Clinical Practice Alert

February 2020

EMERGENCY CONTRACEPTION

Emergency contraception (EC) represents a “last chance” to prevent unintended pregnancy. Categories of EC are emergency contraceptive pills (ECPs), including ulipristal acetate (UPA) and levonorgestrel (LNG) and the copper intrauterine device (IUD).

KEY POINTS

- EC provision is time sensitive and is most effective the sooner it is administered after unprotected intercourse.
- UPA and LNG ECPs work equally well up to 72 hours from the time of unprotected intercourse. UPA has a higher efficacy than LNG between 72 and 120 hours after unprotected intercourse.
- A female’s body weight affects the efficacy of ECPs. LNG is less effective in women who are overweight and has little effect in preventing pregnancy in those who are obese (BMI >30kg/m^2). UPA is effective in overweight females but is less effective in obese women.

QUESTIONS AND ANSWERS

In comparing ECP methods, how is UPA different from LNG?

- UPA 30 mg. (ella®) is a progesterone receptor blocker that prevents ovulation of follicles as large as 18-20 mm. It is taken orally in single dose. In a comparison of UPA and LNG (0-120 hours after last sex), the failure rate of UPA was 1.3% vs. 2.2% with LNG, a 45% difference.
- LNG is packaged as a single dose tablet (1.5 mg LNG; Plan B One Step® and many generic versions).

How long after unprotected intercourse are ECPs effective?

- UPA is FDA labeled for use up to 120 hours from unprotected sexual intercourse, while LNG products are FDA labeled for use up to 72 hours. However, studies show that LNG is effective for up to 120 hours after unprotected intercourse.
- Based on published studies, LNG and UPA work equally well up to 72 hours from unprotected intercourse. UPA has a lower failure rate than LNG between 72 and 120 hours, and therefore is preferred for unprotected exposure during this interval.

What are the indications for ECPs in a female not using contraception currently?

- 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 she has had unprotected intercourse in the past five days.

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

According to the CDC Selected Practice Recommendations (SPR) for Contraceptive Use[1], females who used their method incorrectly and who have had intercourse within 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 she misses:
  - One or more days of Oral Contraceptives (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).

What is the effect of body weight on the efficacy of ECPs?

Recent studies have demonstrated that OC hormone absorption is slower in obese females than it is in females of normal weight[2].

- LNG works well in average weight females, but not as well in overweight clients (BMI 26-29 kg/m^2), and not at all in those with a BMI > 30 kg/m^2.
- UPA works well in average weight and overweight females but not well in obese females.

Is a comprehensive history, physical exam, or pregnancy test required before dispensing ECPs?

No. None is 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.

Does the use of ECPs cause abortion?

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

What follow-up is recommended after the use of ECPs?

- The woman needs to abstain from sexual intercourse or use barrier contraception for the next 7 days after starting or resuming regular contraception, or until her next menses, whichever comes first.
- Any hormonal method may be started or resumed immediately after the use of LNG ECPs.
- Advise the woman to have a pregnancy test if she does not have a withdrawal bleed within 3 weeks.

When can a client start hormonal contraception after the use of UPA?

- Once UPA is taken, the immediate initiation of combined oral contraceptives (COCs) or progestin-only pills (POPs) can reduce its effectiveness, owing to the displacement of UPA from the progesterone receptor. The FDA and CDC SPR recommend that starting or resuming hormonal contraception occurs no sooner than 5 days after use of UPA.
- Starting depot medroxyprogesterone acetate (DMPA, also known as DepoProvera), implants, and LNG IUDs at the time of UPA use may be considered; however, the risk that the method might decrease the effectiveness of UPA must be weighed against the risk of not starting a regular hormonal method.

Are there any age restrictions regarding the use of ECPs?

- LNG ECPs can be obtained over-the-counter (without a prescription) by women and men, regardless of age.
- UPA requires a prescription at all ages.
- 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.

Are there any women who should not be given ECPs?

The US Medical Eligibility Criteria[3] (US-MEC) states that the only contraindication to ECPs is a known pregnancy, since they will not work. A history of heart attack, angina, stroke, thromboembolic conditions, migraine, and severe liver disease are listed as US-MEC Category 2.

What effect does advance provision of ECP have on clinical outcomes?

In a large meta-analysis based in 15 studies[4], advance provision of ECP does not reduce overall pregnancy rates when compared to conventional (as-needed) ECP provision.

How is an IUD used as emergency contraception?

- A copper IUD (Cu-IUD; ParaGard®) is extremely effective (greater than 99%) when used as EC.
- According to the CDC SPR, it can be inserted within 5 days of the first act of unprotected sexual intercourse as EC. When the day of ovulation can be estimated, the Cu-IUD can be inserted beyond 5 days after sexual intercourse, as long as insertion does not occur > 5 days after ovulation.
- Levonorgestrel IUDs should not be used as EC, as there are no studies at this time to support its use for this purpose.

APPLICATION OF FAMILY PACT POLICIES

Which ECP products are available in Family PACT?

- The Family PACT Formulary includes UPA and LNG ECPs products for both clinic and pharmacy dispensing.
- Bill for LNG ECPs with HCPCS code J3490-U6 and UPA with code J3490-U5. Include the NDC number on the claim.
- All products are restricted to one pack per dispensing, with a combined maximum total number of dispensing six packs per recipient, per year, any provider.

Can a client receive ECPs without choosing a longer-term method of contraception at the same visit?

- Yes. Use ICD-10 code **Z30.012** (encounter for prescription of emergency contraception) as the primary diagnosis code. If the encounter also includes services for contraceptive management or initiation of a contraceptive method, the family planning ICD-10 code for which the client is being seen, or for the method selected by the client, is to be used.
- Services reimbursable under Z30.012 are limited to E&M codes 99201-99202 (for new patients) and 99211-99212 (for established patients).
- The only lab test covered with Z30.012 is a point-of-care urine pregnancy test (CPT code 81025), as clinically indicated.

Are ECPs a Family PACT benefit for males, if intended for his female partner?

No. ECPs are a Family PACT benefit only when dispensed to a female client. However, males may purchase most ECPs in a pharmacy, subject to the age requirements.

Does Family PACT cover ECPs for women using other methods of contraception?

Yes, but only as clinically indicated, not routinely. For example, a female using a contraceptive implant may need an ECP prescription only at the time of a “quick start” (off-cycle) implant placement if she has unprotected intercourse in the prior 5 days.

Does Family PACT cover placement of a copper IUD as emergency contraception?

Yes, but only if the client intends to use the copper IUD as her long term method of contraception.

Providers should refer to the Family PACT Policies, Procedures, and Billing Instructions Manual for the complete text of the Family PACT Standards, official administrative practices, and billing information.

RESOURCES

- American College of Obstetricians and Gynecologists. Emergency contraception. Practice Bulletin No. 152. Obstet Gynecol. 2015 Sep;126(3):e1-11. https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins----Gynecology/Public/pb152.pdf?dmc=1.
- American Society for Emergency Contraception. www.americansocietyforec.org

REFERENCES

1. Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep. 2016 Jul 29;65(4):1-66.
2. Rapkin RB, Creinin M. Clinical Review. Update on Contraception. OBG Manag. 2011 Aug;23(8):16-24. EC is more likely to fail in overweight and obese women; p. 21.
3. Curtis KM, Tepper NK, Jatlaoui, TC, et al. United States Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep. 2016 Jul 29;65(3):1-104.
4. Polis CB, Schaffer K, Blanchard K, et al. Advance provision of emergency contraception for pregnancy prevention. Cochrane Database Syst Rev. 2007 Apr;(2):CD005497.