

Ulipristal Acetate (ella)
Recommendations for Use
November 2015

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The recommendations are based on current medical evidence and expert opinion from clinicians. The content of the document is dynamic and will be revised, as new clinical evidence is available. The purpose of this document is to assist practitioners in clinical decision-making and to standardize and improve the quality of patient care. The clinician should utilize this guidance and interpret it in the clinical context of the individual patient.

The Product Information should be consulted for detailed prescribing information. The VA National PBM-MAP-VPE Ulipristal Acetate Drug Monograph is available at: <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx> and www.pbm.va.gov.

Indications and Use:

- **Indication:** Ulipristal acetate is an emergency contraceptive indicated for the prevention of pregnancy in women of reproductive potential who have unprotected intercourse or a known or suspected contraceptive failure.
- **Use and Administration:** A single 30 mg oral tablet of ulipristal acetate should be administered as soon as possible and is indicated for use up to 120 hours after the event.
- **Exclusion of Pregnancy:** Ulipristal is contraindicated in known or suspected pregnancy. Prior to use, pregnancy should be excluded by history and/or physical examination. Pregnancy testing should be performed before using ulipristal acetate if pregnancy cannot be ruled out by history and/or physical examination. Ulipristal acetate is not indicated for termination of pregnancy. The Centers for Disease Control U.S. Selected Practice Recommendations for Contraceptive Use, 2013 may provide guidance for healthcare professionals to be reasonably certain that a woman is not pregnant:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr62e0614a1.htm?s_cid=rr62e0614a1_w

Issues for Consideration:

- **Sustained effectiveness for 120 hours after unprotected intercourse:** In clinical studies, ulipristal acetate maintained effectiveness for the entire 120 hour period following unprotected intercourse. In contrast, the effect of levonorgestrel (e.g., Plan B One Step) appears to be reduced after 72 hours. For patients in whom unprotected intercourse or contraceptive failure occurred between 72 and 120 hours in the past, ulipristal may be the preferred oral emergency contraceptive.
- **Use in overweight and obese women:** Subgroup analyses from clinical trials evaluating emergency contraceptives (ulipristal acetate and levonorgestrel) suggest that effectiveness may be reduced in overweight and obese women. The impact of body weight appears to be more pronounced with levonorgestrel. Women with a body mass index (BMI) greater than 30 kg/m² or weight greater than 85 kg who received ulipristal had about a 2-fold risk of pregnancy compared to women with lower BMI or body weight.
- **Use with CYP3A4 inducers:** Concurrent use of CYP3A4 inducers (e.g., rifampin) significantly reduces ulipristal plasma concentrations and may reduce its effectiveness as an emergency contraceptive.
- **Routine contraception:** Rapid return of fertility is anticipated following use of ulipristal acetate, as ulipristal delays ovulation. Initiate or continue routine contraception as soon as possible following ulipristal acetate use to minimize the risk of pregnancy with subsequent acts of unprotected intercourse. Because of the theoretical concern that ulipristal may reduce the contraceptive effects of hormonal contraceptives, a reliable barrier form of contraception is recommended with further acts of unprotected intercourse throughout the same menstrual cycle.
- **Pregnancy:** Ulipristal acetate is contraindicated during an existing or suspected pregnancy (FDA Pregnancy Category X). Risks to the human fetus are unknown. In animal studies, embryofetal loss occurred in a significant portion of pregnant animals when ulipristal was given during the period of organogenesis. No malformations in surviving fetuses were observed.

- **Ectopic pregnancy:** The possibility of ectopic pregnancy should be considered in women who become pregnant or complain of lower abdominal pain after using ulipristal acetate. Prior ectopic pregnancy is not a contraindication for use.
- **Repeated use:** Ulipristal acetate is intended for use as an occasional emergency contraceptive and not as a regular method of contraception. Repeated use of ulipristal during the same menstrual cycle has not been evaluated for efficacy and safety and is not recommended.
- **Lactation:** Ulipristal is excreted in human milk. Because the risks of exposure to breastfed infants are unknown, use of ulipristal acetate in breastfeeding women is not recommended.
- **Effect on menstrual cycle:** In clinical trials, ulipristal acetate most commonly caused a delay in onset of the next menstrual cycle of about 2.5 days (though cycle length may be shorter or longer following use). Pregnancy should be ruled out if a delay of more than 7 days occurs.
- **Sexually transmitted infections/HIV infection:** Ulipristal acetate does not protect against sexually transmitted infections or HIV/AIDS.

American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin: Emergency Contraception:

Selected recommendations from the September 2015 updated bulletin are listed below.

Level A (good and consistent scientific evidence)

- Ulipristal acetate is more effective than levonorgestrel-only regimen and maintains efficacy up to 5 days.
- The levonorgestrel-only regimen is more effective than the combined hormonal regimen (Yuzpe) and is associated with less nausea and vomiting.
- Insertion of the copper IUD is the most effective method of emergency contraception (off-label in U.S.).

Level B (limited scientific evidence)

- Body weight influences the effectiveness of oral emergency contraception; however the efficacy of the copper IUD is not affected by body weight. The copper IUD should be considered in the setting of obesity, but oral emergency contraceptives should not be withheld from overweight or obese women.

Level C (consensus and expert opinion)

- Any emergency contraceptive option may be made available to women who have contraindications to the use of conventional oral contraceptives.
- Women should be educated about the availability of emergency contraception in advance of need.

References:

1. Ulipristal Acetate (ella) Drug Monograph. Washington, DC: Pharmacy Benefits Management Services, Medical Advisory Panel and VISN Pharmacist Executives, Veterans Health Administration, Department of Veterans Affairs; October 2014.
2. The American College of Obstetricians and Gynecologists. Practice Bulletin Number 152. Emergency Contraception. 2015;126(3):e1-11.

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