

PHARMACY ACCESS TO ULIPRISTAL ACETATE IN HAWAII: IS A VALID PRESCRIPTION ENOUGH?

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In 2010 ulipristal acetate (Ella), a selective progesterone receptor modulator, won FDA approval as a prescription emergency contraceptive pill (ECP) to be used within 120 hours of unprotected sex. Taken after unprotected sex and working primarily by delaying ovulation, this new ECP prevents pregnancy better than levonorgestrel ECPs and is more effective in women with higher body mass indexes. Ella does require a prescription, which can limit accessibility for women to the medication. As of yet, no published studies have examined statewide pharmacy availability of Ella, nor compared its availability to levonorgestrel ECPs, such as Plan B, Plan B onestep, Next Choice, My Way, etc. Few studies have evaluated the information women receive from pharmacy staff when seeking Ella.

Using a secret-shopper methodology, trained researchers posing as patients and physicians called all 195 unique retail pharmacies in the state of Hawaii. Each call used a semi-structured script, asking if the medication was in stock, if it could be ordered, when to take it, how much it would cost, the names and prices of any additional ECP in stock, and for any differences between Ella and other ECPs. These calls were conducted during business hours Monday through Saturday, December 2013- July 2014.

Only 2.6% of pharmacies had ulipristal acetate currently available, with an additional 22.8% reporting the ability to order the medication. In contrast, 82.4% reported immediate availability of levonorgestrel emergency contraceptive pills. There was no significant difference in availability reported to patient and physician callers. There was no significant difference in availability between independent and chain pharmacies. The average price of Ella was \$50.40 (range \$34.25- \$72.29). Average cost of Plan B was \$49.93, compared to generic \$42.32, and Plan B Onestep \$50.68. The primary difference between Ella and other ECPs addressed was the time-frame in which to take the medications. Though not every pharmacy answered this question, of those that did 12.4% gave wrong information on when to take Ella, and 5% gave wrong information on when to take levonorgestrel ECPs.

Despite its higher efficacy, availability of ulipristal acetate is limited and significantly lower than that of levonorgestrel products. Access to correct information regarding the product is also not readily available. Even with a prescription, women face significant barriers to obtaining ulipristal acetate, the most effective emergency contraceptive pill available in the US. Our study also hits at mis-information provided over the phone to prospective patients and physicians writing the prescriptions. We believe that systems-based interventions are needed to address such barriers.