

C · R · L · P

THE CENTER FOR REPRODUCTIVE LAW AND POLICY

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February 14, 2001

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Dockets Management Branch
Food and Drug Administration
Department of Health and Human Services
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Rockville MD 20857

To Whom it May Concern:

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USA

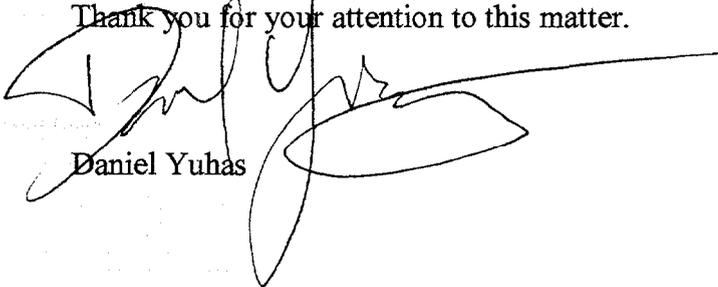
202/530-2975

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Enclosed for filing, please find the original and three copies of a Citizen's Petition filed on behalf of the American Public Health Association, the American Medical Women's Association, the Association of Reproductive Health Professionals, the National Asian Women's Health Organizations, the National Black Women's Health Project, the National Family Planning and Reproductive Health Association, the Planned Parenthood Federation of America, the Reproductive Health Technologies Project and 58 other organizations listed therein.

[HTTP://WWW.CRLP.ORG](http://www.crlp.org)

Thank you for your attention to this matter.


Daniel Yuhas

OIP-0075

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ORIGINAL

February 14, 2001

Dockets Management Branch
Food and Drug Administration
Department of Health and Human Services
Room 10-61
5630 Fishers Lane
Rockville MD 20857

CITIZEN'S PETITION

The American Public Health Association, the American Medical Women's Association, the Association of Reproductive Health Professionals, the National Asian Women's Health Organizations, the National Black Women's Health Project, the National Family Planning and Reproductive Health Association, the Planned Parenthood Federation of America, the Reproductive Health Technologies Project and 58 other organizations listed below, by their counsel, the Center for Reproductive Law & Policy, submit this petition pursuant to 21 C.F.R. § 10.30 (1999), to request that the Food and Drug Administration (FDA) switch from prescription to over-the-counter (OTC) status two FDA-approved emergency contraceptive drugs, *Preven*TM and *Plan B*[®], and any new drug eligible for filing an abbreviated new drug application because of its equivalence to *Preven*TM or *Plan B*[®] (hereinafter these drugs will be collectively referred to as EC). Such a switch is authorized under 21 U.S.C. § 353(b)(3) and 21 C.F.R. § 310.200(b) because, as set forth below and in the supporting Declaration of David Grimes, M.D. ("Grimes Dec."), EC is safe and effective for OTC use. Accordingly, the FDA should grant this Petition and exempt EC from prescription dispensing limitations.

ACTION REQUESTED

Petitioners request that the FDA exempt from prescription-dispensing requirements, pursuant to 21 U.S.C. § 353(b)(3) and 21 C.F.R. § 310.200(b), *Preven*[™], *Plan B*[®], and any new drug eligible for filing an abbreviated new drug application because of its equivalence to *Preven*[™] or *Plan B*[®].

STATEMENT OF GROUNDS

Under the Food, Drug and Cosmetic Act and FDA regulations, “[a]ny drug limited to prescription use . . . shall be exempted from prescription-dispensing requirements when the Commissioner finds such requirements are not necessary for the protection of the public health by reason of the drug’s toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary to its use, and he finds that the drug is safe and effective for use in self-medication as directed in proposed labeling.” 21 C.F.R. § 310.200(b); see also 21 U.S.C. § 353(b)(3) (“The Secretary may by regulation remove drugs subject to sections 352(d) and 355 of this title from the requirements of paragraph (1) of this subsection when such requirements are not necessary for the protection of the public health.”). FDA regulations also explicitly authorize the use of a citizen’s petition to seek a switch from prescription to OTC status: “A proposal to exempt a drug from the prescription-dispensing requirements of section 503(b)(1)(C) of the act may be initiated by . . . any interested person . . . fil[ing] a petition . . . pursuant to Part 10 of this chapter. . . .” 21 C.F.R. § 310.200(b).

Limiting EC to prescription use is not necessary for the protection of public health. As set forth in greater detail in the accompanying Declaration of Dr. Crimes, EC meets all the criteria for OTC availability. In general, an approved drug is suitable for OTC use when: (1) the drug is safe for self-medication, 21 C.F.R. § 310.200(b)(1999); 21 C.F.R. § 330.10(a)(4)(i) (1999); Tamar Nordenberg, *Now Available Without a Prescription*, FDA Consumer 7, 9 (Nov. 6,

1996); Marian Segal, *RX to OTC: The Switch is On*, www.fda.gov/bbs/topics/consumer/CN00012c.html (March 1991); R. William Soller, “*OTCness*”, 32 *Drug Information Journal* 555, 556-58 (1998); Debra L. Bowen, *Making the Switch to OTC*, III *Cosmetics & Toiletries* 102 (May 1996); Nancy L. Buc, *The Switch from Prescription to Over the Counter*, in *The Pill: From Prescription to Over the Counter* 237, 238-39 (eds. Samuels & Smith 1994); (2) the drug is effective when self-administered, 21 C.F.R. § 310.200(b)(1999); 21 C.F.R. § 330.10(a)(4)(ii)(1999); Soller, *supra* at 556, 558-59; Bowen, *supra*; Buc, *supra*; Nordenberg, *supra* at 7; (3) the condition to be treated is self-diagnosable, Segal, *supra*; Bowen, *supra*, Buc, *supra*; and (4) the drug’s labeling is tailored to self-administration, 21 C.F.R. § 310.200(b)(1999); 21 C.F.R. § 330.10(a)(4)(v)(1999); Soller, *supra*, at 559-60; Segal, *supra*; Bowen, *supra*; Buc, *supra*; Nordenberg, *supra* at 7-8, 9, 11.

