

YOUR GUIDE



**TO GETTING
STARTED ON**



NEXPLANON®



 **Nexplanon®**
etonogestrel extended release
subdermal implant


MERCK
INVENTING FOR LIFE



This guide will help you understand more about NEXPLANON®: what it is, how it works, and what you need to know while you're using it. You'll also learn what to expect during the insertion and removal procedures. It's normal to have lots of questions, so you might find the FAQ section a helpful place to turn to.

This material is intended to be used by patients who have been prescribed NEXPLANON®.

WHAT IS NEXPLANON®?

NEXPLANON® is a birth control implant that is placed under the skin, on the inside of your upper arm. It's used to prevent pregnancy in adult women for up to 3 years.*

The implant is a small, soft, flexible plastic rod that's about the size of a matchstick.



Actual size

* NEXPLANON® must be removed or replaced by the end of your 3rd year. If you are overweight, your doctor may suggest replacing your implant earlier.

HOW DOES NEXPLANON® WORK?

NEXPLANON® contains a hormone called etonogestrel. It does not contain estrogen. NEXPLANON® will continuously release a small amount of etonogestrel into your blood. It works in two ways to prevent pregnancy:

1. It stops the monthly release of an egg from your ovaries.
2. It causes changes in your cervical mucus, making it hard for sperm to enter your uterus.

What is a long-acting reversible contraceptive?

NEXPLANON® is a long-acting reversible contraceptive, or LARC:

Long-acting means that it can provide birth control over a long period of time. In fact, NEXPLANON® can be left in place for up to 3 years.

Reversible means that if you want to stop using NEXPLANON® before 3 years, the implant can be removed at any time. You may be able to get pregnant as early as 1 week after the implant is removed. If you wish to continue to prevent pregnancy, start a different type of birth control right away.

LARCs are highly effective in preventing pregnancy.

Other ways to prevent pregnancy

Other methods of birth control are available to you, including the birth control pill. When used properly, these other methods are effective enough for many women.

Below, you'll see a table listing the pregnancy rates for different types of birth control. It also shows the pregnancy rate when no birth control is used. A pregnancy rate is the number of women out of 100 who would become pregnant in one year.

Reported pregnancy rates for different types of birth control

BIRTH CONTROL METHOD	PREGNANCY RATE
Subdermal implant	Less than 0.05
Combination pill	Less than 1 to 2
Contraceptive vaginal ring	Between 1 and 2
Intrauterine device (IUD)	Less than 1 to 6
Condom with spermicidal foam or gel	1 to 6
Mini-pill	3 to 6
Condom	2 to 12
Diaphragm with spermicidal foam or gel	3 to 8
Spermicide	3 to 21
Sponge with spermicide	3 to 28
Cervical cap with spermicide	5 to 18
Periodic abstinence (rhythm), all types (e.g., natural family planning)	2 to 20
No birth control	60 to 85

Talk to your doctor about the different types of birth control available to you and any associated risks.

WILL MY MENSTRUAL CYCLE CHANGE WHILE ON NEXPLANON®?

Your period may change after NEXPLANON® insertion. Your periods may be:

- Absent, happen less often, happen more often, or may stop
- Lighter or heavier than normal
- Shorter or longer than normal

If your bleeding pattern changes, it does not mean that NEXPLANON® does not suit you or is not working.

Contact your doctor if your period bleeding is heavy or does not stop.

Generally speaking, the bleeding pattern that you have during the first 3 months may give you an idea of your future bleeding pattern. Everyone is different.

WHAT OTHER SIDE EFFECTS ARE POSSIBLE WITH NEXPLANON®?

Besides changes in your menstrual bleeding patterns, other side effects may occur while on NEXPLANON®. It's helpful to know what may possibly happen and what to look out for. These are not all the possible side effects you may have when using NEXPLANON®. If you experience any side effects not listed here, contact your doctor.

Possible side effects may include:

- Painful period
- Ovarian cyst
- Vaginal infection or abnormal discharge
- Decreased sex drive
- Breast pain or tenderness
- Inflammation of the vagina
- Vaginal pain
- Milky discharge from the breast
- Breast enlargement
- Insertion site pain or reaction (including redness, swelling, bruising, numbness)
- Fatigue
- Drowsiness or trouble sleeping
- Flu-like symptoms, fever, pain
- Back pain
- Abdominal pain, joint, muscle, or bone pain
- Headache, migraine, dizziness
- Depression, anxiety, nervousness
- Mood swings
- Nausea, gas
- Weight gain or loss
- Increased appetite
- Diarrhea, constipation, vomiting
- Acne, rash, hair loss
- Hot flashes
- Excessive hair growth
- Skin itching
- Oily skin
- Yellowish-brown patches on the skin, particularly on the face
- Hives
- Dandruff
- Fluid retention
- Sore throat
- Stuffy or runny nose
- Urinary tract infection
- Painful or difficult urination
- Increased blood pressure

NEXPLANON® may cause abnormal blood test results. Your doctor will decide when to perform blood tests and will interpret the results.

