# Hormonal IUDs available in Australia comparison chart

## Tool for clinicians to use with patients to assist in decision making

Sexual Health Victoria
Care Education Advocacy

| | Kyleena<br>19.5 mg Levonorgestrel IUD | Mirena<br>52 mg Levonorgestrel IUD |
|---|---|---|
| Cost of the IUD<br><br>Price may differ slightly between pharmacies.<br><br>Please check with your health care provider for any costs associated with the IUD insertion procedure. | PBS (with a medicare card): Approximately $7.70 with health care card or $31.70 without<br><br>Approximately $170 on private prescription (if no Medicare card) | PBS (with a medicare card): Approximately $7.70 with health care card or $31.70 without<br><br>Approximately $213 on private prescription (if no Medicare card) |
| Reasons for using the IUD | • Contraception | • Contraception<br>• Management of heavy periods<br>• Can be used as the progestogen part of menopausal hormone therapy |
| How long does the IUD work?<br><br>(After 5-8 years the IUD can be replaced for ongoing use) | 5 years | 8 years for contraception<br>Up to 8 years for heavy menstrual bleeding if symptoms have not returned.<br>If aged 45 years or older at the time of insertion for contraception or menstrual control can be left in until 55 years of age.[1] |
| Can the IUD be used as the progestogen part of menopausal hormone therapy? | No | Yes. Must be replaced every 5 years regardless of age at insertion. |
| How effective is the IUD at preventing pregnancy? | 99.7% [2] | 99.9% [3] |
| How common are ectopic pregnancies on the IUD? | If pregnancy occurs with a hormonal IUD about half of those pregnancies will be ectopic (outside the uterus). 2, 3 However because IUDs are so effective at preventing pregnancy, IUD users are less likely to have an ectopic pregnancy while they have an IUD than when they do not have an IUD. | |
| How much hormone is in the blood stream at 90 days? [4] | Approximately 140ng/L<br>This is a low amount of hormone and is around half compared with the Mirena IUD | Approximately 280ng/L<br>This is a low amount of hormone |
| Size difference (mm) | | |
| Inserter tube width (mm) | 3.8 | 4.4 |
| Device width (mm) | 28 | 32 |
| Length (mm) | 30 | 32 |

| | | |
|---|---|---|
| Discomfort during insertion procedure [5] | In a study where people reported pain levels during insertion of their IUDs, pain with insertion was rated as none or mild by the majority. However some report higher levels of pain during Mirena insertion. | |
| What changes to bleeding patterns may occur? [5] | There can be increased bleeding and spotting days in the first 6 months of use with both IUDs. By 3 years of use most people have fewer than 4 bleeding or spotting days per month. There are slightly fewer bleeding and spotting days per month with Mirena compared to the Kyleena. | |
| Rate of complete cessation of bleeding (no periods) [6] | 12.3 % at 1 year<br>23 % at 5 years | 18.6% at 1 year<br>30-40% at 5 years |
| Is the IUD recommended for management of heavy periods? | Not specifically studied in this population | Yes. Bleeding reduction of around 85% [7] |
| Will the IUD help reduce period pain? | In a study the baseline number of people with no period pain at the start of the study was 50%. This improved to 80% in users of both IUDs at 3 years. [5] | |
| What are the hormonal side effects | There is not enough evidence to indicate whether lower systemic hormone exposure with Kyleena is associated with less hormonal side effects.<br>Hormonal side effects with both IUDs may include headache, acne, breast tenderness, mood changes and irregular bleeding.<br>If these occur most will resolve with continued use of the IUDs. | |
| Do any other medications interact with the IUDs? [8] | Neither Mirena or Kyleena are affected by other medications. | |

**Abbreviations:**
LNG-IUD=levonorgestrel intrauterine device
PBS=Pharmaceutical Benefits Scheme
HCC= Health Care Card

**References:**

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7. Kaunitz AM, Bissonnette F, Monteiro I, Lukkari-Lax E, Muysers C, Jensen JT. Levonorgestrel-Releasing Intrauterine System or Medroxyprogesterone for Heavy Menstrual Bleeding: A Randomized Controlled Trial. Obstet Gynecol. 2010;116(3):625-32.


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