PLAN B

Provider Information

What is Plan B?

- Plan B is one form of Emergency Contraception.
- Plan B reduces the risk of pregnancy after unprotected sex or contraception failure.

Who should be given Plan B?

- Plan B should be given to patients who had sex and:
  - Did not use a method of birth control;
  - Used a condom that broke; or
  - Forgot to take 2 or more of their birth control pills
- Plan B can be dispensed to someone related to the patient such as a partner, parent, relative, etc.
- Women 18 years of age and older may obtain Plan B without a prescription. Women under the age of 18 need a prescription.

Who should not use Plan B?

- A patient who is already pregnant should not use Plan B (because it will not be effective).
- Patients allergic to levonorgestrel should not use Plan B.

How does Plan B work?

- Plan B contains one of the same hormones (levonorgestrel) that is used in regular birth control pills.
- **Plan B is not an abortion pill**. It prevents pregnancy. It does not stop and will not affect an established pregnancy.
- Although Plan B may be used up to five days after sex, it is less effective when there is a greater time interval between unprotected sex and taking the pill.
  - If taken within 24 hours, there is a 95% chance of preventing a pregnancy.
  - If taken between 25-48 hours, there is an 85% chance.
  - If taken within 49-62 hours there is a 58% chance.

What are the instructions for taking Plan B?

- FDA approved labeling recommendations are to take one tablet immediately and take the second tablet 12 hours later.
- Clinical studies have shown that both tablets can be taken together immediately[1 2].

What are the side effects of Plan B?

- Nausea (23% of users), abdominal pain (18%), headache (17%), and tiredness (17%)
  - These side effects are not severe and last for less than two days.
  - An anti-emetic agent can be taken one hour before dosing to reduce possible nausea and vomiting.
- If taken before ovulation, menstrual bleeding may begin three to seven days earlier than expected.
- If taken after ovulation, menstrual bleeding may come at the expected time or be delayed.

What should be done after taking Plan B?

- Hormonal contraception can be started immediately following emergency contraception. (See chart)
- In more than 90% of cases, a woman's menses will be of normal duration.
- If menses has not started within 21 days or she has abdominal pain and unusual bleeding, the patient should seek prompt medical care.

What can you do as a physician to increase accessibility and effectiveness of Plan B?

- Provide advanced prescriptions.
- Encourage women to obtain and fill prescriptions for Plan B before need arises.
- Physicians can also call-in prescriptions to pharmacies so that patients do not need to wait.
- With a prescription, Medicaid programs provide Plan B at no cost to the patient. Without a prescription the cost for Plan B at the pharmacy ranges $35-50.

For more Information: go to www.go2planB.com or call 1-800-330-1271

If Plan B is not available, use the chart below to prescribe another form of Emergency Contraception.

Plan B – Developed for use as EC	**1st Dose – Take within 72 hours of intercourse**	**2nd Dose – Take 12 hours after 1st dose**
	1 pill	1 pill
Birth Control Pills	**1st Dose - Take within 72 hours of intercourse**	**2nd Dose - Take 12 hours after 1st dose**
Alesse, Levlite (.15mg estrogen progestin)	5 pills	5 pink pills
Levlen, Levora, Lo-Ovral, Nordette, Tri-Levlen, Trivora, Triphasil (.03mg estrogen- progestin)	4 pills	4 pills
Ovral (.05 mg estrogen- progestin)	2 pills	2 pills
Ovrette (.075mg Progestin only)	20 pills (take within 48 hours of intercourse)	20 pills more

Guide for beginning a Family Planning Method after Emergency Contraception			
Method	**Regular start**	**Jump start**	**Reminders**
Oral contraceptives pills (OCPs) (combination or progestin-only)	Use back-up contraception method until next period, then begin OCPs within 5 days of beginning the next menstrual period.	Start a new package of OCPs the day after taking the two EC doses (use back-up contraception method for first seven days).	Pregnancy test if patient does not have normal period after completing first package of OCPs.
Injectable contraceptives	Use back-up contraception method until next period, then start injectable method within 5 days of beginning the next menstrual period.	The day after EC treatment is completed, check a pregnancy test and if negative start injectable method. (use back-up contraception method for first seven days).Check a repeat pregnancy test in 2-3 weeks.	
Implants	Use back up contraception method until next period then initiate within 5 days of beginning the next menstrual period.		
Contraceptive patch	Use back-up contraception method until next period, then begin patch within 5 days of beginning the next menstrual period.	Apply the patch the day after taking the two EC doses (use back-up contraception method for first seven days).	Pregnancy test if patient does not have a normal period after completing a one-month supply.
Intrauterine device (IUD)	Use back-up contraception method until next period, then proceed with IUD insertion.		
Diaphragm	Begin using immediately.		
Condoms	Begin using immediately.		
Spermicides	Begin using immediately.		
Vaginal Ring	Use back up contraceptive method until next period, then start the ring within five days of the next menstrual period. Use back up contraception until the ring has been in place 7 days.	Start the ring the day after taking EC (Use back up contraception method for the first seven days)	Pregnancy test if the patient does not have a normal period.

[1] Von Hertzen H, Piaggio G, Ding J, et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. *Lancet*. 2002;360:1803-1810.

[2] Arowojulu AO, Okewolw IA, Adekunle AO. Comparative evaluation of the effectiveness and safety of two regimens of levonorgestrel for emergency contraception in Nigerians. *Contraception*. 2002;66:269-273.