















Which birth control method is right for me?

There are many birth control options available today, and the choices can seem confusing. This list can help you decide which method would best fit your lifestyle.

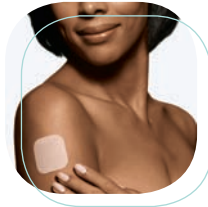
		1 HOW EFFECTIVE IS THIS METHOD?*	2 HOW MANY OPTIONS ARE AVAILABLE?	3 HOW OFTEN DO I NEED TO USE IT?	4 ARE THERE INTERRUPTIONS WITH THIS METHOD?	5 HOW QUICKLY CAN I GET PREGNANT IF I STOP USING IT?	6 DO I NEED A PRESCRIPTION OR WILL I RECEIVE IT FROM MY HEALTHCARE PROFESSIONAL?	7 DO I NEED TO SEE MY HEALTHCARE PROFESSIONAL TO START?	8 DOES THIS PROTECT AGAINST HIV AND STDs?†
HORMONAL CONTRACEPTIVES Hormonal contraceptives work by preventing release of an egg from your ovaries into the uterus, and may also make the uterus an “unfriendly” environment for sperm. While most women know about the birth control pill, there are other hormonal birth control methods that are now available.	 The Patch	Greater than 99% effective	There is only 1 contraceptive patch	The Patch is applied once a week for 3 weeks. During Week 4, no patch is used	There are no interruptions with this method	Once stopped, it may take a few cycles before you can become pregnant	Prescription needed	You need to learn how to apply the Patch correctly	No
	 Oral Contraceptive (The Pill)	Greater than 99% effective	There are a variety of pills available depending on dose and desired frequency of period	You should take your pill every day, at approximately the same time each day	There are no interruptions with this method	Once stopped, it may take a few cycles before you can become pregnant	Prescription needed	You may need instruction on the correct way to take your pills	No
	 Implantable Contraceptive	Greater than 99% effective	There is 1 implantable contraceptive	The implant is inserted on the underside of the upper arm for a 3-year period	There are no interruptions with this method	Once removed, fertility can occur within 1 week	Receive from healthcare professional	Your healthcare professional inserts and removes the implant	No
	 Contraceptive Injection	Greater than 99% effective	There is 1 contraceptive injection currently available	You receive an injection every 3 months	There are no interruptions with this method	Ovulation may be delayed up to a year	Receive from healthcare professional	A healthcare professional administers the injection	No
	 Progesterin-Releasing Intrauterine Device (IUD)	Greater than 99% effective	There is 1 hormone-releasing IUD currently available	The suggested length of use is 5 years or less	There are no interruptions with this method	Once removed, fertility can return within a year	Receive from healthcare professional	Your healthcare professional inserts and removes the IUD	No
	 Vaginal Ring	Greater than 99% effective	There is only 1 vaginal ring	Each month, the vaginal ring is inserted into the vagina and left in place for 3 weeks. During Week 4, you do not wear the ring	There are no interruptions with this method	Once stopped, it may take a few cycles before you can become pregnant	Prescription needed	You need to learn how to insert and remove the vaginal ring	No
NONHORMONAL CONTRACEPTIVES Nonhormonal contraceptives prevent pregnancy by providing a barrier against sperm by interfering with sperm movement, or by creating an “unfriendly” environment for sperm. These methods do not use hormones, so they do not interfere with your natural reproductive cycle.	 Male Condom	98% effective	There are a variety of styles, sizes, colors, materials, and textures	A new one must be used every time you have sex	Must be applied when the penis is erect. May cause a slight interruption before sex	Without this device, there is no protection against pregnancy	No	Tell your healthcare professional that you plan to use condoms	Yes
	 Female Condom	95% effective	There is 1 female condom currently available	A new one must be used every time you have sex	A female condom can be inserted up to 8 hours before sex	Without this device, there is no protection against pregnancy	No	Tell your healthcare professional that you plan to use a female condom	Unless the female condom slips out of place or is torn, it should provide protection against STD exposure comparable to that of male condoms
	 Intrauterine Device (IUD)	Greater than 99% effective	There is 1 copper-T IUD currently available	Once inserted in the uterus, it can be left in place for up to 10 years	There are no interruptions with this method	Once removed, fertility can return within about 1 month	Receive from healthcare professional	Your healthcare professional inserts and removes the IUD	No
	 Spermicides	82% effective —use with a barrier method increases effectiveness	There are a variety of spermicides available in foams, jellies, creams, and vaginal suppositories	Must be used every time you have sex	Must be inserted no more than 1 hour before sex	Without this device, there is no protection against pregnancy	No	Tell your healthcare professional. You may be advised to use an additional contraceptive method	No. As per the FDA, the chemical Nonoxonyl 9 in stand-alone vaginal contraceptives and spermicides can irritate the vagina and rectum, which may increase the risk of contracting HIV/AIDS from an infected partner
	VAGINAL BARRIERS  Diaphragm	94% effective	There are a variety of sizes available	Must be used every time you have sex (and fresh spermicide must be applied each time)	The diaphragm can be inserted up to 6 hours before sex	Without this device, there is no protection against pregnancy	Prescription needed	You need to be fitted and must learn how to use the diaphragm	Diaphragms do not protect against HIV (AIDS). There is a mild reduction in the risk of some STDs
	 Cervical Cap	74% effective in women who have had a child (91% in those who have not)	There are a variety of sizes available	Must be used every time you have sex (and spermicide must be applied when inserted)	The cervical cap provides continuous protection for up to 48 hours	Without this device, there is no protection against pregnancy	Prescription needed	You need to be fitted and must learn how to use the cervical cap	No
PERMANENT METHODS  Surgical Sterilization	Greater than 99% effective	For women, there is tubal ligation (having your tubes “tied”); for men, there is vasectomy	These procedures are considered permanent and irreversible	There are no interruptions with this method	You will no longer be able to get pregnant	Physician recommended	These surgical procedures are performed by a healthcare professional	No	
 Tubal Implant Sterilization	Greater than 99% effective	There is 1 tubal implant currently available	This procedure is considered permanent and irreversible	You must continue to use alternative birth control methods for the first 3 months after having the procedure. After the success of the procedure has been confirmed, there are no interruptions	You will no longer be able to get pregnant after the success of the procedure has been confirmed	Receive from healthcare professional	This is a nonsurgical procedure performed by a physician	No	

