandage in 24 hours and the small bandage over the insertion site in 3-5 days.

Note: These pictograms are only meant to illustrate the insertion and removal procedures for the woman who will be receiving the implant.

Note: The exact procedures for the insertion and removal of Nexplanon by the qualified healthcare professional are described in the Summary of product characteristics.

4. Possible side effects

Like all medicines, Nexplanon can cause side effects, although not everybody gets them. Menstrual bleeding may occur at irregular intervals during the use of Nexplanon. This may be just slight staining which may not even require a pad, or heavier bleeding, which looks rather like a scanty period and requires sanitary protection. You may also not have any bleeding at all. The irregular bleedings are not a sign that the contraceptive protection of Nexplanon is decreased. In general, you need not take any action. If, however, bleeding is heavy or prolonged consult your doctor.

Possible serious side effects

Serious undesirable effects are described in the paragraphs of section 2 “Cancer” and “Thrombosis”. Please read this section for additional information and consult your doctor at once where appropriate.

The following side effects have been reported:

| Very Common (>1/10) | Common (1/10-1/100) | Uncommon (1/100-1/1000) |
|---|--|---|
| <ul style="list-style-type: none"> • acne • headache • increase in body weight • breasts tenderness and pain • irregular bleeding • infection of the vagina | <ul style="list-style-type: none"> • hair loss • dizziness • depressive moods • emotional lability • nervousness • decreased sexual drive • increased appetite • abdominal pain • nausea • gas in stomach and intestines • painful menstruation • decrease in body weight • influenza-like symptoms • pain • fatigue • hot flushes • implant site pain • implant site reaction • ovarian cyst | <ul style="list-style-type: none"> • itching • itching in the genital area • rash • excessive hair growth • migraine • anxiety • sleeplessness • sleepiness • diarrhoea • vomiting • constipation • urinary tract infection • vaginal discomfort (e.g. vaginal secretion) • breast enlargement • breast secretion • back pain • fever • fluid retention • difficult or painful urination • allergic reactions • inflammation and |

| | | |
|--|--|--|
| | | <p>pain of the throat</p> <ul style="list-style-type: none"> • rhinitis • joint pain • muscle pain • skeletal pain |
|--|--|--|

Apart from these side effects, a rise in blood pressure has occasionally been observed. Also oily skin has been observed. You should seek immediate medical attention if you experience symptoms of a severe allergic reaction, such as (i) swollen face, tongue or pharynx; (ii) trouble swallowing; or (iii) hives and trouble breathing. During the insertion or removal of Nexplanon, some bruising, pain or itching may occur and, in rare cases, infection. A scar may be formed or an abscess may develop at the implantation site. A numb feeling or sensation of numbness (or lack of feeling) may occur. Expulsion or migration of the implant is possible, especially if it has not been inserted properly. Surgery might be necessary when removing the implant. If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor.

5. How to store Nexplanon

Keep out of the reach and sight of children.

Do not use after the expiry date which is stated on the blister and carton.

This medicinal product does not require any special storage conditions.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. Further Information

What Nexplanon contains

One applicator containing one implant with

- The active substance is: etonogestrel (68 mg)
- The other ingredients are: ethylene vinyl acetate copolymer, barium sulfate and magnesium stearate.

What Nexplanon looks like and the content of the pack

Nexplanon is a subdermal long acting hormonal contraceptive. It consists of a radiopaque progestagen-only implant preloaded in an innovative, ready-for-use, user-friendly, disposable applicator. The off-white implant is 4 cm in length and 2 mm in diameter and contains etonogestrel and barium sulfate. The applicator has been designed to facilitate the insertion of the implant just below the skin of your inner upper (non dominant) arm. The implant is to be inserted and removed by a healthcare professional who is familiar with the procedures. For uncomplicated removal it is necessary that the implant is inserted just below the skin (see other side of the leaflet). Local anesthetic should be used before inserting or removing the implant. The risk of complications is small if the provided instructions are followed.

