

**Patient Group Direction of the supply of Ulipristal Acetate for use as Emergency Hormonal Contraception (Ulipristal Acetate 30mg tablet – UPA)**

**PGD Working Group**

Name and role	Job title and organisation
	Pharmaceutical Advisor NHS Kernow
Dr Sarah Gray	Clinical Governance Lead for Sexual Health and Contraception, Public Health Cornwall Council
Georgina Praed Pharmacist	Head of Prescribing and Medicines Optimisation NHS Kernow
	GP Prescribing Lead NHS Kernow Prescribing Lead
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Patient Group Direction for the supply of Ulipristal Acetate for use as Emergency Hormonal Contraception (Ulipristal Acetate 30mg tablet – UPA)

**Clinical condition**

Situation/condition	<ul style="list-style-type: none"> <li>The supply of Emergency Hormonal Contraception (EHC)</li> </ul>
Inclusion criteria	<ol style="list-style-type: none"> <li>Women aged 25 years and under who within the previous 120 hours have: <ul style="list-style-type: none"> <li>Had unprotected sexual intercourse, or experienced failure of a contraceptive method</li> <li><b>And</b> have been counselled in both oral and intrauterine methods with an explanation that a Cu-IUD cannot be fitted immediately or has been refused – see FSRH algorithm</li> </ul> </li> <li>Unless contraindicated, women under 25 years and under presenting within 120 hours of unprotected intercourse who wish to be referred for emergency IUD should still be encouraged to take UPA</li> <li>Ulipristal acetate may be used more than once in a cycle if clinically indicated. There is no evidence that it will present a risk to a pregnancy arising as a failure of previous use</li> </ol> <p>If client is under 16 years of age, assess competency according to the Fraser Ruling.</p>
Exclusion criteria	<ul style="list-style-type: none"> <li>Women age 26 years and over</li> <li>Girls under 16 years of age not considered competent under Fraser Ruling</li> <li>Unprotected intercourse or failure of contraception more than 120 hours previously in current cycle not addressed by emergency contraception</li> <li>Suspected pregnancy where menstrual bleeding is overdue or was abnormal</li> <li>Unexplained vaginal bleeding and/or lower abdominal pain</li> <li>Current use of enzyme inducing drugs (including St John's wort) or having taken within 28 days</li> <li>Current use of acid suppressant drugs</li> <li>Current acute asthma unresponsive to oral glucocorticoids</li> <li>Replacement supply due to vomiting within 3 hours. Refer to GP/contraception clinic as anti-emetic may be required</li> </ul>

	<ul style="list-style-type: none"> <li>• Severe malabsorption states, or medical condition that might affect absorption e.g. Active Crohn's disease</li> <li>• Client aware of any medical reason why UPA should not be taken</li> <li>• Any other medical condition where the practitioner is unclear about issuing</li> </ul>
Action if patient excluded	<ul style="list-style-type: none"> <li>• Advise immediate referral to GP or contraception clinic. An effort must be made to contact the GP or clinic by telephone to confirm patient can be seen</li> <li>• If attending within 120 hours since first episode of unprotected sexual intercourse or earliest calculated ovulation, advise the patient that fitting of an emergency IUD is more effective. If accepted referral to GP or contraception clinic is required within this timeframe</li> <li>• Advise STI screen and give GUM clinic information</li> <li>• Advise on going need for contraception and use of condoms. Discuss the choices available and signpost to further information</li> </ul>

### Staff Characteristics

Qualifications required	<ul style="list-style-type: none"> <li>• Registered Community Pharmacist</li> <li>• All Nurses with a valid Nursing and Midwifery Council (NMC) registration working within the NMC <i>code-standards of Conduct (2008)</i></li> </ul>
Additional requirements	<p>Specifically for Community Pharmacists:</p> <ul style="list-style-type: none"> <li>• Initial attendance for new pharmacists within 6 months at a specific training event organised by Public Health Cornwall Council (PHCC). All pharmacists must complete this training every 3 years</li> <li>• Completion of Declaration of Competency and thereafter annually</li> <li>• Satisfactory Disclosure and Barring Service (DBS) check every three years</li> <li>• Completion of the following CPPE learning programmes (and associated updates and assessments) prior to attendance at the PHCC organised training event:</li> </ul>