First, EC is safe for self-medication because it is not toxic to the woman (or to the embryo or fetus if a pregnancy had been previously established in the woman); it has a low risk of abuse or overdose; overdose is unlikely to lead to serious consequences; and its side effects are well known and minor. Crimes Dec. ¶¶ 8A, B, C, F. Second, EC is effective when self-administered. Its administration is simple and relies only on assessments as to time elapsed since sexual intercourse that can be independently made by the woman, and any interaction between EC and other drugs would be nonfatal and unlikely to seriously affect EC’s efficacy. Crimes Dec. ¶ 81. Third, the condition EC treats — contraceptive failure or failure to use contraception during intercourse — is one that is readily diagnosable by a woman, and EC has no contraindications that would pose a danger to the patient. Crimes Dec. ¶ 8D. Fourth, the existing patient labeling for *Preven*[™] and *Plan B*[®] is tailored to self-administration in that it is simple, clear, comprehensive and easy to follow. Grimes Dec. ¶ 8H. Finally, switching EC to

OTC status will promote public health because EC is only effective for a short time after unprotected sex, and it works most effectively ‘if used within twenty-four hours of unprotected sex. Because contacting a physician and obtaining and filling a prescription hinder women from obtaining EC in a timely fashion, making EC available OTC will allow more women to use the treatment, and enable more women to prevent unwanted pregnancies, to the benefit of public health. Grimes Dec. ¶¶ 5, 6, 7. Accordingly, both the American Medical Association and the American College of Obstetricians and Gynecologists have publicly supported efforts to move EC to OTC status. See Dec. 5, 2000 Statement of American Medical Association, <http://www.ama-assn.org/ama/pub/article/1617-3547.html> (copy attached hereto); February 14, 2001 Statement of the American College of Obstetricians & Gynecologists Supporting the Availability of Over-the-Counter Contraception (filed herewith).

Because limiting EC to prescription dispensing is not necessary for the protection of public health, the FDA should exempt it from that limitation. 21 C.F.R. § 310.200(b) (a drug “shall be exempted from prescription-dispensing requirements when the Commissioner finds such requirements are not necessary for the protection of the public health”).

ENVIRONMENTAL IMPACT

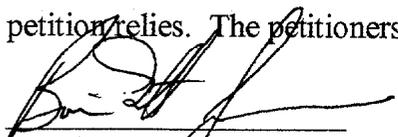
The proposed action is exempt from the requirement of an environmental impact statement under 21 C.F.R. §§ 25.24(a)(8) and (c)(6).

ECONOMIC IMPACT

No information is required at this time.

CERTIFICATION

The Center for Reproductive Law & Policy, counsel for petitioners certifies that, to the best of its knowledge and belief, this petition includes all information and views on which the petition relies. The petitioners know of no data unfavorable to the petition.



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PETITIONERS

Advocates for Youth
The Alaska Emergency Contraceptive Project
American Association of University Women
American Academy of Pediatrics
American College of Nurse-Midwives
Americans for Democratic Action
American Medical Women's Association
The American Nurses Association
American Public Health Association
American Society for Emergency Contraception
American Society for Reproductive Medicine
Arizona Family Planning Council
Association of Reproductive Health Professionals
Beaverhead Family Planning Clinic
Center for Entrepreneurship in International Health and Development, School of Public Health,
University of California, Berkeley
Center for Women's Policy Studies
Choice USA
The Compton Foundation
The Consortium for Emergency Contraception
Family Health Care, Inc.
Family Health International
Family Planning Association of Northern Ohio, Inc.
Family Planning Council
Family Planning Councils of America
Family Planning Council of Iowa
Family Planning Association of Maine
Family Tree Clinic
Fargo Cass Public Health

Health Care of Southeast Massachusetts

Health Quarters

Ipas

Lake County Family Planning

Medical and Health Research Association of New York City, Inc

National Abortion Federation

National Abortion and Reproductive Rights Action League

California Abortion and Reproductive Rights Action League

Massachusetts Abortion and Reproductive Rights Action League

Minnesota Abortion and Reproductive Rights Action League

New York Abortion and Reproductive Rights Action League

National Asian Women's Health Organization

National Association of Nurse Practitioners in Women's Health

National Black Women's Health Project

National Coalition Against Domestic Violence

National Consumers League

National Family Planning and Reproductive Health Association

The National Organization for Women Legal Defense and Education Fund

The National Organization on Adolescent Pregnancy, Parenting & Prevention

National Partnership for Women and Families

Okanogan Family Planning

Oops- Emergency Contraception Hotline

Pacific Institute for Women's Health

Pathfinder International

Physicians for Reproductive Choice and Health

Planned Parenthood Federation of America and all Planned Parenthood Affiliates Nationwide

Planned Parenthood of Central Washington

Planned Parenthood Chicago Area

Planned Parenthood of Connecticut

Planned Parenthood Heart of Illinois

Planned Parenthood of Houston and Southeast Texas, Inc

Planned Parenthood Association of Lubbock
Planned Parenthood of Nassau County
Planned Parenthood of the Saint Louis Region
Planned Parenthood of Southern Arizona
Planned Parenthood of Stark County
Planned Parenthood of the Texas Capital Region
Planned Parenthood of Western Washington
The Population Council
Population Services International, U.S. Programs
Pro Choice Resource Center
Program for Appropriate Technology in Health
The Reproductive Health Technologies Project
The Sexuality Information and Education Council of the United States
Texas Family Planning Association
Tri City Health Center
Voters for Choice
Women's Health Center of West Virginia