Marketing Authorisation Holder and Manufacturer

Marketing Authorisation Holder

Organon Laboratories Ltd

Cambridge Science Park, Milton Road,

Cambridge CB4 0FL, United Kingdom
Manufacturer
N.V. Organon, Kloosterstraat 6, 5349 AB Oss,
The Netherlands

This medicinal product is authorised in the following Member States of the EEA under the name Implanon NXT or Nexplanon:

Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Iceland, Italy, Ireland, Luxembourg, Malta, Netherlands, Norway, Portugal, Slovak Republic, Spain, Sweden, United Kingdom.

This leaflet was last approved in July 2012

Nexplanon®
68 mg implant for subdermal use
Etonogestrel

Information for the healthcare professional

The following information is intended for the *healthcare professional*

Insertion of Nexplanon should be performed under aseptic conditions, and only by a physician or healthcare professional who is familiar with the procedure, those who have completed (or are participating under supervision in) a training programme such as that leading to a letter of Competence in subdermal contraceptive implants offered by the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.

7. Information for the healthcare professional

7.1 When to insert Nexplanon

IMPORTANT: Rule out pregnancy before inserting the implant.

Timing of insertion depends on the woman's recent contraceptive history, as follows:

No preceding hormonal contraceptive use in the past month:

The implant should be inserted between Day 1 (first day of menstrual bleeding) and Day 5 of the menstrual cycle, even if the woman is still bleeding.

If inserted as recommended, back-up contraception is not necessary. If deviating from the recommended timing of insertion, the woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

Switching contraceptive method to Nexplanon

Changing from a combined hormonal contraceptive method (combined oral contraceptive (COC), vaginal ring or transdermal patch).

The implant should be inserted preferably on the day after the last active tablet (the last tablet containing the active substances) of the previous combined oral contraceptive or on the day of removal of the vaginal ring or transdermal patch. At the latest, the implant should be inserted on the day following the usual tablet-free, ring free, patch free or placebo tablet interval of the previous combined hormonal contraceptive when the next application would have been due. Not all contraceptive methods (transdermal patch, vaginal ring) may be available in all countries.

If inserted as recommended, back-up contraception is not necessary. If deviating from the recommended timing of insertion, the woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

Changing from a progestagen-only contraceptive method (e.g. progestagen-only pill, injectable, implant, or intrauterine system [IUS])

As there are several types of progestin-only methods, the insertion of the implant must be performed as follows:

- Injectable contraceptives: Insert the implant on the day the next injection is due.
- Progestagen-only pill: A woman may switch from the progestagen-only pill to Nexplanon on any day of the month. The implant should be inserted within 24 hours after taking the last tablet.
- Implant/Intrauterine system (IUS): Insert the implant on the same day the previous implant or IUS is removed.

If inserted as recommended, back up contraception is not necessary. If deviating from the recommended timing of insertion, the woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

Following abortion or miscarriage

- First trimester: The implant should be inserted within five days following a first trimester abortion or miscarriage.
- Second trimester: Insert the implant between 21 to 28 days following second trimester abortion or miscarriage.

If inserted as recommended, back up contraception is not necessary. If deviating from the recommended timing of insertion, the woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

Postpartum

- Not breast-feeding: The implant should be inserted between 21 to 28 days postpartum. If inserted as recommended, back up contraception is not necessary. If the implant is inserted later than 28 days postpartum, the woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.
- Breast-feeding: The implant should be inserted after the fourth postpartum week (see Section 4.6 "Pregnancy and Lactation"). The woman should be advised to use a barrier method until 7 days after insertion. If intercourse has already occurred, pregnancy should be excluded.

7.2 How to insert Nexplanon

The basis for successful use and subsequent removal of Nexplanon is a correct and carefully performed subdermal insertion of the implant in the non-dominant arm in accordance with the instructions. Both the HCP and the woman should be able to feel the implant under the woman's skin after placement.

