

# Considerations for updating family planning documents and resources in response to Merck Sharp and Dohme Corp's 2020 label change for Implanon NXT

## Background

Historically, single-rod Implanon NXT implants have been placed subdermally in the upper medial arm, near the medial bicipital sulcus. However, this is the site of the arm's neurovascular bundle, which contains major nerves and blood vessels. Though the previous guidance stated that implants should be inserted superficially and avoid the medial bicipital sulcus itself, improper technique and accidental deep insertion may result in injury to these nerves and blood vessels. In 2018, Merck Sharpe & Dohme Corp. (MSD) conducted a study to identify a new insertion site in the upper arm that would minimize these risks<sup>1</sup>. In 2020, MSD received the World Health Organization's approval to update the label for Implanon NXT to reflect this study's findings and recommendations. This document has been developed to guide Ministries of Health and other stakeholders to review and update their own family planning documents and resources to reflect this change.

## Practice changes to be reflected in updates to family planning documents and resources

An overview of the updates to the label can be found below. For more information, including revised education and tracking materials from MSD and partners, please visit the Implants Toolkit found on Knowledge Success: <https://toolkits.knowledgesuccess.org/toolkits/implants/msd-implant-training-and-education-resources>

- Implanon NXT implants should now be inserted over the triceps, 8-10 cm proximal to the medial epicondyle and 3-5 cm posterior to the medial bicipital sulcus to minimize the risk of injury to the neurovascular bundle, muscles, and other tissues associated with improper deep insertion.
- During the insertion and removal procedures for Implanon NXT implants in the new site, the client's elbow should be flexed and her hand placed under her head to minimize the risk of injury to the ulnar nerve.
- There will be a transition period during which clients with Implanon NXT implants in the old and the new site follow-up with providers. During this period, providers should check both sites to locate the implant. Only when the implant is not palpable in either site should further assessment and imaging be conducted.
- Clients should be told of the new insertion site during counseling and prior to insertion, including previous Implanon NXT users who may expect their new implant inserted in the previous location. After the insertion and before applying a pressure bandage, the provider should remind the client where the implant is located.

## Potential documents and resources to review and update

Ministries of Health and other stakeholders are encouraged to review and update their family planning documents and resources—such as those listed below—to reflect the label update for Implanon NXT. When reviewing and updating these files, remember to check both the text and illustrations; it may be necessary to include illustrations of both sites during the transition period.

- Family planning curricula and materials for preservice training
- Family planning curricula and materials for in-service training
- Family planning counseling guidelines and tools
- Counseling and clinical skills assessments
- Supportive supervision guidelines and assessments
- Videos and job aids demonstrating Implanon NXT insertion and/or removal
- Standard operating procedures, decision-making tools, and algorithms for management and removal of deeply-placed/non-palpable implants

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<sup>1</sup> Iwanaga J, Fox MC, Rekers H, Schwartz L, Tubbs RS. Neurovascular anatomy of the adult female medial arm in relationship to potential sites for insertion of the etonogestrel contraceptive implant. *Contraception*. 2019 Jul;100(1):26-30. doi: 10.1016/j.contraception.2019.02.007. Epub 2019 Mar 8