American Medical Association
Physicians dedicated to the health of America



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Statements

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AMA on access to emergency contraception

**For immediate release
December 5, 2000**

Statement attributable to:
Edward J. Hill, MD
AMA trustee

- ◆ [AMA terms Aetna's decision to drop all-products clauses an important victory for patients and physicians](#)
- ◆ [AMA welcomes President-elect Bush and the new Congress and looks forward to progress on key health issues](#)
- ◆ [AMA on access to emergency contraception](#)
- ◆ [AMA: GAO Report confirms National Practitioner Data Bank is seriously flawed](#)
- ◆ [AMA says media reports mischaracterize new business venture](#)
- ◆ [AMA applauds defeat of Maine assisted suicide referendum](#)
- ◆ [AMA condemns price gouging by distributors of influenza vaccine](#)
- ◆ [4.5% Medicare physician payment update: Good for America's seniors and the physicians who care for them](#)
- ◆ [U.S. House and Senate now have a clear majority to pass a real patients' bill of rights](#)
- ◆ [AMA welcomes new yardstick to measure Medicare quality successes](#)

"The AMA today approved recommendations regarding greater access to emergency contraception pills (**ECPs**). **Two** brand names for emergency contraceptive pills are Preven and Plan B.

"In addition to reaffirming current AMA policy that holds that no physician or other professional personnel should be required to perform an act that violates personally held moral principles, the AMA passed new policies to encourage physicians to play a more active role in providing education about access to **ECPs**. The new policies also direct the AMA to intensify efforts to improve awareness and understanding about the drugs and to enhance efforts to expand access to them, including making them more available through hospitals, clinics, emergency rooms, acute care centers, and physicians' offices.

"In order to expand access to **ECPs**, the AMA also decided to support and monitor the application process of manufacturers filing for over-the-counter approval of emergency contraception pills with the Food and Drug Administration (FDA). If the FDA determines that **ECPs** are safe for **over-the-counter** use, the AMA would support that increased access."

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ACOG News Release

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Statement of The American College Of Obstetricians and Gynecologists Supporting the Availability of Over-the-Counter Emergency Contraception

February 14, 2001

The American College of Obstetricians and Gynecologists (ACOG) supports making emergency oral contraception available to women over the counter in a designated product.

The time has come for women to have access to a product that they need. Almost half of the 6.3 million annual pregnancies in the US are unintended. Emergency contraception holds the potential to cut this figure in half. This in turn could substantially reduce the US abortion rate of about 1 in every 4 pregnancies.

The US Food and Drug Administration has declared emergency contraceptive pills to be safe and effective in preventing pregnancy. Yet substantial barriers exist to women obtaining this fallback contraceptive method that must be used within 72 hours after unprotected intercourse. We believe that emergency oral contraception can meet the FDA criteria for over-the-counter availability. Then, at last, women would have access to an important method of preventing pregnancy.

###

The American College of Obstetricians and Gynecologists is the national medical organization representing over 40,000 physicians who provide health care for women.



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Table 1. Side effects associated with two ECP regimens

	% with symptom (95% CI)	
	Yuzpe (n=979)	Levonorgestrel (n=977)
Nausea	50.5 (47.3 – 53.6)	23.1 (20.5 – 25.9)
Vomiting	18.8 (16.4-21.4)	5.6 (4.3 – 7.3)
Dizziness	16.7 (14.4 – 19.1)	11.2 (9.3 – 13.3)
Fatigue	28.5 (25.7 – 31.4)	16.9 (14.6 – 19.4)
Headache	20.2 (17.8 – 22.9)	16.8 (14.5 – 19.3)
Breast tenderness	12.1 (10.1 – 14.3)	10.8 (8.9 – 12.9)
Low abdominal pain	20.9 (18.4 – 23.6)	17.6 (15.3 – 20.1)
All other adverse effects*	16.7 (14.4 – 19.1)	13.5 (11.4 – 15.8)

*Mostly diarrhea and some irregular bleeding or spotting.

From: 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;352:428-33.

Table 2. Contraindications listed on FDA approved labeling of two approved ECP products

<i>PrevenTM</i>	<i>Plan B[®]</i>
Combination oral contraceptive pills [including <i>PrevenTM</i>] should not be used by women who have:	<i>Plan B[®]</i> should not be used by women who have:
<ul style="list-style-type: none">• pregnancy• history of blood clots in deep veins of legs• history of heart attack• history of stroke• valvular heart disease with complications• severe high blood pressure• diabetes with blood vessel involvement• severe headaches• liver tumors• active liver disease• heavy smoking and older than 35 years• allergy to any components of the product	<ul style="list-style-type: none">• pregnancy• unexplained vaginal bleeding• allergy to any ingredient in the product
“May not be advisable to use ECPs ” if you have had:	
<ul style="list-style-type: none">• heart attack or stroke• blood clots in legs, lungs, or eyes• breast, endometrial, cervical, or vaginal cancer• unexplained vaginal bleeding• jaundice during pregnancy or OCP use• liver tumor	

81001055689



PREVEN™

How to use the PREVEN™
Emergency Contraceptive Kit

**BEFORE YOU BEGIN,
Please Read This Instruction Book Carefully**

INTRODUCTION

This book is to help teach you how to use the PREVEN™ Emergency Contraceptive Kit correctly. When used according to the directions, only 2 out of 100 women might become pregnant after a single act of intercourse. If no method of contraception is used, about 8 out of 100 might become pregnant.