The implant should be inserted subdermally just under the skin. If the implant is inserted too deep, neural or vascular damage may occur. Too deep or incorrect insertions have been associated with paresthesia (due to neural damage) and migration of the implant (due to intramuscular or fascial insertion), and in rare cases with intravascular insertion. Moreover, when the implant is inserted too deep, it may not be palpable and the localization and/or removal can be difficult.

Insertion of Nexplanon should be performed under aseptic conditions and only by a qualified HCP who is familiar with the procedure. Insertion of the implant should only be performed with the preloaded applicator.

It is recommended that the HCP is in a seated position during the entire insertion procedure so that the insertion site and the movement of the needle just under the skin can be clearly seen from the side.

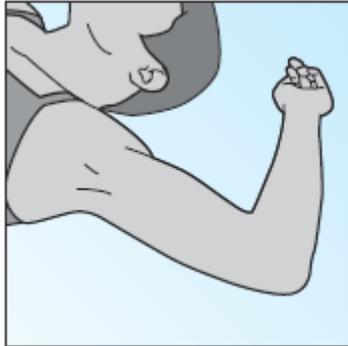


Figure 1

- Have the woman lie on her back on the examination table with her non-dominant arm flexed at the elbow and externally rotated so that her wrist is parallel to her ear or her hand is positioned next to her head (Figure 1).
- Identify the insertion site, which is at the inner side of the non-dominant upper arm about 8-10 cm (3-4 inches) above the medial epicondyle of the humerus.

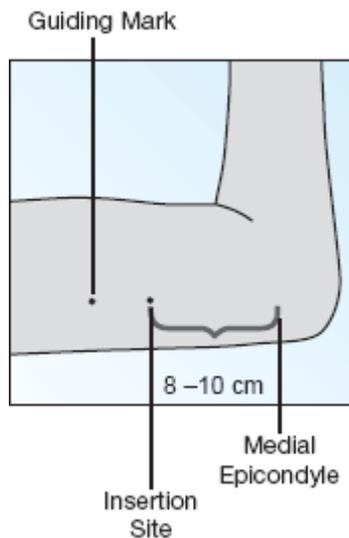


Figure 2

- Make two marks with a sterile marker: first, mark the spot where the implant will be inserted, and second, mark a spot a few centimeters proximal to the first mark (Figure 2). This second mark will later serve as a direction guide during insertion.
- Clean the insertion site with an antiseptic solution.
- Anesthetize the insertion area (for example, with anesthetic spray or by injecting 2 ml of 1% lidocaine just under the skin along the planned insertion tunnel).
- Remove the sterile preloaded disposable Nexplanon applicator carrying the implant from its blister.

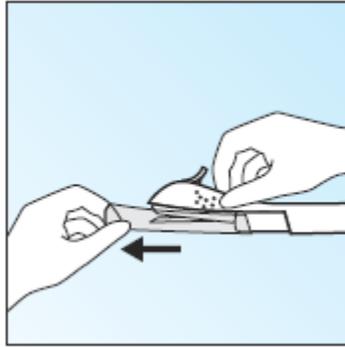


Figure 3

- Hold the applicator just above the needle at the textured surface area. Remove the transparent protection cap by sliding it horizontally in the direction of the arrow away from the needle (Figure 3). If the cap does not come off easily the applicator should not be used. You can see the white colored implant by looking into the tip of the needle. **Do not touch the purple slider until you have fully inserted the needle subdermally, as it will retract the needle and release the implant from the applicator.**

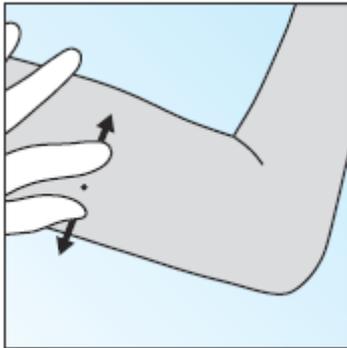


Figure 4

- With your free hand, stretch the skin around the insertion site with thumb and index finger (Figure 4).