	<ol style="list-style-type: none"> <li>1. Completion of EHC e-learning (2019) and e-assessment (2020)</li> <li>2. Completion of the Contraception e-learning and e-assessment (2020)</li> <li>3. Completion of the Safeguarding and e-assessment (2019/20)– Level 2</li> </ol> <p>Completion of previous versions of these programmes is acceptable as long as the pharmacists' CPD portfolio reflects recent updates with assessment completed every three years to include updates and changes.</p> <ul style="list-style-type: none"> <li>• The pharmacist must sign and retain a copy of the PGD and complete the enrolment criteria on PharmOutcomes, and been subsequently authorised to provide the service by Public Health Cornwall Council in an accredited pharmacy</li> <li>• The pharmacist must read and familiarise themselves with the PGD and sign and retain a copy, enrol on PharmOutcomes and contact <a href="mailto:PHContracts@cornwall.gov.uk">PHContracts@cornwall.gov.uk</a> giving notification of the accredited pharmacy(s) within which they will provide service</li> <li>• If the pharmacist is going to remain working in Cornwall for 6 months or more then they must attend a specific training event organised by PHCC within 6 months and every 3 years thereafter, along with completion of CPPE requirements</li> </ul> <p>Specifically for Registered Nurses:</p> <ol style="list-style-type: none"> <li>1. Completion of appropriate training to ensure specific competency to be arranged by employing organisation adopting this PGD. Training must be approved by PHCC contraceptive and clinical governance lead</li> <li>2. Evidence of supportive training in contraception, sexual health, safeguarding children and where appropriate vulnerable adults to be approved by the Clinical lead</li> <li>3. Completion of self-assessment of competency form every 12 months</li> <li>4. Satisfactory DBS check</li> </ol>
Continuing education and training requirements	<ul style="list-style-type: none"> <li>• Regular updated in the field of contraception and sexual health, and child protection</li> </ul>

	<ul style="list-style-type: none"> <li>• Completion of any relevant additional training specified by NHS Kernow</li> </ul>
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### **Medicinal Product Information**

Medicinal Product	<ul style="list-style-type: none"> <li>• Ulipristal Acetate 30mg tablet</li> </ul>
Legal status	<ul style="list-style-type: none"> <li>• POM</li> </ul>
Dose	<ul style="list-style-type: none"> <li>• One tablet should be taken as soon as possible preferably within 12 hours and no later than 120 hours after unprotected sexual intercourse (licensed use)</li> </ul>
Method of administration	<ul style="list-style-type: none"> <li>• Oral, preferably taken on the premises</li> </ul>
Procedure for second dose in current cycle	<ul style="list-style-type: none"> <li>• In order to assess whether a previous dose may have been effective in preventing pregnancy, details of that supply must be given by the patient. Details must include <ol style="list-style-type: none"> <li>1. Which emergency hormonal contraceptive was used; levonorgestrel or ulipristal acetate</li> <li>2. The circumstances of the need for EHC. (This may help in the discussion on future contraception needs)</li> <li>3. How long after unprotected sexual intercourse EHC was taken (this will determine the potential success of the EHC dose)</li> <li>4. Any adverse effects experienced by the patient <ul style="list-style-type: none"> <li>• One EHC dose. The earlier the dose is taken the greater the efficacy. It is therefore useful if the client takes the tablet(s) on the premises</li> <li>• Advise on the need for pregnancy testing as described below</li> </ul> </li> </ol> </li> </ul>
General nature of supply	<ul style="list-style-type: none"> <li>• Where possible encourage patient to take the tablet(s) on the premises in your presence</li> <li>• If the patient declines to do so, agree a time when the dose will be taken</li> <li>• If medication is to be taken away, the product must be fully labelled as a dispensed medicine together with the phrase "Supplied under Patient Group Direction"</li> </ul>
Advice to be given	<ul style="list-style-type: none"> <li>• Discuss mode of action of post coital contraception</li> <li>• Discuss failure rate and compare to CU-IUD</li> <li>• If vomiting occurs within three hours of taking the tablet(s), the contact GP or contraception clinic to obtain replacement tablet without delay</li> </ul>

