

December 5, 2003

Louis Cantilena, MD, PhD Chair, Nonprescription Drugs Advisory Committee United States Food and Drug Administration 5630 Fishers Lane Rockville, MD 20857-0001

Re: Docket number 01P-0075-"Switch Status of Emergency Contraceptive from Rx to OTC"

Dear Dr. Cantilena:

On behalf of the undersigned organizations dedicated to improving reproductive health care, we are writing to support over-the-counter status for Plan B, an emergency contraceptive pill (ECP). Scientific research has shown ECPs to be safe and effective for reducing unintended pregnancy and to be appropriate candidates for over-the-counter use.

Plan B meets the Food and Drug Administration's criteria for determining drugs appropriate for over-the-counter use. It treats a condition that patients can diagnose themselves; it is safe and effective when used without direct prescriber supervision; and the drug's label adequately explains potential adverse effects and conditions of use. Plan B is simple to use, is not addictive, and has no known health hazards when self-administered. There are virtually no contraindications, and side effects are minor and temporary. In sum, there is no compelling medical rationale for restricting Plan B to prescription-only use.

Moreover, over-the-counter status for Plan B is likely to have significant public health benefits. The sooner after unprotected intercourse ECPs are used, the more effective they are. 1,2 Yet recent studies have shown that some women may have difficulty obtaining ECPs from a health care professional and/or pharmacy in a timely fashion. 3,4

Unintended pregnancy is a major public health issue that has negative consequences for individuals and society. In the United States, nearly half of all pregnancies are unintended. It has been estimated that if ECPs were widely available, rates of unintended pregnancy and abortion could be reduced by half. A recent analysis estimated that emergency contraception helped to avert more than 50,000 abortions in 2000-2001 in the United States. Improving access to emergency contraception will help advance the important public health goal of reducing unintended pregnancy.

On the basis of emergency contraception's suitability for over-the-counter use and its potential to decrease unintended pregnancy, a number of countries-including the United Kingdom, Portugal, Finland, Sweden, and Denmark-have simplified access to ECPs. Over-the-counter status for Plan B is appropriate and will advance the nation's public health goals. Increasing access to emergency contraception will help women in the United States reap the full benefit of this method of preventing unintended pregnancy.

Sincerely,

Abortion Access Project

American Academy of Pediatrics

American Association of University Women

American Civil Liberties Union

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

American Medical Association

American Medical Women's Association

American Society for Emergency Contraception

Arizona Family Planning Council

Association of Physician Assistants in Ob/Gyn

Association of Physician Assistants in Ob/Gyn

Association of Reproductive Health Professionals (ARHP)

Association of Women's Health, Obstetric and Neonatal Nurses

Brooklyn-Queens NOW

Catholics for a Free Choice

Center for Reproductive Rights

Clara Bell Duvall Project, ACLU-PA

Concept Foundation

DKT

Family Health Research

Family Planning Advocates of NYS, Inc.

Family Planning Council

Feminist Majority Foundation

Florida ERA Inc

GenderWatchers

Global Campaign for Microbicides

Gynuity Health Projects

Hadassah, The Women's Zionist Organization of America

Ibis Reproductive Health

Institute for Reproductive Health Access

International Consortium for Emergency Contraception

International Planned Parenthood Federation/Western Hemisphere Region

Ipas

Medical Students for Choice

NARAL Pro-Choice America

National Abortion Federation

National Association of Nurse Practitioners in Women's Health

National Council of Jewish Women

National Council of Women's Organizations

National Family Planning and Reproductive Health Association

National Latina Institute for Reproductive Health

National Organization for Women

National Organization on Adolescent Pregnancy, Parenting and Prevention, Inc.

National Partnership for Women and Families

National Women's Law Center

New York City Alliance Against Sexual Assault

New York Metro Religious Coalition for Reproductive Choice

Northwest Women's Law Center

Our Bodies Ourselves

Pacific Institute for Women's Health

Pathfinder International

People For the American Way

Physicians for Reproductive Choice and Health

Planned Parenthood Federation of America

Planned Parenthood Hudson Peconic, Inc.

Population Action International
Rape and Abuse Crisis Service of the Finger Lakes
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project
Sexuality Information and Education Council for the United States
Society for Adolescent Medicine
Southern Tier AIDS Program
STOP AIDS Project, San Francisco
University of Illinois at Chicago Center for Research on Women and Gender
University of Illinois National Center of Excellence in Women's Health
Upper Hudson Planned Parenthood
Victims Assistance Services

Women's Environment & Development Organization (WEDO)

Women's Information Network

cc: Mark B. McClellan, MD, PhD, Commissioner of Food and Drugs, United States Food and Drug Administration

- 1. Piaggio G, von Hertzen H, Grimes D, et al. Timing of emergency contraception with levonorgestrel or the Yuzpe regimen. Task Force on Postovulatory Methods of Fertility Regulation. Lancet. 1999; 353:721.
- 2. Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Lancet. 1998; 352: 428-433.
- 3. Bennett W, Petraitis C, D'Anella A, et al. Pharmacists' knowledge and the difficulty of obtaining emergency contraception. Contraception. 2003;68(4):261-267.
- 4. Trussell J, Duran V, Schochet T, Moore K. Access to emergency contraception. Obstet Gynecol. 2000; 95: 267-270.
- 5. Brown S, Eisenberg L. The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. Washington, DC: National Academy Press; 1995.
- 6. Henshaw SK. Unintended pregnancy in the United States. Fam Plann Perspect. Jan-Feb 1998; 30(1):24-29, 46.
- 7. Trussell J, Stewart F, Guest F, et al. Emergency contraceptive pills: a simple proposal to reduce unintended pregnancies. Fam Plann Perspect. Nov-Dec 1992;24(6):269-273.
- 8. Jones RK, Darroch JE, Henshaw SK. Contraceptive use among U.S. women having abortions in 2000-2001. Perspect Sex Reprod Health. Nov-Dec 2002;34(6):294-303.