Remember that everyone is different. Be sure to tell your doctor about any side effects that you are concerned about. Your healthcare team is there to support you.

WHEN SHOULD NEXPLANON® BE INSERTED?

The timing of insertion is important. Your doctor will help you decide the best time to have the implant placed. It will depend on:

- Your menstrual cycle
- Whether you are using other types of birth control
- If you have recently had a baby, miscarriage, or abortion

Before insertion, tell your doctor if you are pregnant or think you might be pregnant (e.g., if you had unprotected sex during the current menstrual cycle).

Unless you are switching from another type of birth control, NEXPLANON® is usually placed between **Day 1 and Day 5** of your menstrual cycle. This is to avoid the chance that you will be pregnant. If it cannot be inserted until after the 5th day of your cycle, use another form of birth control for the first 7 days that you have NEXPLANON® in place.

If your implant was inserted between **Day 1 and Day 5** of your menstrual cycle, back-up birth control is not necessary.

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

If the timing of your insertion was not between **Day 1 and Day 5**, it is recommended that you use a barrier method (such as a condom) for 7 days after insertion.

HOW IS NEXPLANON® INSERTED?

NEXPLANON® will be placed and removed by your doctor, who is trained in how to do this. The insertion of NEXPLANON® will require a small surgical procedure in your doctor's office. The implant will be inserted under the skin, on the inside of your non-dominant upper arm. This is the arm that you don't write with.

To insert NEXPLANON® your doctor will:

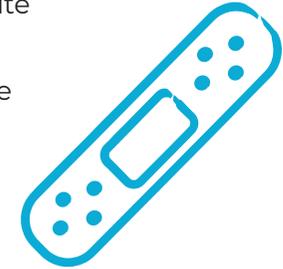
- Find and mark the correct spot on your arm for the insertion.
- Clean the area and give you an anesthetic medication to numb your arm. The anesthetic may be sprayed onto your arm or injected.
- Use the NEXPLANON® applicator to place the implant. The applicator has a small needle, which will puncture your skin. This allows the implant to be inserted under the skin.

Immediately after insertion, your doctor will feel for the implant in your arm. They will also ask you to feel it. You should be able to feel both ends between your thumb and finger.

Caring for your arm after your NEXPLANON® insertion

The insertion area will be covered with 2 bandages:

1. A small bandage over the insertion site
 - This should stay on for 3-5 days
 - Try to keep it clean, dry, and in place
2. A pressure bandage, which is applied to help minimize bruising
 - Leave this bandage on for 24 hours



To protect the insertion site, consider a bath instead of a shower. If you do shower, try wrapping your arm in plastic wrap or a small towel.



I HAVE NEXPLANON® IN PLACE. WHAT'S NEXT?

When you take the bandages off, don't be alarmed if the insertion site is slightly irritated. You may experience pain, swelling, itching, numbness, bleeding, infection, abscess, or scarring at the insertion site. Keep an eye on how it's healing and if you have any concerns, be sure to let your doctor know.

Do I need to use back-up birth control?

Was NEXPLANON®
inserted between
Day 1 and Day 5
of your
menstrual cycle?

YES

You do not need to use
back-up birth control.

NO

Use a barrier method
(such as condoms) for the
first 7 days after insertion.

Practice implant awareness

Your doctor will show you how to feel for the implant under the skin of your upper arm. Occasionally feel for the implant. If, at any time, you cannot feel it:



- Let your doctor know right away
- The implant may have moved from the place it was inserted and may need to be removed
- Use a non-hormonal birth control method, such as a condom, until your doctor confirms that your implant is in place, or until it has been removed and replaced

If your doctor has trouble locating your implant, he or she may do an X-ray or other imaging tests to help locate it.

TIPS WHILE USING NEXPLANON®

Practice safe sex



Remember, NEXPLANON® does not protect against sexually transmitted infections (STIs), including HIV/AIDS. To protect yourself against STIs, use latex or polyurethane condoms while you are using NEXPLANON®.

Visit your doctor regularly



Your visit schedule will depend on your personal situation, but while you are using NEXPLANON®, you will need to have regular check-ups. Your first check-up should be about 3 months after it's been inserted. Additional check-ups will be scheduled periodically thereafter.



