Guideline to support the supply of:

Ulipristal Acetate 30mg tablets (ellaOne®)

by pharmacists in Sheffield community pharmacies, commissioned by Sheffield City Council to provide sexual health services

March 2018

Introduction

Ulipristal acetate 30mg tablets (ellaOne®) is classified as a P medicine when supplied as emergency contraception (EC) for circumstances of unprotected sexual intercourse (UPSI), either where no contraception is used or failure of contraception. It is licensed for any woman of child bearing age, including adolescents; no differences in safety or efficacy have been shown compared with adult women aged 18 and older.

This guideline supports pharmacists in Sheffield community pharmacies, commissioned by Sheffield City Council to provide sexual health services to young women, to supply ulipristal acetate, where clinically appropriate, in line with the service specification. A PGD is not required as it is a P medicine but this guideline follows a similar format to a PGD for clarity and consistency with the levonorgestrel PGD.

A post coital copper intrauterine device (Cu-IUD) is the most effective emergency contraceptive and an oral EC is indicated where the patient is ineligible for or declines this. Levonorgestrel 1.5mg and ulipristal acetate 30mg tablets are the options for oral EC and should also be supplied where the young woman is referred on for a Cu-IUD in case this cannot be inserted or she changes her mind. See EC decision tree (page 7) to guide choice of oral EC. Ulipristal acetate is preferred over levonorgestrel where:

- The patient presents between 96 to 120 hours after UPSI
- UPSI has occurred mid cycle, within 5 days of expected ovulation (e.g. Day 9 to Day 15 of a 28-day cycle), where this can accurately be estimated
- The patient weighs > 70kg or BMI > 26mg/m^2

However, individual patient factors and patient preference must always be considered.

Inclusion criteria

Ulipristal acetate may be supplied following a request from a young woman at risk of pregnancy* who gives informed consent for emergency contraception within 120 hours of earliest risk:

- Any female aged 16 and 17 years
- Any female aged 14 - 15 years (inclusive) who is deemed to be Fraser competent; clients aged less than 16 years must be offered the opportunity to seek parental consent prior to treatment. Competence under the 'Fraser guidelines' must be assessed and documented.

*Risk may be related to

- No contraception used
- Failure of barrier method of contraception
- Reduced efficacy of contraceptive method. Refer to Table 1 in the Faculty of Sexual & Reproductive Healthcare Guideline Emergency Contraception (2017).
- Vomiting within 3 hours of taking ulipristal acetate emergency contraceptive pill

Exclusion criteria

- A progestogen containing contraception has been used in the previous 7 days
- Levonorgestrel emergency contraception has been administered in the same cycle
- Severe asthma treated with oral glucocorticoids
- Known allergy to the active ingredient ulipristal acetate or any excipients
- Lactose and galactose intolerance
- Lapp lactase deficiency or glucose-galactose malabsorption
- Pregnancy or suspected pregnancy
- Unexplained vaginal bleeding
- Current breast cancer
- Acute porphyria
- Severe hepatic impairment
- Patients taking any interacting medication where concomitant use is not recommended (see under drug interactions); note that liver enzyme inducers may reduce effectiveness of ulipristal acetate up to 4 weeks after use
- Severe malabsorption (e.g. Crohn's disease)

Additional Information

Effect of body weight

Where the young woman weighs over 70kg or with a BMI > 26kg/m^2 they should be informed that the efficacy of the CU-IUD device is not affected by weight and is the most effective form of emergency contraception, irrespective of body weight. The evidence suggests that ulipristal acetate may be slightly more effective than levonorgestrel and is the preferred oral EC in this group of patients. For women weighing >85 kg or with a BMI >30 kg/m^2, it is not known whether ulipristal acetate or double dose (3 mg) levonorgestrel is more effective.

Breastfeeding

It is likely that ulipristal passes into breast milk but the risk to a breastfed child is unknown. If the young woman is breastfeeding, they should be advised to avoid breastfeeding for 1 week after taking ulipristal acetate and to express and discard the breast milk.

Arrangements for referral or for seeking further advice

Any young women excluded from supply should be referred to Sexual Health Sheffield or their GP as appropriate (see below). Levonorgestrel may be an alternative in some circumstances (refer to the levonorgestrel PGD).

Patients attending after 120 hours should be informed that whilst a Cu-IUD can be inserted up to 5 days after the first UPSI in a natural menstrual cycle, it is also an option for up to 5

days after the earliest likely date of ovulation, whichever is later. However, timing of ovulation after missed contraceptive pills cannot be accurately predicted; an emergency Cu-IUD is therefore only recommended in this situation up to 5 days after UPSI.

If menstrual bleeding is overdue – a pregnancy test can be offered and ulipristal acetate given if the result is negative, but referral for follow up should still occur. Patients should also be referred if the last menstrual period was abnormal in timing or character.

