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Assessing Availability of Ulipristal Acetate and Levonorgestrel Emergency Contraception at San Diego Pharmacies

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Background/Introduction

- Emergency contraception (EC) is time-sensitive; rapid access is essential for pregnancy prevention
- Ulipristal acetate (UPA) is guideline-recommended first-line EC (effective ≤5 days, broader BMI), but requires a prescription (Figure 1)
- 58% of San Diego County adults are overweight or obese (BMI 30)
- This study evaluates EC availability in San Diego pharmacies

Figure 1. Comparison of Oral Emergency Contraception Options

Feature	Ulipristal Acetate (UPA) 30 mg	Levonorgestrel (LNG) 1.5 mg
Time Window	Up to **120 hours (5 days)**	Most effective within **72 hours** (3 days)
Efficacy by Body Weight / BMI	Effective up to **195 lbs** (BMI up to ~30)	Most effective under **165 lbs** (BMI < 25–30)
Mechanism of Action	Delays ovulation **after LH surge**	Works **before LH surge**; ineffective if ovulation imminent
Efficacy Over Time	Maintains **consistent** efficacy	**Declines** with time after 72 hours
Access	**Prescription required** (U.S.)	**Over-the-counter** availability

Materials and Methods

Cross-sectional phone survey of San Diego pharmacies

Standardized script to assess:

- Same-day availability of UPA and LNG EC
- Time required to obtain UPA if not in stock

Data analyzed using descriptive statistics

Results

97.7% (129) of 132 pharmacies contacted

Immediate availability:

- LNG 63.6% (82); UPA 30.2% (39)

Stocking patterns: (Figure 2)

- Both 25.6%; LNG only 38.0%; Neither 31.8%

UPA inventory:

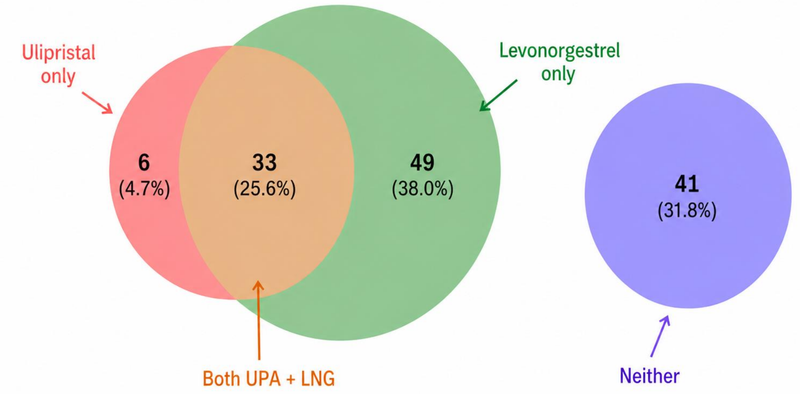
- Mean 1.8 tablets (range 1–9)

If UPA not in stock, able to obtain:

- Same-day 2.4%; 24 hrs 85.5%; 48 hrs 23.5%

Figure 2. Pharmacy Availability of EC (n = 129)

Figure 2 illustrates the overlap between San Diego pharmacies that stock: ulipristal acetate alone, ulipristal acetate & levonorgestrel, levonorgestrel alone, neither.



Conclusion

- Substantial gap exists between LNG and UPA availability
- Despite guideline recommendations, UPA remains understocked
- Limited inventory further restricts access

References

1. Glasier, A. F., Cameron, S. T., Fine, P. M., Logan, S. J., Casale, W., Van Horn, J., Sogor, L., Blithe, D. L., Scherrer, B., Mathe, H., Jaspart, A., Ulmann, A., & Gainer, E. (2010). Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis. The Lancet, 375(9714), 555–562. https://doi.org/10.1016/s0140-6736(10)60101-8

2. CDC. (2024, November 19). Emergency Contraception. Contraception. https://www.cdc.gov/contraception/hcp/usspr/emergency-contraception.html

3. Obesity Descriptive Summary What is Obesity? (n.d.). https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/dips/Obesity_DescriptiveSummary_08.2022.pdf