



Date: January 24, 2024

To: Pharmacies licensed in Wisconsin

From: Wisconsin Department of Health Services (DHS)

**Standing Order for Emergency Contraception for Members of  
Wisconsin's Medicaid Programs**

**Definition**

A standing order is defined in Wis. Stat. § 450.01(21p) as an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients. A centralized over-the-counter emergency contraception (EC) standing order for pharmacists outlines predetermined conditions and criteria that, when met, enables pharmacists across Wisconsin to dispense EC for Medicaid members, without a patient-specific prescription order. A licensed physician in Wisconsin and Chief Medical Officer within the Department of Health Services (DHS) may issue standing orders that delegate authority to pharmacists practicing and licensed in Wisconsin to dispense over-the-counter EC pills to those Medicaid member patients specified in the standing order.

**Subject**

Statewide Standing Order for Pharmacies – Over-the-counter Emergency Contraception for Medicaid members

**Effective date**

January 24, 2024

**Expiration of standing order**

This order is effective as of the date signed and shall remain effective until withdrawn by Dr. Huebner, DHS Secretary, or either's designee. Dr. Huebner retains the right to modify or supplement this order as needed.

**Approved for use as a population-based standing order by**

Wisconsin Department of Health Services

## **Purpose**

This standing order for over-the-counter EC delegates authority to pharmacists and outlines the policies and procedures necessary for dispensing over-the-counter EC to Medicaid members without a patient-specific prescription. While many over-the-counter medications are covered for Medicaid members, federal rules require that they have a prescription from a health care provider for it to be covered by Medicaid. This standing order is written to facilitate the administrative function of over-the-counter EC medication coverage, in order to improve access for Medicaid members.

## **Policy**

This standing order authorizes pharmacists, located and licensed in Wisconsin, to maintain supplies of EC pills for the purposes stated herein and does not prevent the use of patient-specific or third-party prescriptions for EC pills written by prescribers.

## **Authority**

This standing order is issued pursuant to Wis. Stat. § 49.45(1), which permits the Department to administer the medical assistance program, provide appropriate health care for eligible persons, and obtain the most benefits available under Title XIX of the federal Social Security Act.

## **Procedures**

This standing order authorizes pharmacists to dispense over-the-counter EC pills pursuant to the following procedures outlined herein:

### **Indication**

Over-the-counter EC is indicated for pregnancy prevention for patients of all reproductive ages (regardless of when the patient presents during their menstrual cycle) within 72 hours of the following:

- Unprotected intercourse
- Known or suspected contraceptive failure (e.g., slipped or broken condom; delayed Depo-Provera injection; missed one or more oral contraceptive pills; IUD partially or totally expelled; withdrawal failure, etc.)
- Sexual assault or reproductive coercion

Because the efficacy of EC is based on timely administration, an advance supply of EC can be provided with instructions for future use.

### **Side effects**

EC side effects are generally mild and most commonly may include nausea and vomiting. Other short-term side effects may include fatigue, dizziness, headache, lower abdominal pain, or a change in the timing or flow of the next menstrual cycle.

### **EC consultation with patient**

1. Confirm patient indication for EC as noted above
2. Screen for contraindications:
  - a. A known, established pregnancy reported by patient
    - i. Note: The use of EC is not indicated for a patient with a known pregnancy. However, EC is not known to cause harm to an individual, the pregnancy, or the fetus if EC is inadvertently used by a pregnant person. EC does not cause an abortion.
    - ii. A pregnancy test is not required before EC is administered.
  - b. The patient has ever had an allergic reaction to levonorgestrel

**Dispense EC: Levonorgestrel 1.5 mg: Take one tablet by mouth once as soon as possible, within 72 hours of unprotected sex**

There are two types of EC that have been approved by the U.S. Food and Drug Administration (FDA) to prevent unplanned pregnancies: Levonorgestrel (multiple brands) and Ulipristal (brand: Ella).

This standing order does NOT cover Ella, because it is not over the counter. Ella will continue to require a prescription from a Medicaid member's qualified health care provider.

The primary mechanism of action for EC is the inhibition or delay of ovulation. While both Levonorgestrel and Ulipristal are safe and effective for preventing pregnancy up to 120 hours after unprotected sex, if a Medicaid member will be taking EC between 73 and 120 hours later, they should see a qualified health care provider who may determine whether to provide the member an individual prescription for Ulipristal.

Patients who weigh more than 165 pounds or have a BMI > 25 may have better efficacy with Ulipristal, but they would need to have an individual prescription for this from their health care professional.

Note: within 72 hours of unprotected sex, the most efficacious choice of EC is the one that the person can access as soon as possible.

**Patient Instructions**

Take one tablet by mouth as soon as possible and within 72 hours of unprotected intercourse.

If vomiting occurs within 2-3 hours of administration, the pill may not work, and the dose may be repeated with the use of an antiemetic.

Taking EC may delay a normal period up to one week. If menses has not occurred by 3 weeks after EC use, a pregnancy test should be completed.

If the patient has bleeding or spotting that lasts longer than a week, or experiences severe lower abdominal pain 3-5 weeks after EC use, or any other symptoms of concern, the


patient should be evaluated by a health care provider for ectopic pregnancy or other problems.

The patient should not have sex again until after starting another form of birth control. A regular hormonal contraceptive method can be started or resumed immediately after taking Levonorgestrel, and the patient should use a reliable barrier method of contraception for seven days.

EC does not protect against HIV or other sexually transmitted infections (STIs). The patient should be seen by a health care provider for evaluation if they have concerns about possible STI risk or transmission.

The patient is encouraged to contact their primary care professional, reproductive health provider, or family planning clinic for follow-up, especially if they have symptoms of concern, concerns for STIs, or need additional contraceptive counseling.

**Emergency Contraception for Members of Wisconsin's Medicaid Programs Standing Order Signature:**



Signature

January 24, 2024

Date

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