Referral to SHS: Give the client a Star Card to enable them to access SHS Fast Track scheme and SHS contact details.
http://www.sexualhealthsheffield.nhs.uk/

A list of GP practices that provide IUD fitting is available on the SHS website
http://www.sexualhealthsheffield.nhs.uk/services/contraception-service/gp-contraception-services/
If the client's surgery is not listed, her GP may be able to refer to a neighbouring surgery that offers this form of contraception.

Ensure client is aware of need to attend as soon as possible.

Dosage and frequency

30mg (1 tablet) to be taken orally as a single dose

If vomiting occurs within 3 hours of taking ulipristal acetate, another tablet may be given. A Cu-IUD should be re-considered as an alternative.

The tablet is taken as a single dose as soon as possible after UPSI; encourage medication to be taken on the premises.

Adverse Reactions
Common and uncommon adverse reactions considered as being at least possibly related to ulipristal acetate are listed below:

Common ≥1/100 to <1/10	**Uncommon** ≥1/1,000 to <1/100
Vomiting Headache Nausea Abdominal pain Dizziness Mood disorders Myalgia/ back pain Breast tenderness Dysmenorrhoea Pelvic pain Fatigue	Appetite disorders Dyspepsia Libido changes Somnolence Insomnia Dry mouth Gastrointestinal disturbances Menstrual disorders Vaginal discharge Menorrhagia Emotional disorder Anxiety Hyperactive disorder Migraine Visual disturbance

This is not a fully comprehensive list of side effects of this medicine; refer to the ellaOne® SPC for more information.

Any serious adverse reaction to ulipristal acetate should be documented in the patient's PMR. The GP should also be informed. The adverse reaction should be reported to the MHRA by the yellow card scheme (http://www.yellowcard.gov.uk).

Drug Interactions

Liver enzyme inducing medication may reduce the effectiveness of ulipristal acetate during and up to 4 weeks after use; concomitant use is not recommended. Interactions are expected with any of the following:

- Anti-retrovirals
- Barbiturates
- Bosentan
- Carbamazepine
- Eslicarbazepine
- Griseofulvin
- Modafinil
- Oxcarbazepine
- Phenytoin
- Primidone
- Rifabutin
- Rifampicin
- Rufinamide
- St John's Wort
- Topiramate

Proton pump inhibitors: reduce efficacy; not recommended.
Antacids: reduce efficacy; concomitant use not recommended.
H2 receptor antagonists: reduce efficacy; concomitant use not recommended.

Liver enzyme inhibitors e.g. ketoconazole, itraconazole, clarithromycin, telithromycin: increase plasma level of ulipristal acetate. Clinical relevance unknown and ulipristal acetate need not be withheld when used for EC.

Hormonal contraceptives: Ulipristal interferes with the action of progestogen containing medications. Use of progestogens, including levonorgestrel emergency contraception (e.g. Levonelle®), within 7 days before and within 5 days after the use of ulipristal may reduce the efficacy of ulipristal for emergency contraception. Therefore, ongoing hormonal contraception or hormone therapy should not be started until 5 days after ulipristal acetate administration. A pregnancy test is recommended 3 weeks after the last episode of unprotected intercourse.

Advice to be given to the patient or carer

- Discussion regarding option of post-coital Cu-IUD fitting, include:
    - Mode of action – the Cu-IUD's main effects are on the endometrial lining, sperm mobility and the passage of the ovum in the fallopian tube

- Timing – the Cu-IUD may be fitted up to 5 days after unprotected intercourse or up to 5 days after the earliest likely date of ovulation (whichever is later).
- Efficacy – if fitted within 5 days after UPSI or ovulation, the pregnancy rate is extremely low, reported as an overall pregnancy rate of <0.1%;
- Possible side effects – menstrual bleeding may be heavier and / or more prolonged
- Effects on foetus – no evidence of harm to the foetus

NB. If the patient wishes to have a Cu-IUD fitted ulipristal acetate should still be given as they may not actually attend for fitting of IUD.

- Discuss STIs, recommend and offer chlamydia test

- Explain to patient:
  - Ulipristal acetate is an emergency option and should be considered a "one-off"; a regular method of contraception is recommended.
  - Emergency contraception only gives protection for the current risk; discuss abstinence, use of condoms or other contraception methods for the rest of cycle.
  - Discussion of ongoing contraception, in particular long acting reversible contraception (LARC). They should be advised they need to wait 5 days after taking ulipristal acetate before starting suitable hormonal contraception and must use condoms reliably or abstain from sex during the 5 days waiting and then until their contraceptive method is effective.
  - Mode of action – ulipristal is thought to work mainly by delaying ovulation; it is considered ineffective if taken after ovulation has occurred. Because it may be difficult to predict the date of ovulation, ulipristal acetate should be offered on any day of a natural menstrual cycle.
  - Efficacy – the overall pregnancy rate after administration of ulipristal acetate has been reported to be 1–2%. No significant reduction in effectiveness is observed with increasing time after UPSI up to 120 hours.
  - Possible side effects – see adverse reactions.
  - Action to take if vomiting occurs within 3 hours of taking ulipristal acetate.
  - That their next period may be early or late.
  - They need to seek medical attention for a pregnancy test if their period is delayed by more than 7 days, if they have an abnormal period or if they are otherwise concerned.
  - There are no known effects on the foetus if treatment fails.
  - That lower abdominal pain means they should seek medical attention as it could be an early sign of an ectopic pregnancy.

