Patient and GP details

Women 16 to 50 are included. Younger women may benefit from Levonorgestrel 1500mcg or ellaOne; however they cannot be supplied to under-16s by PGD.

1. No confirmation of patient ID is required unless Pharmacists judge this necessary.
2. Entering a GP name and surgery is optional.
3. Where women request a copy be sent to GP this should be faxed or posted within 3 months.

Ectopic pregnancy risk and existing contraception

The answer to questions 1 & 2 in this section must be ‘No’.

If either answer to the first two questions is ‘Yes’, STOP assessment and refer urgently to a surgery or family planning clinic instead. There is an increased risk of ectopic pregnancy and a supply of Levonorgestrel 1500mcg or ellaOne by PGD is excluded.

Existing contraception

If the answer is ‘Yes’ to ‘Are you already taking a contraceptive pill?’ see the following:

If a pill is omitted, and it is not more than 24 hours late, other than taking it as soon as remembered, no action is required and protection is maintained.

If the delay is more than 24 hours late, this is called a missed pill. Again the missed pill is to be taken as soon as possible (even if this means taking two pills at once) and protection is maintained. Advise to continue taking the rest of the pack and then the seven-day pill-free break as usual.

Missing 2 or more pills (or starting a pack 2 or more days late) can mean the contraceptive is not effective. This is true of the start of the pack, (pills 1-7). Following the pill-free interval, hormone levels will have decreased and not taking the pill can mean the ovaries are not suppressed and may release an egg. Again the advice is to take the last missed pill as soon as possible (even if this means taking two pills at once) and to use additional (barrier) contraception for the next seven days. Furthermore, emergency contraception is indicated if there has been unprotected sex in the previous seven days and two or more pills have been missed (or if re-starting a new packet more than 48 hours late).

Questions for Levonorgestrel 1500mcg

Either question 1 or 2 must be answered ‘Yes’.

If question 2 is ‘Yes’ then question 1 must also be ‘Yes’.

Question 1: Have you had unprotected intercourse in the last 3 days (72 hours)?
   If ‘No’, consider supplying ellaOne (effective up to 120 hours) or refer to a surgery or family planning clinic urgently.

Question 2: Have you taken a Levonorgestrel 1500mcg tablet and vomited within 3 hours?
   If ‘Yes’, a second dose of Levonorgestrel 1500mcg can be supplied, but NOT ellaOne.

All questions 3, 4, 5 and 6 must be answered ‘No’.

Other factors that may affect the choice of emergency contraception

Question 3: Have you taken Levonorgestrel 1500mcg or ellaOne before in your current period more than 3 hours ago?

If ‘Yes’, a repeat Levonorgestrel 1500mcg and ellaOne cannot be supplied by PGD in the same menstrual cycle.

Question 4: Are you likely already to be pregnant from intercourse more than 3 days (72 hours) ago?

If ‘Yes’, consider supplying ellaOne (effective up to 120 hours) or refer to a surgery or family planning clinic urgently.

Question 5 and 6: If answered ‘Yes’, Levonorgestrel 1500mcg is excluded. Consider supplying ellaOne or refer to a surgery or family planning clinic urgently.

Choosing Levonorgestrel 1500mcg or ellaOne

Women MUST read the Patient Information Leaflet – Emergency Contraception in which the choice between Levonorgestrel 1500mcg and ellaOne is discussed.

Pharmacists may need to discuss significant factors and possibly refer to drug PILs to assist women to choose between Levonorgestrel 1500mcg and ellaOne. Significant factors include:

- Previous experience with Levonorgestrel 1500mcg and ellaOne (patient preference based on experience)
- Levonorgestrel 1500mcg can be used for up to 72 hrs (3 days) and ellaOne up to 120 hrs (5 days) after unprotected intercourse.
- EllaOne may be very slightly more effective in preventing pregnancy (studies show approximate pregnancy rates of 1.5 in a 100 with ellaOne compare with 2 in 100 with Levonorgestrel 1500mcg - see SPCs for details).
- The side effect profiles of the two drugs are very similar.
- Cost – Levonorgestrel 1500mcg is usually lower cost than ellaOne – prices are set by pharmacies.
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Current medications and allergies (Levonorgestrel 1500mcg)
Exclude supply of Levonorgestrel 1500mcg, if any of the potentially interacting medications listed below are being taken.
Enzyme inducers: epilepsy drugs (eg, barbiturates, primidone, phenytoin, carbamazepine), tuberculosis (eg, rifampicin, rifabutin), HIV (eg, ritonavir, efavirenz) fungal infections (eg, griseofulvin), herbal remedies that contain St John's wort (Hypericum perforatum).

Hormonal contraception cannot be relied upon to provide a new period more than 3 hours ago.

If 'Yes', refer to a surgery or family planning clinic urgently.

