

NON-PRESCRIPTION MEDICINES 4e – UPDATES, JANUARY-MAY 2015

Chapter	Page	Heading/ subheading	Update info.	Date
17	107	Emergency hormonal contraception	<p>Ulipristal acetate 30mg tablet (ellaOne, HRA Pharma) reclassified from POM to P.</p> <p><b>Mode of action:</b> Ulipristal is a selective progesterone receptor modulator. It binds to the progesterone receptor and prevents progesterone from occupying it. Its effect is to inhibit or delay ovulation. The risk of pregnancy is highest if a woman is due to ovulate in the 24-48 following unprotected sexual intercourse, when luteinising hormone which stimulates ovulation, has started to surge but has not yet peaked. During this period, whereas levonorgestrel does not prevent the follicle from rupturing, ulipristal remains effective in delaying ovulation. Both levonorgestrel and ulipristal can delay ovulation if it is due to occur three or more days after unprotected intercourse, but ulipristal is more effective in preventing follicle rupture. Ulipristal may also cause alterations in the endometrium that decrease the likelihood of implantation of a fertilised ovum.</p> <p><b>Efficacy:</b> Ulipristal has been shown to be around 99% effective if taken within 120 hours of unprotected intercourse. (Glasier AF, <i>et al.</i> Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis. <i>Lancet</i> 2010;375:555-62.)</p> <p><b>Dosage:</b> One tablet as soon as possible, but no later than 120 hours (5 days) after unprotected intercourse or contraceptive failure. ellaOne can be taken at any time during the menstrual cycle. If vomiting occurs within 3 hours of a dose, another tablet should be taken.</p> <p><b>Contraindications:</b> Hypersensitivity to the active substance or any of the excipients.</p> <p><b>Side-effects:</b> Headache, nausea, abdominal pain and dysmenorrhea are the most commonly reported adverse reactions.</p> <p><b>Interactions:</b> Decreased efficacy may be caused by CYP3A4 inducers, including carbamazepine, efavirenz, nevirapine, oxcarbazepine, primidone, phenobarbital, phenytoin, rifabutin, St John's wort. Action of combined hormonal and progestogen-only contraceptives may be reduced. Use in women with severe asthma taking oral glucocorticoids not recommended.</p>	March 2015
23	164	Treatment – omeprazole (see also, Update 2010 – pantoprazole)	<p>Esomeprazole 20mg gastroresistant tablets (Nexium Control, Pfizer Consumer Healthcare) licensed as a GSL medicine. It was authorised as a non-prescription medicine through the European Union's centralised</p>	January 2015

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			procedure in August 2013, but was not launched in the UK until Pfizer applied for GSL classification to the MHRA in 2014 and the request was granted. Onset of effect may be faster than with omeprazole. Adverse effects, interactions and licensing conditions are similar to omeprazole.	
33	219	Treatment with oral analgesics/Diclofenac	Diclofenac tablets reclassified as a prescription-only medicine, due to a small but increased risk of serious cardiac side effects in some patients when used at high doses or for long-term treatment. Topical products remain available to buy over the counter.	January 2015