Women in the US will soon have another contraceptive method available to them. The Food and Drug Administration has approved Implanon, a contraceptive implant. It’s manufacturer, Organon International, announced in July that it will begin training health care workers this year on how and where to insert and remove the implant. Only providers trained through Organon-sponsored programs will be allowed to order the Implanon.

“We haven’t had a contraceptive implant in the US since the marketing of Norplant was stopped in 2000,” said Fellow Herbert B. Peterson, MD, professor of ob-gyn and maternal and child health at the University of North Carolina at Chapel Hill. “This implant’s main mechanism of action is the prevention of ovulation, and it’s highly effective.”

Implanted into the inner side of the upper arm, Implanon contains etonogestrel, a different progestogen than Norplant used, and is expected to be easier to insert and remove. Unlike the six-capsule Norplant, Implanon is a single-rod implant and has a special insertion applicator. The matchstick-size rod provides contraception for up to three years; it must be removed after three years, but a new implant can be inserted at that time.

According to the physician insert, the nonbiodegradable rod consists of an ethylene vinylacetate (EVA) copolymer core, containing 68 mg of etonogestrel, surrounded by an EVA copolymer skin. The release rate is 60 to 70 ug per day in a week five to six and decreases to approximately 35-45 ug per day at the end of the first year. It then decreases to approximately 30-40 ug per day at the end of the second year and to approximately 25-30 ug per day at the end of the third year.