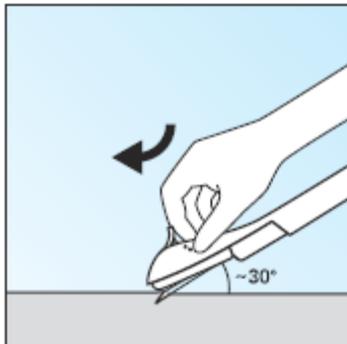


Figure 5

- Puncture the skin with the tip of the needle angled about 30° (Figure 5).

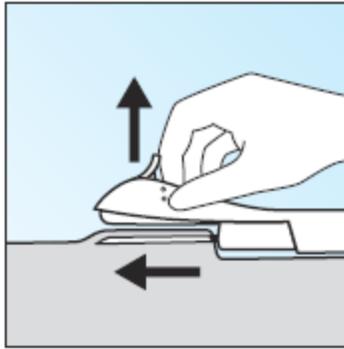


Figure 6

- Lower the applicator to a horizontal position. While lifting the skin with the tip of the needle, slide the needle to its full length. You may feel slight resistance but do not exert excessive force (Figure 6). **If the needle is not inserted to its full length, the implant will not be inserted properly.**

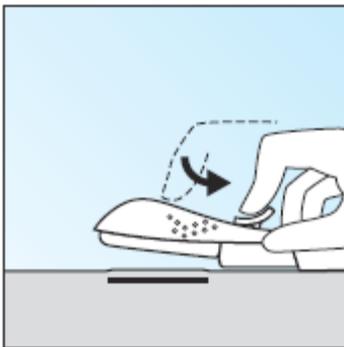


Figure 7

- Keep the applicator in the same position with the needle inserted to its full length. If needed, you may use your free hand to keep the applicator in the same position during the following procedure. Unlock the purple slider by pushing it slightly down. Move the slider fully back until it stops (Figure 7). The implant is now in its final subdermal position, and the needle is locked inside the body of the applicator. The applicator can now be removed. **If the applicator is not kept in the same position during this procedure or if the purple slider is not completely moved to the back, the implant will not be inserted properly.**

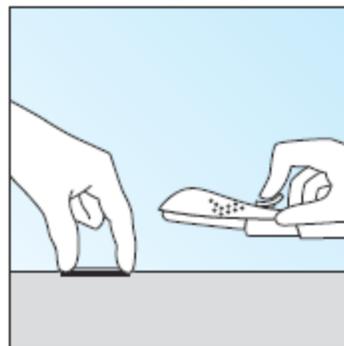


Figure 8

- **Always verify the presence of the implant in the woman's arm immediately after insertion by palpation.** By palpating both ends of the implant, you should be able to confirm the presence of the 4 cm rod (Figure 8).

If you cannot feel the implant or in doubt of its presence,

- Check the applicator. The needle should be fully retracted and only the purple tip of the obturator should be visible.
- Use other methods to confirm its presence. Suitable methods are: two-dimensional X-ray, X-ray computerized tomography (CT scan), ultrasound scanning (USS) with a high-frequency linear array transducer (10 MHz or greater) or magnetic resonance imaging (MRI). Prior to the application of X-ray CT, USS or MRI for the localization of the implant, it is recommended to consult the local supplier of Nexplanon for instructions. In case these imaging methods fail, it is advised to verify the presence of the implant by measuring the etonogestrel level in a blood sample of the subject. In this case the local supplier will provide the appropriate procedure. **Until you have verified the presence of the implant, a non-hormonal contraceptive method must be used.**
- Apply a small adhesive bandage over the insertion site. Request that the woman palpate the implant.
- Apply sterile gauze with a pressure bandage to minimize bruising. The woman may remove the pressure bandage in 24 hours and the small bandage over the insertion site after 3-5 days.
- Complete the User Card and give it to the woman to keep. Also, complete the adhesive labels and affix it to the woman's medical record.
- The applicator is for single use only and must be adequately disposed of, in accordance with local regulations for the handling of biohazardous waste.