Questions for ellaOne

Either question 1 or 2 must be answered ‘Yes’.
If question 2 is ‘Yes’ then question 1 must also be ‘Yes’.

Question 1. Have you had unprotected intercourse in the last 5 days (120 hours)?
If ‘No’, STOP the assessment and refer to surgery or family planning clinic urgently.

Question 2: Have you taken an ellaOne tablet and vomited within 3 hours?
If ‘Yes’, a second ellaOne tablet can be supplied, but NOT Levonorgestrel 1500mcg.

All questions 3, 4, 5, 6 and 7 must be answered ‘No’.

Question 3: Have you taken ellaOne or Levonelle before in your current period more than 3 hours ago?
If ‘Yes’, a repeat ellaOne or Levonorgestrel 1500mcg cannot be supplied by PGD in the same menstrual cycle.

Question 4: Are you likely already to be pregnant from intercourse more than 5 days (120 hours) ago?
If ‘Yes’, refer to a surgery or family planning clinic urgently.

Question 5, 6 and 7: If answered ‘Yes’, EllaOne is excluded. Consider supplying Levonorgestrel 1500mcg (if intercourse within 72 hours) or refer to a surgery or family planning clinic urgently.

Current medications and allergies (ellaOne)
Exclude supply of ellaOne, if any of the potentially interacting medications listed below are being taken.
Drugs suspected of having the capacity to reduce the efficacy of ellaOne include products that increase gastric pH (e.g. proton pump inhibitors, antacids and H2-receptor antagonists). Potential interactions also exist with ritonavir, rifampicin, phenytoin, phenobarbital, carbamazepine, St John’s wort/Hypericum perforatum, dabigatran etexilate and digoxin. Concomitant use is therefore not recommended.
Ketoconazole, itraconazole, ritonavir, telithromycin, clarithromycin, nefazodone may potentiate the action of ulipristal acetate.
Concomitant use is therefore not recommended.
EllaOne tablets contain Lactose monohydrate.

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All the answers in this section must be ‘Yes’. Complete all sections.

Dose instruction:
• One Levonorgestrel 1500mcg tablet swallowed whole as soon as possible, no later than 72 hours after unprotected intercourse
OR
• One ellaOne tablet swallowed whole as soon as possible, no later than 120 hours after unprotected intercourse

Women or girls under 16 are excluded form the PGD and should be referred to a surgery or family planning clinic urgently.
Women who are ‘vulnerable adults’ should be referred to their doctors.
Pharmacists wishing to supply ‘Levonelle One-step’ rather than Levonorgestrel 1500mcg should use ‘P’ procedures, NOT the PGD.
Women who are NOT eligible for Levonorgestrel 1500mcg or ellaOne should be referred to a surgery or family planning clinic urgently.

Where needed, re-starting usual contraceptive instructions are to be discussed.
Interaction with oral contraceptive pill: both ellaOne and Levonorgestrel 1500mcg interfere with regular contraceptive pills (both combined and progesterone only), but ellaOne disrupts pill function for longer, meaning that barrier methods need to be used for longer.
A woman's normal contraception, with oral contraceptive pills or other methods, should be continued after taking Levonorgestrel 1500mcg.
Pills are to be continued, a new ring is to be inserted, or a new patch applied within 12 hours of taking Levonorgestrel.
Hormonal contraception cannot be relied upon to provide contraception in the same menstrual cycle after Levonorgestrel 1500mcg has been taken and an additional barrier method of contraception (condoms or caps) should be used for seven days with the patch, the ring, and the combined pill (nine days for Qlaira) for two days with the progestogen-only pill.
If ellaOne is taken, the patient should wait for five days after taking ellaOne before taking their pill again, inserting a new ring or applying a new patch. Additional barrier contraception should be used during these 5 days and after re-starting hormonal contraception: with the patch, the ring, and the combined pill for seven days (nine days for Qlaira) and with the progestogen-only pill for two days.

Repeats
Levonorgestrel 1500mcg or ellaOne may be supplied by PGD to women only once in each period, unless there has been vomiting within 3 hours, in which case a repeat dose may be supplied by PGD.
Women who repeatedly request emergency contraception (more than 3 times in six months) can be supplied with further emergency Levonorgestrel 1500mcg or ellaOne by PGD, although they should be gently discouraged from using emergency contraception as their routine contraception.
A new patient assessment form must be completed with each supply of a morning-after-pill by PGD.

Records
Completed forms should be retained as a medical record for 8 years.

Adverse Drug Reactions should be reported using yellow card reporting provisions (http://yellowcard.mhra.gov.uk), particularly for ellaOne which is more newly licensed.

The Patient Information Leaflet - Emergency Contraception can be printed from ‘Forms and leaflets’ section of www.pharmacypgd.co.uk.