Pharmacy Contraception Service (PCS)

NHS PCS Service Spec v3.0 (Oct 2025) | UKMEC 2025 | CoSRH | PCS PGDs

COC ABSOLUTE EXCLUSIONS: Offer POP Instead

- ☐ Tobacco smoking at age 35+. Nicotine vaping at 35+: assess per PGD
- ☐ BP >=140/90 mmHg or current/treated hypertension (>=160/100 mmHg: do not supply; refer urgently)
- ☐ BMI >=35 kg/m2
- ☐ Migraine with aura (any age)
- ☐ History of VTE, PE, stroke, or TIA
- ☐ Family history VTE in a first-degree relative aged under 45 years (PCS PGD exclusion)
- ☐ Breastfeeding <6 weeks post-partum, or <21 days post-partum
- ☐ Planned major surgery or prolonged immobilisation: COC contraindicated; follow surgical team advice
- ☐ Current or past breast cancer
- ☐ Current or previous meningioma (especially desogestrel products and Zoely): check before supply

Record separate consent for GP record access and GP notification. Exclude pregnancy where indicated. Flag safeguarding. Current documented BP and BMI required before COC supply.

POP product selector

Product	Missed pill	Key notes
Desogestrel 75 mcg (Cerazette/Cerelle)	12 hr	First-line; inhibits ovulation. Check meningioma history.
Drospirenone 4 mg (Slynd)	24 hr; PGD quick-start	Oct 2025. Excluded: renal impairment, diabetes, hyperkalaemia, K-raising drugs.
Levonorgestrel 30 mcg (Norgeston)	3 hr	Cervical mucus only.
Norethisterone 350 mcg (Noriday)	3 hr	Cervical mucus only.

Oral EC: choosing the right option

Situation	Option	Notes
UPSI within 72 hours	LNG-EC or UPA-EC	UPA preferred; efficacy falls less over time
72 to 120 hours	UPA-EC (ellaOne)	LNG-EC not licensed beyond 72 hours
Highest efficacy (any timing)	Cu-IUD (refer)	Up to 5 days after UPSI/ovulation; most effective EC
Weight >70 kg or BMI >26	UPA-EC or Cu-IUD	LNG-EC less effective
After UPA-EC	Delay hormonal contraception 5 days	Use barrier contraception meanwhile

EVERY CONSULTATION: Advise and Screen

- ☐ LARC (IUD/IUS/implant) discussion required at every OC consultation
- ☐ EC consultations: always discuss Cu-IUD as most effective option
- ☐ Ask meningioma history before desogestrel or Zoely. OC does not protect against STIs: recommend condoms
- ☐ GLP-1 agonists: may reduce efficacy; follow CoSRH guidance and provide PIL
- ☐ Enzyme inducers (rifampicin, certain antiepileptics, St John's Wort): PCS PGD exclusion; refer for specialist assessment
- ☐ Post-EC: pregnancy test if period late; same-day urgent assessment for abdominal/unilateral pelvic pain, vaginal bleeding, shoulder-tip pain, or collapse (exclude ectopic)
- ☐ Document reason if supplying less than the maximum permitted duration

Key pitfalls: COC without BP/BMI. Age 35+ smoker given COC. Migraine with aura missed. Drospirenone with renal impairment/diabetes/hyperkalaemia/K-raising drugs. Wrong missed-pill window (3 hr LNG/norethisterone; 12 hr desogestrel; 24 hr drospirenone). Meningioma not checked before desogestrel or Zoely. LARC not discussed. Cu-IUD not offered at EC. No ectopic safety-netting. Supply <6 months without documented reason. Consent points not recorded separately.

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