

**UPDATE: EMERGENCY CONTRACEPTION (EC)**

Emergency contraception (EC), including progestin-only products, combined oral contraceptive pills (OC) and the ParaGard<sup>®</sup> intrauterine contraceptive (IUC), is an effective intervention to prevent unintended pregnancy after unprotected sexual intercourse. Oral EC can be provided as a prepackaged product or as an accepted regimen of combined OCs. Please check the Family PACT Formulary at [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/pharmacy\\_f00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/pharmacy_f00.doc) to determine which EC products currently are covered. This Alert replaces the December 2005 EC Alert.

**KEY POINTS**

- **EC provision is time sensitive and is most effective the sooner it is administered after unprotected intercourse. Providers should offer EC as soon as possible, but administration should be no later than 120 hours after an episode of unprotected intercourse.**
- **Progestin-only EC can be given as levonorgestrel 1.5 mg as one dose or levonorgestrel 0.75 mg taken as two doses 12 hours apart, with no difference in side effects between the two regimens. Oral contraceptives offered as EC must contain ethinyl estradiol with either levonorgestrel or dl-norgestrel given as two doses 12 hours apart.**
- **Advance provision of EC should be offered to women who rely on less effective methods of contraception or those who report having missed doses of combined hormonal contraceptives or progestin-only pills.**
- **A pregnancy test visit when the result is negative in a woman who does not desire pregnancy represents an additional opportunity to discuss contraception and to offer advance provision of EC.**

**QUESTIONS AND ANSWERS****Is a comprehensive history, physical exam, or pregnancy test required before dispensing EC?**

No. A comprehensive health history or physical exam is not required for administration of EC. A pregnancy test should be performed only if 10 days or more have elapsed from the date of unprotected intercourse. Contraceptive counseling should be offered at EC visits and clients advised that EC is not recommended as a sole method of contraception.

**What effect does advance provision of EC have on clinical outcomes?**

Advance provision has been shown in clinical studies to increase actual EC usage with no decrease in the ongoing use of effective contraception or an increase in sexually transmitted infection rates.<sup>1</sup> However, in a large meta-analysis<sup>2</sup> advance provision of EC does not reduce overall pregnancy rates when compared to conventional EC provision.

**Does the use of EC cause abortion?**

No. EC does not cause an abortion because it works before implantation occurs. If a woman already is pregnant, EC will not cause a miscarriage or birth defects. By preventing pregnancy, EC reduces the need for induced abortion.

**What are the specific indications for EC?**

- When EC is requested by a client within five days of an episode(s) of unprotected intercourse
- As a component of a "quick start" regimen for off-cycle initiation of a hormonal regimen of contraception, if a woman has had unprotected intercourse in the past five days

**When should EC use be considered by a woman already using contraception?**

According to evidence-based guidelines for missed hormonal contraceptives,<sup>3</sup> women who have had intercourse in the past five days should use a barrier back-up for the next seven days and consider the use of EC in the following circumstances:

- When a woman misses one or more days of OCs in week one or three or more days in week two or three of cyclic OC use
- After removal of the contraceptive ring for three or more hours in week one or longer than 72 hours in week two or three
- After detachment of the patch for 24 hours or longer in week one or longer than 72 hours in week two or three
- When progestin-only pill-taking is delayed for longer than three hours *OR* after missing one or more progestin-only pill(s)

**Are there any age restrictions regarding the use of EC?**

- Prepackaged EC products can be purchased without a prescription by women and men 17 years of age and older at most pharmacies. Clients should be reminded that proof of age will be requested.
- Women under 17 years of age either require a prescription or may obtain EC directly from a specially trained pharmacist participating in the EC Pharmacy Access Program without an advance prescription. A partial list of participating pharmacies (by city, county, or zip code) can be found at <http://www.ec-help.org/PharmacyLocations.asp>.
- Minors have the legal right to self-consent for pregnancy-related services, including the use of EC. California law does not require parental notification or consent for the provision of contraception (including EC) to minors.

## EMERGENCY CONTRACEPTION (CONTINUED) MARCH 2010

### Which oral contraceptive products can be used for EC?

The original Yuzpe Regimen for emergency contraception used Ovral® with two tablets as a first dose and two tablets 12 hours later. Consequently, only OCs containing levonorgestrel or dl-norgestrel + ethinyl estradiol in doses equivalent to the original Yuzpe regimen should be used. For example, Nordette® must be used as four tablets per dose.