HOW IS NEXPLANON® REMOVED?

NEXPLANON® can be removed at any time, but must be removed by the end of the 3rd year. If you are overweight, your doctor may advise you to replace NEXPLANON® before the end of your 3rd year.

To remove NEXPLANON® your doctor will:

- Locate your implant by feeling for it.
- Clean your arm and numb the removal site with a local anesthetic.
- Make a small incision and take out the implant.
- Close the incision using a sterile adhesive wound closure.

Just like after you had NEXPLANON® inserted, your doctor will cover the area with a pressure bandage.

In some cases, movement of the implant has been reported. If it cannot be found, your doctor may have to use X-ray, CT, ultrasound, or MRI techniques to find it. If the implant has moved from its original position, was broken while in the arm, or was inserted too deeply, removal may be more complicated. Sometimes, the implant is surrounded by hard tissue, which will make it more difficult to remove. If this is the case, your doctor will make a small incision into this tissue.

After NEXPLANON® removal, you have some options

If you want to:

CONTINUE WITH NEXPLANON®

You can have your implant replaced. A new implant may be inserted immediately after the old implant is removed. In some cases, the same incision can be used. However, this will only be possible if the insertion site was correct.

START ANOTHER FORM OF BIRTH CONTROL

You should start it on the same day that NEXPLANON® is removed. Ask your doctor about other forms of birth control.

TRY TO GET PREGNANT

You may be able to get pregnant as early as 1 week after your implant is removed. Wait until you have had a period before trying to conceive. This will help you to determine when the baby will be due.

Caring for your arm after your NEXPLANON® removal or replacement

After removal or replacement, follow the same instructions to care for your arm as you used when you had NEXPLANON® inserted. Refer to page 11 for more details.

Some bruising, bleeding, pain, swelling, numbness, or itching may occur, and, in rare cases, infection. There may be a small scar after removal, or an abscess may develop at the removal site. Tell your doctor if you have any issues or concerns with your removal/replacement site.

WHAT ARE THE POSSIBLE RISKS WITH INSERTION AND REMOVAL?

Insertion/removal site

You may experience bruising, pain, numbness, bleeding, infection, or scarring at the site after insertion and removal.

Migrated implant

It is possible that the NEXPLANON® implant could move from the original insertion site in your arm. This might happen if it is not inserted correctly or as a result of force, like during contact sports.

If the implant moves, finding it may be difficult. In this case, you may need a bigger incision or surgery to remove it. If the implant cannot be found and there are no signs that it has come out, the effects of NEXPLANON® and the risk for side effects may last longer than you want.

In rare cases, implants have been reported to be found in a blood vessel, including in the lung. If the implant cannot be found in the arm, your doctor may use X-ray or other imaging methods to find it. If the implant is found in your chest, you may need surgery to remove it.

Broken or bent implant

The implant could break or bend while in your arm. This should not affect how the implant works.

FREQUENTLY ASKED QUESTIONS

What is NEXPLANON® made of?

The implant is made of a plastic that will not dissolve in your body – an ethylene vinyl acetate copolymer, to be exact. It also contains a small amount of barium sulfate, so your doctor can see it on an X-ray (just in case he or she ever needs to).

What if I change my mind or have a reason to stop using NEXPLANON®?

Your doctor can remove NEXPLANON® at any time. That's always up to you.*

If you want to continue preventing pregnancy, you should start another form of birth control on the same day that your doctor removes NEXPLANON®.

Do I need back-up birth control?

If your implant was inserted between **Day 1 and Day 5** of your menstrual cycle, back-up birth control is not necessary. If the timing of your insertion was **not** between **Day 1 and Day 5**, it is recommended that you use another form of birth control for 7 days.

Remember, NEXPLANON® does not protect against sexually transmitted infections (STIs), including HIV/AIDS. To protect yourself against STIs, use latex or polyurethane condoms while you are using NEXPLANON®.

Can I take other medications while using NEXPLANON®?

Tell your doctor about all the medications you are taking, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Certain medications, as well as grapefruit juice, may affect how NEXPLANON® works, including those used to treat:

* NEXPLANON® must be removed or replaced by the end of your 3rd year. If you are overweight, your doctor may suggest replacing your implant earlier.

- Epilepsy
- Tuberculosis
- HIV, hepatitis C virus, or other infectious diseases
- High blood pressure in the blood vessels of the lungs
- Depressive mood (the herbal remedy St. John's wort)
- Chemotherapy-related nausea/vomiting

While you are using another medication, your doctor may suggest that you use an extra birth control method that doesn't contain hormones. Continue to use this birth control for 28 days after your last dose of the other medication. This is because the effect of another medication on NEXPLANON® may last for that long.

