Emergency Contraceptive Pills (ECPs) Protocol for NM Pharmacist

A. TITLE:

New Mexico Pharmacist prescribing of Emergency Contraception, as intended to support and pursuant to, New Mexico Board of Pharmacy Regulation (16.19.26).

B. PURPOSE:

To provide a woman with emergency contraception in those situations which a woman has had unprotected or inadequately-protected sexual intercourse and does not desire pregnancy.

C. INTRODUCTION:

Emergency contraception is sometimes known as the “morning after” treatment or “post-coital” contraception. The term “emergency contraception” is preferred because the method is best suited for limited “emergency” use and can be used for several days after unprotected sexual intercourse, not just the morning after. Most women who are concerned about pregnancy following unprotected or inadequately-protected sexual intercourse are not aware that there are safe and effective methods to prevent pregnancy after sexual intercourse: emergency contraceptive hormonal pills, and IUDs. These methods have been used for decades by women around the world.

Emergency contraception should not be used in place of ongoing, correct use of regular contraceptives because it is less effective in preventing pregnancy. If used as an ongoing method, ECP therapy would be far less effective than most other contraceptive methods: if the typical woman used combined ECPs for a year; her risk of pregnancy would exceed 35% and if she used progestin-only ECPs, she would still have a 20% chance of pregnancy.

Emergency birth control may prevent pregnancy in several ways. It may prevent ovulation, alter corpus luteum function, thicken cervical mucus, interfere with fertilization by altering the tubal transport of sperm and/or ova. It may inhibit implantation by altering the endometrium. ECPs do not interrupt an established pregnancy.

Effectiveness (overall):

Emergency contraception efficacy decreases with time after unprotected or inadequately-protected sexual intercourse so that while a patient can use ECP up to 5 days after unprotected or inadequately-protected sexual intercourse, it is most effective when used within the first 24-48 hours.

POP ECPs reduce pregnancy risk by as much as 89%.

COC ECPs reduce the risk of pregnancy by 75%; if 100 women had unprotected sexual intercourse during the second or third week of their cycle, about 8 would become pregnant. If all 100 took ECP, about 2 would become pregnant. With Plan B’s higher contraceptive efficacy, fewer than 2 women would become pregnant with the use of Plan B.

ECPs provide no protection from sexually transmitted infections.
D. INDICATIONS:

Examples of indications:

1. A condom breaks or slips
2. A diaphragm slips out of place or tears
3. A woman misses her regular OCPs
4. A woman is more than 2 weeks late for a contraceptive injection
5. A woman had sexual intercourse with or without consent and not using a reliable method of birth control (OCP, Depo-Provera, IUD, and Norplant)
6. An IUD is expelled or removed at mid-cycle after unprotected sexual intercourse
7. A woman is exposed to a possible teratogen. (ex. has unprotected or inadequately protected sexual intercourse while taking the prescription

E. CONTRAINDICATIONS:

1. Known pregnancy is the only absolute contraindication.
2. ECPs may be given to women who have contraindications to ongoing use of combined oral contraceptives (smoker over 35, diabetic with vascular disease, history of severe migraine, benign or malignant liver tumor) because the amount of estrogen is relatively small and the duration of its use is short.

F. EDUCATION AND USE OF ECP

1. HANDOUTS: Drug specific information and patient education materials
2. DOSAGE: The sooner ECP is taken, the more effective. Take the first dose no later than 120 hours (5 days) after unprotected sexual intercourse. Take the second dose 12 hours later.
3. SIDE EFFECTS: ECPs may cause nausea and/or vomiting. Some women also feel dizzy or tired or have tender breasts. These side effects are not serious and usually stop in a day or so. If client vomits after 1 hour of taking a dose of ECPs, the ECPs were probably absorbed. If vomiting occurs within 1 hour of ECP administration, she may repeat the dose, preferably 1/2 hour after taking an antiemetic. Contact the pharmacist for another dose. The woman may also take antinausea medicine before the second dose if she was uncomfortable from nausea after the first dose. Use of Plan B is associated with deceased incidence of nausea and vomiting: 23% experience nausea and 6% vomit with Plan B vs. 50% and 20% respectively with COC use.
4. FOLLOW UP: Emphasize that ECPs are for emergency use only and are not 100% effective. If her period does not start within 3 weeks after taking ECPs, she should have a pregnancy test. Home pregnancy tests may be unreliable. Her period may come a few days earlier or later than normal. Inform her that she may also have a pregnancy test if she is worried and/or feels pregnant. Also tell her to seek emergency care if she has
symptoms of an ectopic pregnancy (missed period or abnormal bleeding pattern with pain on one side of the lower abdomen).

5. Counsel on alternate methods of birth control she may use to prevent pregnancy in the future.

6. If patient is pregnant, refer for prenatal care.

G. HEALTH SCREENING/EXAM:

1. Last unprotected sexual intercourse was within 120 hours; ECP may be used up to 5 days after unprotected sexual intercourse.

2. History is negative for a current known pregnancy. Package insert contraindications for Preven or COCs used for ECP are not medical evidence-based in the context of emergency contraception. These contraindications pertain to ongoing exposure to the hormone estrogen, not to short-term estrogen exposure with ECP use. (See E2) Plan B ECP contraindications include current known or suspected pregnancy, undiagnosed abnormal vaginal bleeding and hypersensitivity to any component of the product.

I. DISPENSING:

1. Dispense one of the following regimens of ECPs:

   **Progestin Only Pills**

   **Plan B**

   1 pill now and 1 pill in 12 hours

   **Ovrette** (yellow pills)

   20 pills now and 20 pills in 12 hours

   **Combined Oral Contraceptives**

   **Preven** (blue pills) OR
   **Ogestrel** (white pills)
   **Ovral** (white pills)

   2 pills now and 2 pills in 12 hours

   **Low-Ogestrel** (white pills)
   **Lo-Ovral** (white pills),
   **Levora** (white pills) OR
   **Levlen** (light orange pills) OR
   **Nordette** (light orange pills) OR
   **Triphasil** (yellow pills),
Tri-Levlen (yellow pills) OR
Trivora (pink pills)

4 pills now and 4 pills in 12 hours

Alesse (pink pills) OR
Levlite (pink pills)
5 pills now and 5 pills in 12 hours

2. Use of Plan B ECP is associated with significantly decreased nausea and vomiting than COC ECP. If antiemetic is appropriate for use with this patient, however, review relevant Phenergan or Dramamine information, instruct patient on administration, and dispense (or recommend):

- two Dramamine II 25 mg tablets (one or two tablets taken one hour before the first ECP dose), or two Phenergan 25 mg suppositories (one suppository one hour before each of the two ECP doses).

3. Recommend spermicidal film or foam and condoms with instructions for use.

J. VISIT SCHEDULE:

1. Instruct patient if she has no period within 3 weeks or feels pregnant, see a health care provider for a pregnancy test.

2. If she is not already enrolled with a provider for Family Planning services, refer to a local clinic, Public Health Department, Planned Parenthood of New Mexico or her personal health care provider.