7.3 How to remove Nexplanon

Before initiating the removal procedure, the HCP should consult the User Card for the location of the Nexplanon implant. Verify the exact location of the implant in the arm by palpation.

If the implant is not palpable, two-dimensional X-ray can be performed to verify its presence. A non-palpable implant should always be first located prior to removal. Suitable methods for localization include, X-ray computer tomography (CT), ultrasound scanning (USS) with a high-frequency linear array transducer (10 MHz or greater) or magnetic resonance imaging (MRI). If these imaging methods fail to locate the implant, etonogestrel determination can be used for verification of the presence of the implant. Please contact your local supplier for further guidance. After localization of a non-palpable implant, consider conducting removal with ultrasound guidance.

There have been occasional reports of migration of the implant; usually this involves minor movement relative to the original position unless inserted too deeply (see also section 4.4.1 “Warnings” in the SmPC). This may complicate localization of the implant by palpation, USS and/or MRI, and removal may require a larger incision and more time.

Removal of the implant should only be performed under aseptic conditions by a HCP who is familiar with the removal technique.

Exploratory surgery without knowledge of the exact location of the implant is strongly discouraged.

Removal of deeply inserted implants should be conducted with caution in order to prevent damage to deeper neural or vascular structures in the arm and should be performed by HCPs familiar with the anatomy of the arm.

If the implant cannot be removed, please contact your local supplier for further guidance.

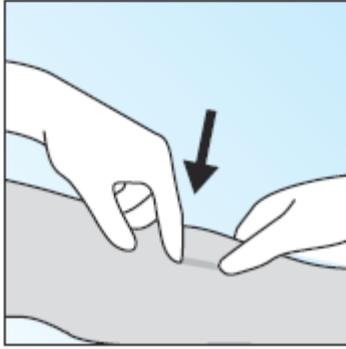


Figure 9

- Clean the site where the incision will be made and apply an antiseptic. Locate the implant by palpation and mark the distal end (end closest to the elbow), for example, with a sterile marker (Figure 9)

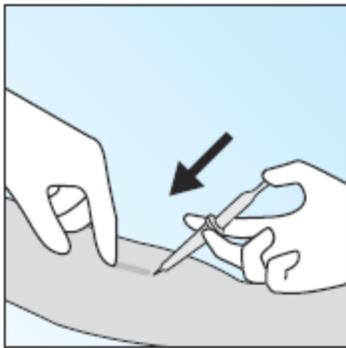


Figure 10

- Anesthetize the arm, for example, with 0.5 to 1 ml 1% lidocaine at the marked site where the incision will be made (Figure 10). Be sure to inject the local anesthetic under the implant to keep it close to the skin surface.

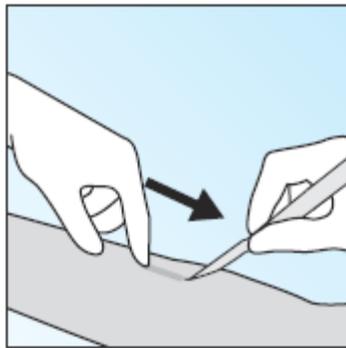


Figure 11

- Push down the proximal end of the implant (Figure 11) to stabilize it; a bulge may appear indicating the distal end of implant. Starting at the distal tip of the implant, make a longitudinal incision of 2 mm towards the elbow.

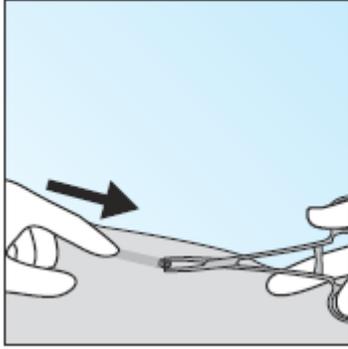


Figure 12

- Gently push the implant towards the incision until the tip is visible. Grasp the implant with forceps (preferably curved mosquito forceps) and remove the implant (Figure 12).