NEXPLANON® may also affect how other medicines work, including those for:

- Organ transplants
- Seizures or mood disorders

Be sure to tell your doctor, dentist, and pharmacist that you are using NEXPLANON®. Make sure your doctor knows that you are using NEXPLANON® when you are prescribed other medicines. If you are admitted to a hospital, mention that you are using NEXPLANON®.

When should I call my doctor?

Talk to your doctor if you experience:

- Abnormal vaginal bleeding
- Breast cancer: a lump in your breast you can see or feel
- Peripheral edema: unusual swelling of the extremities

Seek immediate medical help if you experience:

- **Allergic reaction:** swollen face, lips, tongue, or throat, hives, trouble breathing or swallowing, wheezing, nausea, vomiting
- **Deep vein thrombosis (blood clot in the leg):** pain or swelling in the leg, may be warm to the touch
- **Jaundice (build-up of bilirubin in the blood):** yellowing of your skin and/or eyes, dark urine, light-coloured stool
- **Liver tumour:** abnormal liver test and/or yellowing of the skin or eyes, dark urine, nausea, vomiting, severe abdominal pain, or lump in the abdomen
- **Myocardial infarction (heart attack):** crushing chest pain, pressure, or heaviness

- **Pulmonary embolism (blood clot in the lung):** sudden shortness of breath, sharp chest pain, coughing blood
- **Retinal vascular occlusion (blood clot in the eye):** sudden partial or complete loss of vision, double vision
- **Stroke:** sudden severe or worsening headache, vomiting, dizziness or fainting, disturbance of vision or speech, weakness or numbness in the arm or leg
- **Angioedema (swelling of the tissue under the skin):** difficulty breathing; swelling of the face, hands, feet, genitals, tongue, throat; diarrhea, nausea, vomiting
- **Ectopic pregnancy (when a fertilized egg attaches to tissue outside of the uterus):** abdominal or pelvic pain, bleeding from the vagina, lightheadedness, fainting, shoulder pain

What if I become pregnant while using NEXPLANON®?

If you think you may be pregnant, tell your doctor right away. If a pregnancy is confirmed, it is important to have the implant removed. NEXPLANON® must not be used by women who are pregnant, or who think they may be pregnant.

Can I use NEXPLANON® when I am breastfeeding?

If you are breastfeeding, you may use NEXPLANON® as early as 4 weeks after giving birth.

A small amount of the hormone contained in NEXPLANON® passes into breast milk. NEXPLANON® could also lower the amount of milk you produce. If you are breastfeeding and want to use NEXPLANON®, you should talk with your doctor for more information.

What if I want to use NEXPLANON® for more than 3 years?

Your NEXPLANON® implant must be removed by the end of the 3rd year.*

If you would like to continue using NEXPLANON® for birth control, you can have your implant replaced immediately after removal.

* If you are overweight, your doctor may advise you to replace NEXPLANON® before the end of your 3rd year.

ADDITIONAL SAFETY INFORMATION ABOUT NEXPLANON®

Do not use NEXPLANON® if you are pregnant or think you might be pregnant; have a clotting disorder or have had blood clots in your leg (deep venous thrombosis), lungs (pulmonary embolism), eyes (retinal vascular occlusion), heart (heart attack), or brain (stroke); have, think you have, or have previously had breast cancer or any cancer that is sensitive to the female hormone progestin; have liver disease or liver tumours that may be either cancerous or not; have unexplained vaginal bleeding; or are allergic to etonogestrel or any of the other ingredients in NEXPLANON®.

If any of these conditions appear for the first time while using NEXPLANON®, tell your doctor right away.

Talk to your doctor about using NEXPLANON® if you have had a liver disease, have diabetes, are overweight, have high cholesterol or a high level of triglycerides, have high blood pressure, kidney problems, or a condition that causes you to retain fluid, wear contact lenses, are going to have surgery or if you have mobility issues, or suffer from depression, epilepsy, or tuberculosis.

If you use NEXPLANON® and have any of the above conditions, you may need to be kept under close observation. If the condition develops or gets worse while you are using NEXPLANON®, tell your doctor right away.

Other warnings you should know about:

- **Breast cancer:**

Breast cancer has been found more often in women who use birth control pills. It is not known if this same risk applies to women who use birth control implants. Check your breasts regularly while using NEXPLANON®. See your doctor if you notice any lump in your breast.

- **Liver tumours:**

In rare cases, benign and even more rarely cancerous liver tumours have been reported in women using birth control pills.

