INDIAN HEALTH SERVICE
National Pharmacy and Therapeutics Committee
Formulary Brief: ***Subcutaneous, depot medroxyprogesterone acetate (DMPA-SC)***

-August 2023-

Background:

The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) provided a clinical review of subcutaneous depot medroxyprogesterone acetate injection (DMPA-SC) for the prevention of pregnancy.[1] The NPTC reviewed contraception most recently in 2021 and also more broadly in 2016. Current medication(s) listed on the IHS National Core Formulary relevant to this review include(s) (1) ethinyl estradiol/etonogestrel vaginal ring; (2) ethinyl estradiol/etonogestrel transdermal; (3) etonogestrel, implant; (4) intrauterine device, copper; (5) intrauterine device, levonorgestrel; (6) levonorgestrel (Plan B One-Step®); (7) medroxyprogesterone acetate, injection; (8) medroxyprogesterone, oral; (9) oral contraceptive pill, extended cycle; (10) oral contraceptive pill, monophasic: 20mcg EE (low); (11) oral contraceptive pill, monophasic: 30-35mcg EE (medium); (12) oral contraceptive pill, progestin only; (13) oral contraceptive pill, triphasic and (14) ulipristal. Following clinical review and analysis, the NPTC voted to **MODIFY language** to the currently-named "Medroxyprogesterone acetate, injection" to **now include "Medroxyprogesterone acetate, injection *(IM and SC formulations)***" on the National Core Formulary.[2]

Discussion:

Access to contraception affords the opportunity to plan and space pregnancy and avoid undesired pregnancy. Use of contraception can be medically lifesaving for women for whom pregnancy is medically contraindicated. Use of contraception has contributed to marked declines in maternal and infant mortality.

The U.S. Food and Drug Administration approved subcutaneous, depot medroxyprogesterone acetate (DMPA-SC) for contraception use in December 2004 and for management of pain associated with endometriosis in 2005.[1] In 2021, the U.S. Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report entitled "Update to U.S. Selected Practice Recommendations for Contraceptive Use: Self-Administration of Subcutaneous Depot Medroxyprogesterone Acetate" provided a systemic review of six trials and an expert panel to conclude that DMPA-SC was safe and effective for contraceptive use, including off label use for self-administration.[3] In 2022, The Society of Family Planning also provided a committee consensus that DMPA-SC be offered as an additional option for patients.[4] Outcomes from multiple published trials also demonstrated that DMPA-SC is safe and effective.[5-10]

Findings:

The review concluded that DMPA-SC, including off-label use for self-administration, had equivalent efficacy and safety to clinic administered DMPA, with higher continuation rates and potential to expand access for contraception. If a facility is considering off label use of self-administered DMPA-SC, it is recommended that it be offered in the context of shared decision-making, with a focus on patient preferences and access to the full range of contraceptive methods. Sites should develop materials for screening candidates and providing patient education including supplies and reminder systems. Additional guidance on clinical implementation can be requested by contacting the IHS Maternal Child Health Consultant if interested.

If you have any questions regarding this document, please contact the NPTC at IHSNPTC1@ihs.gov . For more information about the NPTC, please visit the NPTC website.

References:

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