Like all oral contraceptives, emergency contraceptive pills do not protect against infection with HIV (the virus that causes AIDS) and other sexually transmitted diseases. For more detailed information, please refer to the Detailed Patient Labeling included in this kit. If you still have questions or do not fully understand how to use the kit after reading this book, you should talk to your healthcare professional.

Your healthcare professional has prescribed the PREVENT™ Emergency Contraceptive Kit for you in the event you may be at risk for an unintended pregnancy after unprotected sex. Unprotected sex is when you know or suspect that your birth control failed (for instance, a condom broke during sex) or you may have had sex without using birth control.

The pills in the PREVENT™ Emergency Contraceptive Kit will reduce the risk of unintended pregnancy if you start taking them as soon as possible but within **72 hours** of having unprotected sex. They will **not** work if you are already pregnant.

2

What are Emergency Contraceptive Pills (ECPs)?

The PREVENT™ Emergency Contraceptive Kit pills contain hormones similar to those found in daily, combination birth control pills (COCs): an estrogen (ethinyl estradiol) and a progestin (levonorgestrel). The difference is that daily combination birth control pills are taken one pill each day for 21 per cycle to prevent pregnancy, whereas emergency contraceptive pills are taken as two pills in two doses to prevent pregnancy. The first dose of two pills is taken as soon as possible but **within 72 hours** after unprotected sex, and the second dose of two pills is taken **12 hours** later. **The pills in the PREVENT™ Emergency Contraceptive Kit are meant for emergency use only and should not be used as your regular method of birth control.**

3

What does the kit contain?

The PREVENT™ Emergency Contraceptive Kit contains:

- this Patient Information Book and Detailed Patient Information;
- a pregnancy test;
- four light blue emergency contraceptive pills.

4

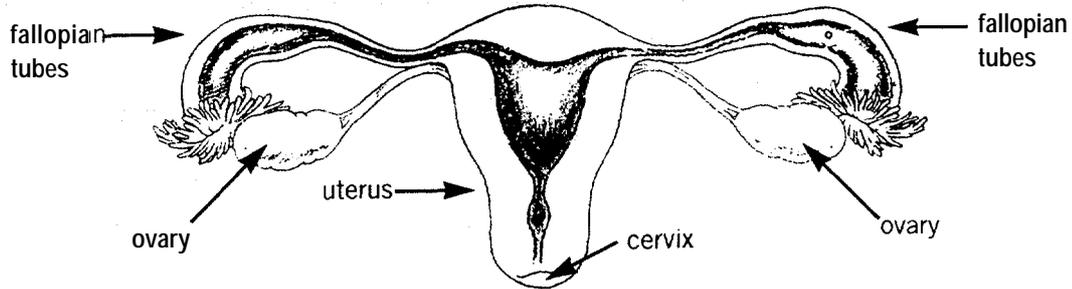
How do the pills in the PREVENT™ Emergency Contraceptive Kit prevent pregnancy?

The hormones contained in the emergency contraceptive pills prevent pregnancy in the same way that daily birth control pills do.

- they delay or prevent ovulation (the process of maturation and the release of an egg from the ovary);
- they may make it difficult for sperm to fertilize an egg if one has been released from the ovary;
- they may produce changes in the lining of the womb (uterus).

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Diagram of the Female Reproductive System



If you are already pregnant, emergency contraceptive pills cannot end the pregnancy. Instead, the pills prevent a pregnancy from beginning.

6

Who should not use PREVEN™ Emergency Contraceptive Kit pills?

Do not use the pills in the PREVEN™ Emergency Contraceptive Kit if you are already pregnant as a result of a previous intercourse (not the intercourse within the last 72 hours).

Emergency contraceptive pills may not be right for all women. It may not be advisable to use ECPs if you have had:

- a heart attack, or a stroke;
- blood clots in your legs, lungs, or eyes;
- breast cancer or cancer of the lining of the uterus, cervix, or vagina;

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- unexplained vaginal bleeding;
- jaundice (yellowing of the whites of the eyes or skin) during a prior pregnancy or during previous daily use of the combination birth control pill;
- a liver tumor.

Be sure to tell your healthcare professional if you have ever had any of these conditions.

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How to use the PREVEN™ Emergency Contraceptive Kit

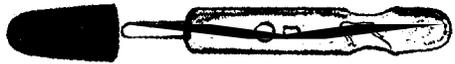
Step 1. Please finish reading this patient book in full before using the **Kit**.

Step 2. Use the pregnancy test.

The pregnancy test is provided to help you determine if you are already pregnant from sex earlier in the month or in previous months. It will not tell you if you are pregnant from sex which took place within the previous 72 hours. The test detects pregnancy by showing if a hormone called human chorionic gonadotropin or (hCG) (made by cells which are a part of the pregnancy) is present in your urine.

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How to use the pregnancy test:

- Perform the test while sitting on the toilet.
- Remove the test from the foil wrapper by tearing at the notches on the package. Throw away the freshness packet (drying agent) inside the wrapper.
- Take off the protective cap covering the absorbent tip. 
- Hold the test stick with the absorbent tip pointing downward and place the tip into your urine stream for **at least five seconds**. The entire tip should get wet. **Do not urinate** on the windows of the test stick.
- Remove the test stick from the urine stream. It is not necessary to replace the cap over the tip.

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- Lay the test stick on a flat surface with the windows facing up. As the test begins to work, you will notice a pink/purple color moving across the windows. Don't be alarmed—this is the normal 'development' process.