*When used perfectly (both consistently and correctly).
 †STDs=sexually transmitted diseases.

ORTHO EVRA The convenience of once-a-week birth control

As effective as the Pill and easily fits your busy lifestyle

- Easy to remember—just once a week
- Easy to use—just peel and stick
- As discreet as you want it to be—it's paper thin
- Stays put—even with showering, swimming, or exercising
- A patch a week for 3 weeks in a row—Week 4 is patch-free



Upper outer arm



Abdomen



Buttock



Upper back

How to apply ORTHO EVRA

Follow these simple steps:

Always apply your patch to clean, dry skin without any cuts or irritation. Avoid putting creams, lotions, oils, powder, or makeup on or near your patch site, to make sure it sticks properly.



- 1 Open the foil pouch by tearing it along the top edge **and** 1 side edge; then, peel the foil pouch apart and open it flat.



- 4 Apply the sticky side of the Patch to the skin you have cleaned and dried; then, remove the other half of the clear liner.



- 2 Using your fingernail, lift 1 corner of the Patch and peel the Patch **and** the clear plastic liner off the foil pouch together. (Be careful not to accidentally remove the clear liner when you remove the Patch.)



- 5 Press down firmly on the Patch with the palm of your hand for 10 seconds, making sure that the edges stick well.



- 3 Peel away half of the clear plastic liner. (Avoid touching the sticky surface of the Patch.)



- 6 Run your finger around the edge of the Patch to make sure it is firmly in place.

ORTHO EVRA is indicated for the prevention of pregnancy in women who elect to use a transdermal patch as a method of contraception. Application site reaction has been reported.

Important Safety Information

Serious as well as minor side effects have been reported with the use of the Patch. Serious risks, which can be life-threatening, include blood clots, stroke and heart attacks and are increased if you smoke cigarettes. Cigarette smoking increases the risk of serious cardiovascular side effects, especially if you are over 35. Women who use the Patch are strongly advised not to smoke. Some women should not use the Patch, including women who have blood clots, certain cancers, a history of heart attack, blood clots, or stroke, as well as those who are or may be pregnant.

Hormones from ORTHO EVRA get into the blood stream and are processed by the body differently than hormones from birth control pills. **You will be exposed to about 60% more estrogen if you use ORTHO EVRA than if you use a typical birth control pill containing**

35 micrograms of estrogen. In general, increased estrogen may increase the risk of side effects. The risk of venous thromboembolic events (blood clots in the legs and/or the lungs) may be increased with ORTHO EVRA use compared with use of birth control pills. Studies examined the risk of these serious blood clots in women who used either ORTHO EVRA or birth control pills containing one of two progestins (levonorgestrel or norgestimate) and 30-35 micrograms of estrogen. Results of these studies ranged from an approximate doubling of risk of serious blood clots to no increase in risk in women using ORTHO EVRA compared to women using birth control pills.

You should discuss with your healthcare professional whether ORTHO EVRA is a good method of contraception for you. **The Patch does not protect against HIV or sexually transmitted diseases.**

Please see the Detailed Patient Labeling from the full Product Information.