



REPRODUCTIVE EQUITY NOW

Emergency Contraception Explainer

Decisions about emergency contraception are time-sensitive and sometimes overwhelming. Faced with what can be a stressful situation, it is crucial that people in Massachusetts can access the emergency contraception that is right for them without having to jump through any hoops.

The 2017 Contraceptive ACCESS law requires that insurance companies cover emergency contraception without cost-sharing as long as it is prescribed either through a conventional prescription or a standing order.¹ **In 2022, the state legislature instructed the Massachusetts Department of Health to create a statewide standing order for emergency contraception,** allowing individuals to utilize insurance coverage at the point of sale for both over-the-counter and prescription EC.² DPH worked incredibly swiftly to issue the standing order on August 4, 2022, the standing order can be found [here](#).

What kinds of Emergency Contraception are out there?

There are two basic types of medication for emergency contraception, and each works slightly differently to prevent pregnancy. It is important to note that emergency contraceptives do not cause abortion, [instead it prevents a fertilized egg from implanting in the uterus](#).

The two types of emergency contraceptive pills available under the standing order are:

- Levonorgestrel-based (“LNG-based”) emergency contraception, such as Plan B One-Step, are designed to prevent the ovaries from releasing eggs.³
- Ulipristal-based (“UPA-based”) emergency contraception, such as ella, similarly prevents ovulation.⁴

While Plan B One-Step and LNG-based generics are available over the counter,⁵ this form of emergency contraception may not be the most effective for all patients. Ella and UPA-based emergency contraception require a prescription.⁶

¹ Ch. 120 of the Acts of 2017.

² Ch. 127 of the Acts of 2022.

³ NURX, *What’s the difference between Plan B and Ella?* (2021), available at <https://www.nurx.com/faq/whats-the-difference-between-plan-b-and-ella/>.

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*



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Overall, Plan B One-Step and LNG-based emergency contraception reduce pregnancy risk by 88% and prevent 95% of pregnancies if taken within 24 hours.⁷ However, ella and UPA-based emergency contraception, when taken within 24 hours, is 65% more effective than Plan B One-Step and LNG-based emergency contraception.⁸

If taken within 72 hours, ella is 42% more effective than Plan B One-Step.⁹ Plan B is not recommended beyond 72 hours, and has shown limited to no efficacy beyond 96 hours,¹⁰ whereas ella has demonstrated efficacy for up to 120 hours (5 days).¹¹ Given that sperm can live for as long as five days in the female genital tract, ella and UPA-based emergency contraceptives may be preferable for some patients. ella is also more effective than Plan B One-Step around the time of ovulation.¹²

Plan B One-Step and LNG-based contraceptives have stringent weight and BMI (body mass index) limits: efficacy of Plan B is diminished in women with a BMI of 26 or more.¹³ ella is effective for women up to 195 pounds or a BMI of up to 30.¹⁴

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ Plan B One-Step: Full Prescribing Information, FDA (updated 2009), available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2009/021998lbl.pdf. See also, C. Moreau and J. Trussell, *Results from pooled Phase III studies of ulipristal acetate for emergency contraception*, 86 *Contraception* 673, 673 (2012).

¹¹ ella: Full Prescribing Information, FDA (2010), available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf.

¹² NURX, *supra* note 3.

¹³ Plan B One-Step: Full Prescribing Information, *supra* note 10.

¹⁴ ella: Full Prescribing Information, *supra* note 11.