How to read the pregnancy test:

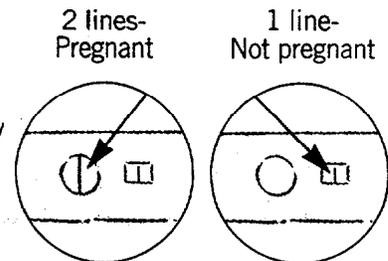
- You should wait at least three minutes after exposure to your urine for the results, but not longer than 20 minutes. You can tell the test is ready to be read when you see a pink/purple line in the SQUARE control window. All tests which have been performed correctly will show a pink/purple line in the SQUARE control window. You must see a line in this SQUARE control window in order

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for the test to be valid. Contact your healthcare professional if you do not see the pink/purple line in the SQUARE control window.

- If a pink/purple line appears in the ROUND result window, you are pregnant.

IMPORTANT: If you get a positive pregnancy result, do not take any of the pills in the PREVEN™ Emergency Contraceptive Kit. Contact your healthcare professional.



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- The lines can be any shade of pink, as long as you can see two clear and distinct lines as shown.
- The test may show you are pregnant when you are not if you have had a miscarriage or have given birth within the past 8 weeks. You should ask your healthcare professional for help in interpreting the result of your pregnancy test if you have recently been pregnant.

NOTE: It doesn't matter which line is darker. As long as there is a line in the SQUARE control window to indicate the test is meaningful, the presence of a line in the ROUND result window indicates you are pregnant.

- If the test is negative—meaning **no** pink/purple line appears in the ROUND result window—continue on to step 3.

IMPORTANT: If the pregnancy test shows that you are already pregnant, do **not** take the pills in the PREVEN™ Emergency Contraceptive Kit. The pills will **not** work.

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Step 3. Take the PREVEN™ Emergency Contraceptive Kit Pills.

Each kit contains four light blue pills, which are taken in two doses of two pills per dose.

- Take the first dose of two pills as soon as possible but **within 72 hours** of having unprotected sex.
- Take the second dose of two pills **12 hours** after the first dose. For example, if you take the first two pills at 8 a.m., you must take the second dose of two pills at 8 p.m.

TIP: Try to take the first dose at a time that will make it convenient to take the second dose 12 hours later. However, remember that the first dose must be taken as soon as possible but within 72 hours after unprotected sex.

- Do not take any extra pills unless recommended by your healthcare professional.



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Side Effects

Some women who use the pills in the PREVEN™ Emergency Contraceptive Kit will experience side effects.

The most common side effect is nausea (being sick to your stomach). It is usually mild, and goes away within a few hours, but may last one to two days. Taking the pills with food may reduce the chance of nausea.

Some women who take the pills in the PREVEN™ Emergency Contraceptive Kit may also vomit. If vomiting occurs within an hour after you take either dose of emergency contraceptive pills, call your healthcare professional to discuss whether to repeat the dose or to take anti-nausea medication.

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Your next menstrual period may arrive a few days earlier or later than you expect. Menstrual blood flow may also be heavier or lighter than usual. If bleeding lasts longer than your period normally does, or if your period doesn't arrive within 21 days of taking emergency contraceptive pills, contact your healthcare professional.

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WARNING SIGNALS

If you experience any of the following ill effects during or shortly after taking emergency contraceptive pills, contact your healthcare professional immediately:

- chest pain, coughing up of blood, or sudden shortness of breath;
- severe pain in the calf;
- sudden severe headache, dizziness, weakness, numbness, or faintness;
- sudden difficulty seeing or speaking;
- severe pain or tenderness in the stomach area;
- jaundice (yellowing of the skin or eyeballs).

17

COMMONLY ASKED QUESTIONS AND ANSWERS

How do I know if the PREVEN™ Emergency Contraceptive Kit pills have worked?

Within 21 days, you should get your menstrual period. If you don't, see your healthcare professional.

After using PREVEN™ Emergency Contraceptive Kit pills, when can I have sex again?

You can have sex again right away, but you should use a regular form of birth control to protect yourself from pregnancy. You may want to contact your healthcare professional to discuss your contraception.

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Will PREVEN™ Emergency Contraceptive Kit pills taken now prevent me from pregnancy if I have sex without birth control in the future?

No, they will not. ECPs will also not protect you from sexually transmitted diseases.

How often can I use PREVEN™ Emergency Contraceptive Kit pills?

ECPs are meant for one-time emergency protection. ECPs are not as effective as some forms of regular birth control. If you have unprotected sex more than once per menstrual cycle and have already taken the emergency contraceptive pills for that cycle, you are advised to consult with your healthcare professional.

19

Can I still use PREVEN™ Emergency Contraceptive Kit pills if my healthcare professional has told me that I should not take combination oral contraceptives?

You and your healthcare professional should discuss the risks and benefits of the PREVEN™ Emergency Contraceptive Kit pills and agree on the best course of action for you.

20

What happens if I don't perform the pregnancy test correctly, and it says I'm not pregnant when I really am? Will taking the PREVEN™ Emergency Contraceptive Kit pills harm my baby?

The pills in the PREVEN™ Emergency Contraceptive Kit contain the same or similar hormones as found in combination oral contraceptive pills. Scientific studies do not suggest that use of combination oral contraceptives is associated with an increased risk of harm to the fetus, when taken inadvertently during early pregnancy.

21

Will taking PREVEN™ Emergency Contraceptive Kit pills cause changes in my menstrual cycle?

You may find that your next menstrual period comes a few days earlier or later than expected. Your menstrual blood flow may also be heavier or lighter than usual. If menstrual bleeding lasts longer than your normal period or if your period does not arrive within 21 days of taking the emergency contraceptive pills, contact your healthcare professional.

