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Standing Order for Dispensing Emergency Contraception Pills

This Standing Order is issued by the Department of Public Health pursuant to chapter 127 of the acts of 2022, *An Act Expanding Protections for Reproductive and Gender-Affirming Care*, which permits pharmacists to dispense emergency contraception pills (ECP) through a statewide standing order.

Chapter 127 ensures that, except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses emergency contraception, shall not be subject to any criminal or civil liability or any professional disciplinary action by the board of registration in pharmacy related to the use or administration of emergency contraception.

Emergency Contraception Pills (ECP) Indication

ECP are indicated for pregnancy prevention for patients of all reproductive ages (regardless of when the patient presents during the menstrual cycle) following:

- unprotected intercourse
- known or suspected contraceptive failure *(e.g., slipped, broken or leaked condom; delayed Depo-Provera injection; missed one or more oral contraceptive pills; IUD partially or totally expelled; withdrawal failure, etc.)*
- sexual assault or reproductive coercion.

Given that the efficacy of ECP is based on timely administration, an advance supply of ECP can be provided with instructions for future use.[i]

Side Effects

ECP side effects are generally mild and may include nausea and vomiting. Other short-term side effects may include fatigue, headache, dizziness, lower abdominal pain, or a change in the timing or flow of the next menstrual cycle.

Emergency Contraception Pills Order

1. Assess patient indications for ECP as described above.

2. Screen for contraindications to ECP:

- Known, established pregnancy reported by the patient

NOTE: Use of ECP is not indicated for an individual with a known pregnancy. No harm is known to exist to the individual, the pregnancy, or the fetus if ECP are inadvertently used by a pregnant person.[ii] ECP do not cause an abortion.[iii]

- A pregnancy test is not required before ECP are administered.

3. Dispense ECP:

There are two types of ECP that have been approved by the U.S. Food and Drug Administration (FDA) to prevent pregnancy after unprotected sex or sexual assault: ulipristal acetate (UPA or ella®) and levonorgestrel (LNG, Plan B One-Step®, or generic versions). The primary mechanism of action of both medications is the inhibition or delay of ovulation. While UPA and LNG are safe and effective for preventing pregnancy after unprotected sex, in certain scenarios, one may be more effective than the other.

Note: the best choice of ECP is the one that the person can access as soon as possible after unprotected sex.

Scenario	**Best choice of ECP**	**Alternative and rationale**
0-72 hours since unprotected sex	LNG or UPA	
73-120 hours since unprotected sex	UPA	LNG efficacy decreased but can be used if UPA not available[iv]
Weight ≤ 165 pounds or BMI ≤25 kg/m^2	LNG or UPA	
Weight >165 pounds or BMI >25 kg/m^2	UPA	LNG efficacy may be decreased but can be used if UPA not available[ii]
Breastfeeding	LNG	If using UPA, delay breastfeeding for 24 hours[ii]
Need to start/restart hormonal contraception immediately	LNG	If using UPA, delay start of hormonal contraception at least 5 days[iv]

4. Routine use of antiemetics prior to ECP use is not recommended. However, you may dispense an anti-nausea medication:

- prior to administration of an additional dose if vomiting occurs within three hours after taking the initial dose[iv]
- If indicated by prior history of nausea with ECP use

Anti-Nausea Medication Dosage, United States FDA-Approved Over-the-Counter Products for Presumptive Treatment of Nausea		
Generic Name	**Strength per Dosage Unit**	**Dose**
Dimenhydrinate	50 mg per oral or chewable tablet	12 years of age and older: 1-2 tablets every 4 to 6 hours as needed; Maximum of 8 tablets within a 24-hour period
Meclizine	25 mg per tablet	12 years of age and older: 1-2 tablets daily

5. Provide patient instructions based on selected ECP:

- Take one tablet by mouth as soon as possible and within 120 hours of unprotected intercourse.
- If vomiting occurs within 2-3 hours of administration, the dose can be repeated with the use of an antiemetic.
- If menses has not occurred by 3 weeks after ECP use, a pregnancy test is indicated.[iv]
- If patient experiences severe lower abdominal pain 3-5 weeks after ECP administration, the patient should be evaluated by a health care provider for ectopic pregnancy.
- There is a rapid return to fertility following ECP use. A regular hormonal contraceptive method can be initiated or resumed immediately after taking LNG, with use of a reliable barrier method of contraception for seven days. Advise patients given UPA not to restart hormonal contraception until at least five days after using UPA, and to use a reliable barrier method of contraception for any subsequent acts of intercourse that occur in that same menstrual cycle.[iv]
- Delay breastfeeding for 24 hours if using UPA.
- Advise patient that ECP do not protect against HIV and other STIs.
- Encourage the patient to contact their primary care provider, reproductive health provider, or family planning clinic for follow-up.

Authorizing Physician

August 4, 2022

Physician's Signature Date

Estevan Garcia, MD. 270364

Physician's Name and MA License No.

[i] Rodriguez MI, Curtis KM, Gaffield ML, Jackson E, Kapp N. Advance supply of emergency contraception: a systematic review. Contraception 2013;87:590–601. http://dx. doi. org/10. 1016/j. contraception. 2012. 09. 011

[ii] Curtis, K.M., Jatlaoui, T.C., Tepper, N.K. et al. U.S. Medical Eligibility for Contraceptive Use. MMWR Recomm Rep 2016;65(No. RR-3):[93-95].

[iii] Emergency contraception. Practice Bulletin No. 152. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;126:e1–11.

[iv] Curtis, K.M., Jatlaoui, T.C., Tepper, N.K. et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR4):34-36.