	<ul style="list-style-type: none"> <li>• EHC may disrupt the menstrual cycle and there is a chance that pregnancy could still occur. A pregnancy test should be done if the next period is more than a week late, or if the bleed is different in any way</li> <li>• Identify the patient information leaflet within the UPA pack</li> <li>• Counsel patient on possible side effects</li> <li>• Advise the patient that she must contact the GP promptly if any lower abdominal pain occurs</li> <li>• Advise of the need for appropriate ongoing contraception. If wishing to quickly start hormonal contraception explain need for 5 day delay with additional barrier contraception according to method chosen</li> <li>• Provide information on local contraception services (Appendix A)</li> <li>• Provide information on sexually transmitted infections (STI) and local GUM services (Appendix A)</li> <li>• Advise STI screen (including chlamydia test), particularly if recent change of sexual partner or two or more partners in the last twelve months</li> </ul>
Advice to given to the patient if a second supply is made within a current cycle ( <i>unlicensed</i> )	<ul style="list-style-type: none"> <li>• Even if a previous dose of EHC was taken, there is still a possibility of pregnancy; however a subsequent dose of UPA will not have any detrimental effect on the foetus</li> <li>• A subsequent dose of UPA taken after sexual intercourse will not prevent any pregnancy from a previous encounter in the same cycle</li> <li>• Most pregnancy tests will not accurately show a positive result until a minimum of 14, and potentially 23 days after exposure. Therefore a pregnancy test should be carried out within 7 days of the first day of the missed period, or no less than three weeks of taking the EHC dose if contraception has been quickly started</li> <li>• Advice should be given as to future contraception choices, and the patient should be referred to a service provider as considered appropriate</li> </ul>
Follow up treatment	<ul style="list-style-type: none"> <li>• Advise patient to attend a contraception clinic or their GP if their next period is more than five days later or is unusual in</li> </ul>



	any way, or for those using combined hormonal contraception, if there is no bleed in the pill-free interval
Record keeping	<ul style="list-style-type: none"> <li>• Electronic or paper records with information to support the clinical decision made and advice given</li> </ul>
Audit trail	<ul style="list-style-type: none"> <li>• PMR entry (the product must be fully labelled and state “Supplied under Patient Group Direction” if it is to be taken off the premises)</li> <li>• Provisions and interactions recorded through PharmOutcomes</li> </ul>
Reporting procedure for adverse reactions	<ul style="list-style-type: none"> <li>• All severe reactions (including minor reactions in children under 18 years) to ulipristal acetate are to be reported to the MHRA through the Yellow Card System</li> </ul>
References-general	<ul style="list-style-type: none"> <li>• <b>Current British National Formulary</b>, London: British Medical Association and Royal Pharmaceutical Society of Great Britain</li> <li>• <b>Cornwall Joint Formulary</b>; <a href="https://www.eclipsesolutions.org/Cornwall/">https://www.eclipsesolutions.org/Cornwall/</a></li> <li>• <b>NMC (2008) The Code</b> – Standards of conduct performance and ethics for nurses and midwives care</li> <li>• <b>NMC (2008) Standards for medicine management</b></li> </ul>
Specific guidance	<ul style="list-style-type: none"> <li>• Summary of Product Characteristics – Levonelle 1500</li> <li>• Summary of Product Characteristics – EllaOne</li> <li>• Faculty of Sexual and Reproductive Healthcare Clinical Guidance, Clinical Effectiveness Unit: Emergency Contraception, March 2017 (Updated May 2017)</li> <li>• Faculty of Sexual and Reproductive Healthcare Clinical Guidance, Clinical Effectiveness Unit: Drug Interactions with Hormonal Contraception, January 2017</li> <li>• Faculty of Sexual and Reproductive Healthcare Clinical Guidance, Clinical Effectiveness Unit: Quick Starting Contraception, April 2017</li> <li>• Faculty of Sexual and Reproductive Healthcare Clinical Guidance, Clinical Effectiveness Unit: Intrauterine Contraception April 2015 (Undated June 2015)</li> <li>• CKS Topic-Emergency Contraception</li> </ul>

	revised in March 2020 <ul style="list-style-type: none"> <li>• <a href="https://cks.nice.org.uk/contraception-emergency#!topicsummary">https://cks.nice.org.uk/contraception-emergency#!topicsummary</a></li> <li>• Pillai S. (2009) Advice on Emergency Contraception. <b>The Pharmaceutical Journal</b>, 282: 79-82</li> </ul>
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### Management

Date of PGD	1 <sup>st</sup> April 2020
Date this PGD becomes due for review	31 <sup>st</sup> March 2023

### Approved by:

	Name	Signature
Head of Prescribing NHS Kernow	Georgina Praed (Nominated Pharmacist)	
Director of Clinical and Corporate affairs, NHS Kernow	Natalie Jones (Nominated Nurse)	
Clinical Governance Lead for Sexual Health and Contraception, Public Health Cornwall Council	Dr Sarah Gray	
Interim Director of Public Health	Rachel Wigglesworth	