22

FOR MORE INFORMATION

If you have additional questions about the use of the PREVEN™ Emergency Contraceptive Kit, please consult the package insert. Information is also available at our website at www.PREVEN.com and our toll free line 1-888-PREVEN2.

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Gynetics Inc.

P.O. Box-8509,
Somerville, NJ 08876

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PREVEN™ Emergency Contraceptive Kit is made in the USA

Printed in USA

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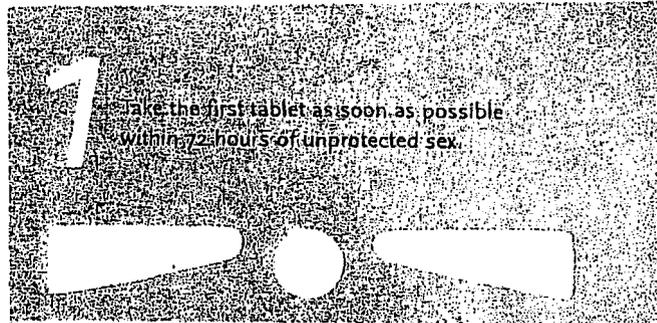
INTRODUCTION

Any woman who considers using *Plan B*™ should understand the benefits and risks. The following information should help your understanding, but it is not meant to replace a discussion between you and your health care provider.

WHAT IS PLAN B?

Plan B is intended to prevent pregnancy after unprotected sex (if a contraceptive fails or if no contraception was used). It contains levonorgestrel, which is a synthetic hormone (progestin) commonly used in birth control pills. *Plan B* is for emergency use, and should not be used in place of regular contraception since it is not as effective as regular contraceptives.

Plan B does not protect against HIV (the virus causing AIDS), or any other sexually transmitted disease.



2 Take the second tablet 12 hours after you take the first tablet.

HOW EFFECTIVE IS PLAN B?

Plan B reduces the risk of pregnancy following a single act of unprotected sex from about 8% down to 1%. This represents an 89% reduction in risk of pregnancy for this single act of unprotected sex.

Plan B is more effective the sooner treatment is started following unprotected sex.

WHO SHOULD NOT TAKE PLAN B?

Plan B should not be taken if you are already pregnant or if you have an allergy to any ingredient in *Plan B*. Do not use *Plan B* if you have unexplained vaginal bleeding.

WHAT IF I AM ALREADY PREGNANT AND TAKE PLAN B?

Plan B is not appropriate if you are already pregnant; it will not work. However, if you take *Plan B* and are already pregnant, it is unlikely that this would affect the pregnancy. Several studies involving the long-term use of progestin hormone-containing contraceptives have not shown any effects on the fetus.

OVERDOSAGE: Taking too much *Plan B* may cause nausea or vomiting. You should contact your health care provider if you take too much *Plan B*.

OTHER INFORMATION: *Plan B* has been prescribed specifically for you; do not give it to others.

Mfg. by Gedeon Richter, Ltd., Budapest, Hungary
Distributed by Women's Capitol Corporation
5400 Carillon Point
Kirkland WA 98033
Phone: 1-800-330-1271
Fax: 1-877-407-3801

WHAT ARE THE RISKS AND SIDE EFFECTS OF TAKING PLAN B?

Menstrual bleeding is sometimes heavier and sometimes lighter than usual after women take *Plan B*. After taking *Plan B*, most women (87%) get their next period within one week of when it is expected. If your period is more than one week late, you should check with your health care provider to see if you are pregnant.

Progestin contraceptive pills used for routine daily contraception can increase your risk for a tubal (ectopic) pregnancy. *Plan B* contains progestin. It is unknown if two doses of *Plan B* would increase the risk of tubal pregnancy. You should contact your health care provider if you develop severe abdominal pain, since this can be a warning sign of a tubal pregnancy.

The most common side effects include nausea (23% of users), abdominal pain (18%), tiredness (17%), and headache (17%). Dizziness and breast tenderness occur in about 10% of patients, and 5-6% of patients experience either vomiting or diarrhea.

HOW SUPPLIED: Each *Plan B* tablet contains 0.75 mg of the active ingredient levonorgestrel, 18,19-Dinorpregn-4-en-20-yn-3-one-13-ethyl-17-hydroxy-, (17 α)-(-), a totally synthetic progestin. The inactive ingredients present are colloidal silicon dioxide, potato starch, gelatin, magnesium stearate, talc, corn starch, and lactose monohydrate.



Plan B tablets are supplied in packages of two tablets each. The tablet is white, round, and marked INOR.

Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F). See USP Controlled Room Temperature.

CAUTION: Rx Only.

Curricula
Vitae

January, 200 1

CURRICULUM VITAE

DAVID A. GRIMES, M.D.

BORN: February 18, 1947
Waterbury, Connecticut

PERSONAL:

Wife: Katherine
Children (name and birth year): Robin, (1970) and Heather (1973)

EDUCATION:

1965-1969	Harvard University, 1969, B.A. cum laude
1969-1973	University of North Carolina School of Medicine, 1973, M.D.
1973-1975	Resident, Obstetrics and Gynecology,
1977-1979	N.C. Memorial Hospital, Chapel Hill

MILITARY SERVICE:

1975-1977	Surgeon (04)
1979-1980	Surgeon (04)
1981-1986	Senior Surgeon (05)

U.S. Public Health Service
Centers for Disease Control

HONORS:

- Harvard National Scholar 1965
- **Morehead** Scholar 1965
- **Morehead** Fellow in Medicine 1969
- Isaac Hall Manning Award 1971
- Whitehead Society First Award, Student Research Day, 1971 and 1973
- North Carolina Obstetrical and Gynecological Society
- Student Aptitude Award, 1972
- Alpha Omega Alpha 1972
- William **deB. MacNider** Award 1973
- Alumni Loyalty Merit Award 1973
- Lange Book Award 1973
- Second Prize Paper: Presented at the District IV Meeting, American College of Obstetricians and Gynecologists, Junior Fellow Research Awards, 1976
- Prize Paper: Presented at the District IV Meeting, American College of Obstetricians and Gynecologists, Junior Fellow Research Awards, 1980
- Honorary Member of the Graduating Class, Emory University School of Medicine, 1981
- Commendation Medal, U.S. Public Health Service, 1982

- Ortho Prize Paper: Presented at the 21st Annual Scientific Meeting of the Association of Planned Parenthood Professionals, 1983
- DSA Medical Services Prize Paper: Presented at the Eighth Annual Meeting, National Abortion Federation, 1984
- Christopher Tietze Humanitarian Award, National Abortion Federation, 1987
- Kaiser Permanente Award for Excellence in Teaching in the Clinical Sciences, USC School of Medicine, 1989
- Lester T. Hibbard Teaching Award, Department of Obstetrics and Gynecology, USC School of Medicine, 1989
- Carl Schultz Award, Population and Family Planning Section, American Public Health Association 1990
- Max Bulian Memorial Lecturer, Beth Israel Hospital, Boston, 1991
- Fundamental Right of Reproductive Freedom Award, American Civil Liberties Union of Southern California, 1992
- Bitterman Distinguished Lecturer, Beth Israel Medical Center, New York, 1992
- Eliot L. Silbar Memorial Lecturer, Northwestern University School of Medicine, 1992
- Outstanding Academic Faculty, Department of Obstetrics, Gynecology and Reproductive Sciences, UCSF, 1993
- Paul C. Weinberg Memorial Lecturer, American Society for Psychosomatic Obstetrics and Gynecology, 1994
- ACOG Issue of the Year Award, 1994
- Distinction in Teaching Award, Academic Senate, University of California, San Francisco, 1994
- Alan Guttmacher Lectureship, Association of Reproductive Health Professionals, 1994
- Frank R. Lock Lecturer, Bowman Gray School of Medicine, 1994
- Clinical Faculty Teaching Award, University of California, San Francisco, 1995
- Visiting Professor, Alpha Omega Alpha, UCSF, 1995
- Outstanding Lecture Award, 1995-96, UCSF Class of 1999
- C. Houston Alexander Lecturer, St. Joseph Hospital, Denver, 1996
- Rumbolz Visiting Professor, University of Nebraska Medical Center, 1996
- Rubovits Memorial Lecturer, University of Illinois at Chicago, 1996
- John Figgis Jewett Lecturer, Massachusetts Medical Society, 1996
- Edith Potter Memorial Lecturer, American College of Obstetricians and Gynecologists, 1996
- Alvin F. Goldfarb, M.D. Lecturer, North American Society for Pediatrics and Adolescent Gynecology, 1996
- Catherine L. Dobson Visiting Professor, University of Chicago, 1997 and 1999
- Rudolph Holmes Memorial Lecturer, Chicago Gynecological Society, 1997
- Clinical Faculty Teaching Award, University of California, San Francisco, 1997
- Distinguished Service Award, American College of Obstetricians and Gynecologists, 1997
- Presidential Speaker, North Carolina Obstetrical and Gynecological Society, 1997
- Gallagher Lecturer, Society for Adolescent Medicine, 1997
- Duncan Reid Lecturer, Harvard Medical School, 1997
- Julian Wells Memorial Lecturer, Baylor University Medical Center, 1997
- Atlee Memorial Lecturer, Dalhousie University School of Medicine,

- Halifax, Nova Scotia, 1997
- Frank Kaltreider Memorial Lecturer, Johns Hopkins University School of Medicine, 1997
- Keynote Speaker, Kenya Obstetrical and Gynaecological Society, 1999
- Frederick Zupan Scholar and Allan Barnes Memorial Lecturer, Ohio State University College of Medicine, 1999
- R. T. Weaver Lecturer, McMaster University School of Medicine, 1999
- Outstanding Scientific Achievement Award, The National Family Planning and Reproductive Health Association, Inc., 2000
- Distinguished Technical Communication, Society for Technical Communication, NY Metro Chapter, 1999-2000
- Bradford W. Kincheloe Lecturer, University of Tennessee, Memphis, 2000
- Honorable Mention, Special Service Award, National Association for Women's Health, 2000

BOARD CERTIFICATION:

- | | |
|------|---|
| 1981 | American Board of Obstetrics and Gynecology
Recertified, 199 1 |
| 1986 | American Board of Preventive Medicine |

FACULTY APPOINTMENTS:

- | | |
|-----------|---|
| 1979-1982 | Clinical Assistant Professor,
Department of Gynecology and Obstetrics,
Emory University School of Medicine |
| 1981-1985 | Clinical Assistant Professor,
Department of Community Health,
Emory University School of Medicine |
| 1983-1986 | Clinical Associate Professor,
Department of Gynecology and Obstetrics,
Emory University School of Medicine |
| 1985-1986 | Clinical Associate Professor,
Department of Community Health,
Emory University School of Medicine |
| 1986-1992 | Professor, Department of Obstetrics and
Gynecology, University of Southern' California
School of Medicine |
| 1986-1992 | Professor, Department of Preventive Medicine,
University of Southern California
School of Medicine |
| 1993-1997 | Professor and Vice Chairman
Department of Obstetrics, Gynecology and
Reproductive Sciences
University of California, San Francisco |

- 1993-1997 Professor, Department of Epidemiology and Biostatistics
University of California, San Francisco
- 1998- Clinical Professor, Department of Obstetrics and Gynecology
University of North Carolina School of Medicine
- 2000- Fellow, Cecil G. Sheps Center for Health Services Research
University of North Carolina