- All clients to be given the manufacturer's patient information leaflet in the pack and the additional patient information sheet (see levonorgestrel PGD appendix 2).

Additional Information to women who are breastfeeding

- It is likely that ulipristal passes into breast milk
- The risk to a breastfed child from ingestion of ulipristal acetate is unknown
- Advise to avoid breastfeeding for 1 week after taking
- Express and discard breast milk over 1 week after taking ulipristal acetate to maintain lactation

Follow up arrangements

Encourage follow up with GP or the Sexual Health Sheffield to discuss:

- Effectiveness of treatment – carry out pregnancy test if next menstrual period is delayed by more than 1 week or is much shorter or lighter than usual.
- Future management if the next period has not occurred
- Future contraception advice
- Sexual health and STIs
- Any concerns

Records

The treatment episode to be recorded on the pro-forma in line with the service specification; all completed pro-formas should be kept in the pharmacy until the patient is 25 years old. Pro-formas retained in pharmacies may need to be made available to Sheffield City Council for audit purposes.

Claim forms should be submitted as per service specification.

References

1. BNF February 2018. Current BNF is available at: https://www.medicinescomplete.com/mc/bnf/current/

2. Summary of Product Characteristics (SPCs) for ellaOne® https://www.medicines.org.uk/emc/product/6657

3. Faculty of Sexual and Reproductive Health Care (FSRH) Guideline Emergency Contraception, March 2017 (updated Dec 2017) http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf

4. FSRH Clinical Guidance Drug Interactions with Hormonal Contraception January 2017 http://www.ffprhc.org.uk/pdfs/CEUGuidanceDrugInteractionsHormonal.pdf

Acknowledgment:

STH Sexual Health Sheffield PGD for the supply of uplipristal acetate 30mg tablet (PGD 325 v5)

Guideline prepared by:

Emily Pratt, Medicines Management Pharmacist
Hilde Storkes, Medicines Governance Pharmacist
NHS Sheffield CCG
February 2018

Peer reviewed by: Dr Marion Sloan, GP, Sloan Medical Centre, Sheffield

On behalf of Public Health, Sheffield City Council

Review: March 2020

Emergency Contraception Decision Tree for Young Women Aged 14-17 Years

This chart recommends first line choice of EC treatment. This summary is not intended to include all the content, inclusions and exclusions of the oral EC PGD/guideline which must be referred to and followed for all EC supplies.

At all stages consider safeguarding implications.

Abbreviations

EC = Emergency Contraception
UPA = Ulipristal acetate 30mg (ellaOne®)
LNG = Levonorgestrel 1.5mg
UPSI = unprotected sexual intercourse
Cu-IUD = copper intrauterine device
SHS = Sexual Health Sheffield

Woman presents for EC <120 hours since UPSI

No → Refer to SHS / GP

Yes

Check previous request for EC - if ≥3 episodes in 6 months refer to SHS

Accepts Cu-IUD

Offer Cu-IUD as the most effective form of EC
Can be inserted for EC within 5 days after the first UPSI in a cycle, or within 5 days of earliest estimated date of ovulation, whichever is later.

Refer for emergency Cu-IUD fitting to be carried out ASAP and continue with EC supply

Declines Cu-IUD

*Note: If previous UPSI in cycle and EC used, the same EC should be used this time. If now inappropriate refer to SHS / GP

Any previous UPSI (>120 hours) in cycle where EC was **not** taken? *

Yes → Refer to SHS / GP

No

Last UPSI <96 hours ago?

Yes

Taking enzyme inducer medication or within last 4 weeks?

Yes

No

UPSI likely to have taken place ≤5 days prior to the estimated day of ovulation?

Yes or unknown

No

BMI>26kg/m^2 or weight >70kg

Yes

No

No or unknown

Last UPSI <120 hours ago?

No → Refer to SHS / GP

Yes or unknown

NOTE: oral EC is unlikely to be effective if taken after ovulation

Reconsider Cu-IUD

Double dose LNG

UPA**

Reconsider Cu-IUD if all UPSI within 96 hours or if currently within 5 days after likely ovulation

If UPA not suitable LNG

UPA**

or

Double dose LNG

LNG

UPA**

Reconsider Cu-IUD if:

- all UPSI within 120 hours or if currently within 5 days after likely ovulation
- enzyme inducing medication
- missed pill

**Consider reduced effectiveness if a woman has previously taken a progestogen, PPI, H2 receptor antagonist or antacid.

Author: Emily Pratt, Medicines Management Pharmacist, NHS Sheffield CCG
February 2018; review March 2020