- **Gallbladder disease:**

The risk for gallbladder disease is higher in women who use birth control pills that contain hormones. It is not known if this risk is also associated with the use of NEXPLANON®.

- **Blood clots:**

The use of NEXPLANON® may increase your chance of serious blood clots. Some examples of blood clots are deep vein thrombosis (legs), pulmonary embolism (lungs), retinal thrombosis (eyes), stroke (brain), and heart attack (heart). If you are to be immobilized or are to have surgery, tell your doctor that you are using NEXPLANON®. It may need to be removed.

- **Ectopic pregnancy:**

If you become pregnant while using NEXPLANON®, you have a slightly higher chance that the pregnancy will be ectopic (occurring outside the womb) than do women who do not use birth control. Ectopic pregnancies can cause serious internal bleeding, infertility, and even death. Call your doctor right away if you think you are pregnant or have unexplained lower stomach (abdominal) pain.

- **Ovarian cysts:**

While using birth control that contains low levels of hormones, cysts may develop on the ovaries and usually go away without treatment. In rare cases, these may lead to more serious problems.

- **Skin conditions:**

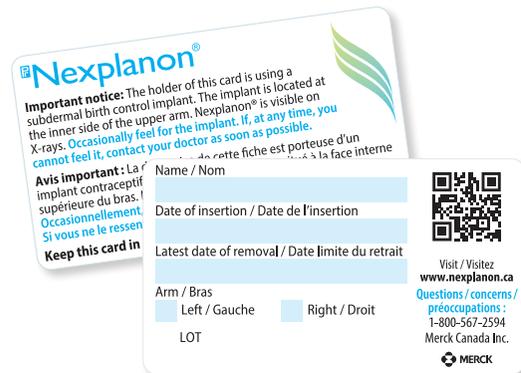
Tell your doctor if you have or have had chloasma. This skin condition appears as yellowish-brown patches on the skin, particularly on the face. If you have or had chloasma, avoid exposure to the sun while using NEXPLANON®.

Please refer to the *Patient Medication Information* included in your NEXPLANON® package for additional information related to warnings and precautions.

HELPFUL TOOLS AND RESOURCES

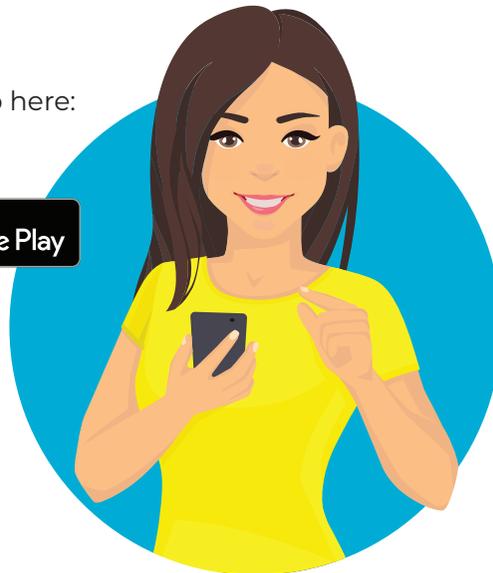
Patient Alert Card

After your NEXPLANON® implant is inserted, your doctor will give you a Patient Alert Card. This card shows when and where NEXPLANON® was inserted and when it must be removed. Store this card in a safe place.



selfplanon™ app

Download the selfplanon™ app here:



NEXPLANON® CHECKLIST

Now that you have been prescribed NEXPLANON®, there are a few steps you will need to take to help ensure it is inserted promptly and correctly. Use this guide to help you navigate your next few doctor's appointments.



Fill your NEXPLANON® prescription at the pharmacy of your choice.



Book a doctor's appointment for your NEXPLANON® insertion.

Your doctor will help you decide the most appropriate time to have the implant placed, but it is usually placed between **Day 1 and Day 5** of your menstrual cycle.

Remember to use an alternate method of birth control until NEXPLANON® has been inserted in your arm.



Attend your doctor's appointment for NEXPLANON® insertion. Remember to bring your NEXPLANON® implant with you!



Be sure to keep track of the date the implant is to be removed! Add a reminder to your calendar to schedule an appointment for removal on or before the removal date.



Pr Nexplanon®
etonogestrel extended release
subdermal implant



MERCK
INVENTING FOR LIFE



MEMBER OF
INNOVATIVE MEDICINES CANADA



NEXPLANON® is a registered trademark of Merck Sharp & Dohme B.V. Used under license;
selfplanon™ is a trademark of Merck Sharp & Dohme Corp. Used under license.
© 2021 Merck Canada Inc. All rights reserved.

CA-XPL-00034