GOVERNMENT POSITIONS:

- 1975-1977 Epidemic Intelligence Service Officer,
Centers for Disease Control
- 1979-1982 Assistant Chief,
Abortion Surveillance Branch,
Centers for Disease Control
- 1982-1983 Chief, Abortion Surveillance Branch,
Centers for Disease Control
- 1983-1984 Medical Epidemiologist,
Pregnancy Epidemiology Branch,
Centers for Disease Control
- 1984-1986 Clinical Research Investigator,
Division of Sexually Transmitted Diseases,
Centers for Disease Control

HOSPITAL POSITIONS:

- 1987-1992 Chief, Ambulatory Care Services
Women's Hospital, Los Angeles
- 1987-1992 Vice Chairman, Infection Control Committee,
Women's Hospital, Los Angeles
- 1987-1992 Chairman, Quality Assurance Committee,
Women's Hospital, Los Angeles
- 1993-1997 Chief, Department of Obstetrics, Gynecology and Reproductive Sciences
San Francisco General Hospital
- 1993-1997 Clinical Service Chiefs Committee
Strategic Planning Committee
Library Committee
Research Committee
Executive Staff Committee
Clinical Provider Group
Emergency Department Advisory Committee

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CURRENT POSITIONS

Associate Medical Director *February 1994-present*
Family Health International, Research Triangle Park, NC

Responsible for the design, overall management, and analysis of clinical trials and other research studies. Represent FHI in the Consortium for Emergency Contraception. Served as Acting Division Director, Clinical Trials Division, for 6 months in 1996. Recent projects have included:

- **Efficacy Trial of Spermicidal Agents.** Randomized clinical trial comparing the efficacy, safety, and acceptability of five spermicides. Ongoing since June, 1998. Will enroll 1,800 participants at 12 domestic research centers. Funded by NICHD.
- **Provision of ECPs to Spermicide Users in Ghana.** Cohort study of ECP and spermicide use among women intending to use spermicides who are also provided with ECPs. Enrolled 211 participants at four at family planning clinics in Ghana. Funded by USAID.
- **Comparative Clinical Evaluation of VCF and Conceptrol.** Randomized clinical trial comparing the efficacy, safety, and acceptability of two spermicides. Enrolled 765 participants at 8 research centers in Africa and North, Central, and South America. Funded by USAID.
- **Effectiveness of Meclizine for Prevention of Nausea Associated with Emergency Contraceptive Pills.** Randomized clinical trial to determine whether meclizine is effective for preventing nausea from the Yuzpe regimen. Enrolled 342 participants at 2 domestic research centers. Funded by USAID, Kaiser Family Foundation, Rockefeller Foundation.
- **Effect of Emergency Contraceptive Pills on Uterine Receptivity.** Enrolled 19 participants at 1 research center. Funded by Mellon Foundation and USAID.

Staff Physician *July 1996-present*

Planned Parenthood of the Capital and Coast, Raleigh NC

General outpatient gynecology practice, one afternoon each week.

Assistant Consulting Professor *1994-present*

Obstetrics and Gynecology Department, Duke University Medical Center, Durham, NC

PREVIOUS POSITIONS

Aug. 1994-Jun. 1996 **Staff physician**

*Department of Surgery
Veterans Administration Medical Center, Durham, NC*
General outpatient gynecology practice, one half day per week

Jul. 1991-Jan. 1994 **Senior Staff Fellow**

*Division of Epidemiology, Statistics, and Prevention Research
National Institute of Child Health and Human Development, National
institutes of Health*

- Project Officer, Prostaglandins in Preeclampsia Study
- Assistant Project Officer, Trial of Calcium for Preeclampsia Prevention
- Co-Investigator, Study of Perinatal Health **Services** in the District of Columbia
- Co-Investigator, Maternal and Child Health Study of Assiut, Egypt

Jul. 1988-Jun. 1990 **Obstetrician-gynecologist**

Tuba City Indian Medical Center, Tuba City, AZ

EDUCATION

- 1991 Master of Public Health, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD. Course work concentrated in epidemiology, statistics, and population dynamics.
- 1988 Residency, Obstetrics and Gynecology, Duke University Medical Center, Durham, NC
- 1984 Doctor of Medicine, Columbia University College of Physicians and Surgeons, New York, NY
- 1980 Bachelor of Arts with Distinction, Swarthmore College, Swarthmore, PA. Major in Biology.

MEDICAL CERTIFICATION

North Carolina Medical License number 30084
North Carolina Medical Registration Certificate number 13596
Diplomate, American Board of Obstetrics and Gynecology, 1990-2000

AWARDS AND HONORS

Public Health Service Quality Increase, 1989
Phi Beta Kappa, Swarthmore College, 1980
Sigma Xi, Swarthmore College, 1980



PUBLICATIONS

1. Kane AB, Stanton RP, Raymond EG, et al. Dissociation of intracellular lysosomal rupture from the cell death caused by silica. *J Cell Biol* 1980; 87:643-651.
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17. Trussell J, Raymond EG. Statistical evidence about the mechanism of action of the Yuzpe regimen of emergency contraception. *Obstet and Gynecol* 1999; **93**:872-876.
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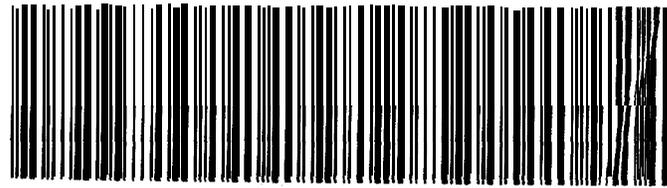
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