### Is there any advantage to progestin-only EC compared to using combined OCs?

There is significantly less nausea and vomiting in patients using progestin-only products compared with EC regimens that contain estrogen. In addition, randomized trials have demonstrated that the use of progestin-only EC results in even lower pregnancy rates than the combination OC method.<sup>4</sup>

### How long after unprotected intercourse is EC effective??

The original Yuzpe regimen permitted the use of EC up to 72 hours after unprotected intercourse and all EC products are labeled with the same restriction. However, a number of studies<sup>5,6</sup> have shown that EC are effective for up five days (120 hours) after unprotected intercourse.

### Are there any women who should not be given EC?

The World Health Organization (WHO)<sup>7</sup> states that the only contraindication to oral EC is a known pregnancy. A history of heart attack, angina, stroke, thromboembolic conditions, migraine, and severe liver disease are listed as WHO-category 2.

### Can IUCs be used as EC?

ParaGard® (T380 Intrauterine Copper Contraceptive) can be used as EC if the client desires to continue the IUC for long-term contraception. ParaGard® may be relied upon as EC up to eight days after unprotected intercourse. The Mirena® Intrauterine System should not be used as EC, as there are no studies to support its use in this circumstance. When billed to Family PACT, IUCs cannot be used *solely* for the purpose of EC.

## APPLICATION OF FAMILY PACT POLICY

### Are there any restrictions on the dispensing of oral EC under Family PACT?

- Family PACT benefits include both clinic and pharmacy dispensing of oral EC when prescribed or furnished by a Family PACT provider or furnished by a pharmacist participating in the EC Pharmacy Access Program.
- EC is available to female clients under all primary diagnosis (S) codes except S60 (pregnancy testing).
- Reimbursement for pre-packaged EC is in accordance with current program policy as published in the Policies, Procedures, and Billing Instructions (PPBI) manual

### How should EC visits be documented?

- Documentation of client education and counseling pertaining to EC must be contained in the medical record to support services billed for reimbursement.

### Are all Family PACT providers expected to provide counseling and provision of EC?

- Program standards require providers to offer EC onsite or by prescription.
- All staff performing education and counseling services shall be knowledgeable about EC and the policies for use under the Family PACT Program.
- Specific instructions for the use of EC shall be provided both verbally and in written form. The client should be given the opportunity to ask questions and discuss personal concerns about EC.
- Female clients requesting EC must be offered contraceptive options counseling, including long-acting reversible contraceptives (LARC), if they are not using contraception or having difficulty with their current method.

*Providers should refer to the Family PACT PPBI for the complete text of the Family PACT Standards, official administrative practices, and billing information.*

## RESOURCES FOR INFORMATION ON EMERGENCY CONTRACEPTION

### References:

1. Raine TR, Harper CC, Rocca CH, et al. Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs: a randomized controlled trial. *JAMA* 2005 Jan 5;293(1):54-62.
2. Polis CB, Schaffer K, et al. Advance provision of emergency contraception for pregnancy prevention: a meta-analysis. *Obstet Gynecol* 2007 Dec;110(6):1379-88.
3. Guilbert E, Black A, et al. Missed Hormonal Contraceptives: New Recommendations. *JOGC* 2008;30(11):1050-62.
4. American Academy of Pediatrics Committee on Adolescence. Emergency Contraception. *Pediatrics* 2005;116:1026-35.
5. Ellertson C, Evans M, Ferden S, et al. Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours. *Obstet Gynecol* 2003 Jun;101(6):1168-71.
6. Rodrigues I, Grau F, et al. Effectiveness of emergency contraceptive pills between 72 and 120 hours after unprotected sexual intercourse. *Am J Obstet Gynecol* 2001;184:531.
7. WHO Medical eligibility criteria for contraceptive use Fourth edition 2009. Accessed at [http://whqlibdoc.who.int/publications/2009/9789241563888\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241563888_eng.pdf).

### Helpful consumer resources:

- Princeton University Emergency Contraception website: <http://not-2-late.com>. Hotline: (888) NOT-2-LATE.
- California Pharmacy Access Partnership: <http://www.ec-help.org/>.
- Association of Reproductive Health Professionals: <http://www.arhp.org/healthcareproviders/resources/ecresources/index.cfm>.