

The New Zealand College of Sexual and Reproductive Health (NZCSRH) strongly supports the improved equity that funding desogestrel oral contraceptive pill (OCP) would provide.

Desogestrel OCP is the only ORAL progesterone only contraception that is designed to stop ovulation. At present people who are not able to use the combined oral contraceptive pill either due to contraindications or side effects do not have another oral option that is likely to have the benefit profile of desogestrel OCP.

Presently the lack of funding of Cerazette creates an inequity as the cost of it limits this treatment option which as well as being a contraceptive is included within the recommendations for endometriosis management and thus pelvic pain.

**What support or resources would health care professionals need to assist in prescribing/dispensing desogestrel?**

Funding should be provided to Sexual Wellbeing Aotearoa and Protected and Proud to update their website consumer material to include that desogestrel OCP will be funded.

Regular contraceptive providers must be informed that desogestrel OCP is funded as this may widen the number of people they are caring for that they offer the medication to.

This should be done through; NZCSRH, RNZCGP, RANZCOG, NZSHS and Sexual Wellbeing Aotearoa.

**What information would be needed to support people using or accessing desogestrel, including information from a cultural perspective?**

For people wishing contraception especially those that have painful periods desogestrel OCP will provide an additional option that is culturally safe for people who do not wish to have an implant in their arm or a device in their uterus and wish to avoid a speculum exam

Giving providers more funded options enables them to provide culturally safe care to more people. For some people and cultures having an implant in their arm or uterus is not acceptable to them.

The points below may be relevant to different cultures and need to be communicated before use.

Desogestrel OCP works by stopping ovulation which stops regular menstruation with 50% of people having amenorrhea but a proportion having unscheduled uterine bleeding. For example, in some cultures people are not able to cook if they are bleeding.

Desogestrel OCP it is easy to start and stop with immediate return to fertility and is low risk for serious complications such as venous thrombo-embolism and thus can be used for people who have a higher risk for example people over 40, smokers and people with a prior risk.

**Do you have any lived experience that you would like to share that is relevant to Pharmac's consideration of this proposal?**

I use Cerazette on a regular basis as a clinician and have discussed with my colleagues who also regularly use Cerazette for those people who can afford it.

Whilst its efficacy is described as similar to other oral contraceptives the benefits are the different side effects that it has comparative to other progestogen only pills for people who cannot use estrogen's.

The rate of ovulation suppression appears significantly higher.

Reasons for wanting to stop ovulation include higher rates of Amenorrhea, no ovulation pain, less ovarian "cysts", less ovarian torsion, less hormonal effects that result from cycling.

Adding this as a contraceptive option will also reduce the chance that we do not have a POP option if we again suffer supply issues with the POP as we have before.