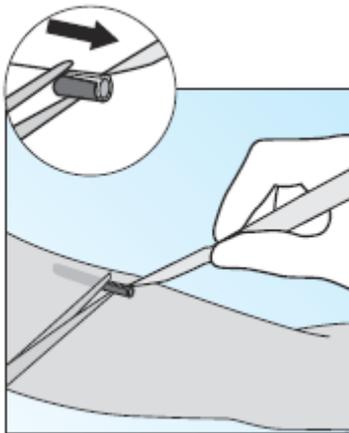


Figure 13

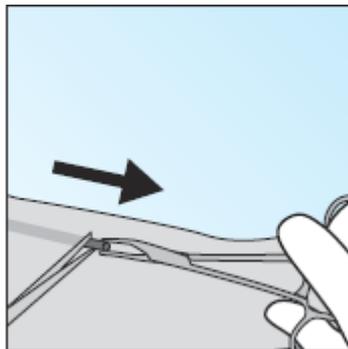


Figure 14

- If the implant is encapsulated, make an incision into the tissue sheath and then remove the implant with the forceps (Figures 13 and 14).

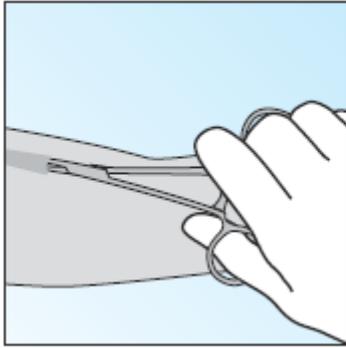


Figure 15

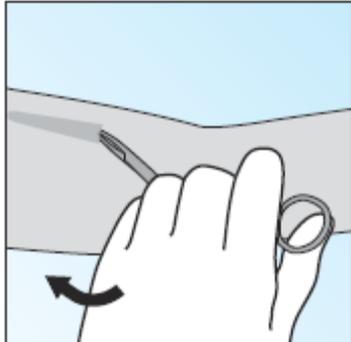


Figure 16

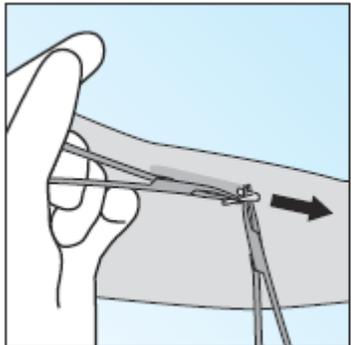


Figure 17

- If the tip of the implant does not become visible in the incision, gently insert a forceps into the incision (Figure 15). Flip the forceps over into your other hand (Figure 16). With a second pair of forceps carefully dissect the tissue around the implant and grasp the implant (Figure 17). The implant can then be removed.
- Confirm that the entire rod, which is 4 cm long, has been removed by measuring its length. If a partial implant (less than 4 cm) is removed, the remaining piece should be removed by following the instructions in section 7.3 "How to remove Nexplanon."
- If the woman would like to continue using Nexplanon, a new implant may be inserted immediately after the old implant is removed using the same incision (Section 7.4 "How to replace Nexplanon").
- After removing the implant, close the incision with a steri-strip and apply an adhesive bandage.
- Apply sterile gauze with a pressure bandage to minimize bruising. The woman may remove the pressure bandage after 24 hours and the small bandage after 3-5 days.

7.4 How to replace Nexplanon

Immediate replacement can be done after removal of the previous implant and is similar to the insertion procedure described in section 7.2 “How to insert Nexplanon”.

The new implant may be inserted in the same arm, and through the same incision from which the previous implant was removed. If the same incision is being used to insert a new implant, anesthetize the insertion site (e.g. 2 ml lidocaine (1%)) applied just under the skin commencing at the removal incision along the ‘insertion canal’ and follow the subsequent steps in the insertion instructions.