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Also in this issue: "A Child with Cancer," by Carolyn Humphreys

FDA Change of Plan B One-Step Label: Points to Consider

NCBC Ethicists

On December 23, 2022, the US Food and Drug Administration (FDA) changed its Drug Facts Label for Plan B One-Step (PBOS), removing language that, since 2006, had stated that PBOS "may inhibit implantation (by altering the endometrium)." The FDA's action has created the impression that PBOS and similar, generic levonorgestrel-based drugs used for "emergency contraception" (LNG-EC) have no effect on the survival of a human being conceived following sexual assault.

Unfortunately, the FDA did not address all factors relevant to how LNG-EC can impact human life after fertilization. Specifically, the FDA did not fully address a well-known concern that LNG-EC can prevent pregnancy even after it fails to prevent ovulation. Since this important issue was not resolved and concerns about LNG-EC's post-fertilization effects remain, the National Catholic Bioethics Center will maintain its longstanding position that Catholic health care institutions and professionals should ensure with moral certitude (that is, by excluding any reasonable doubts), at a minimum, that LNG-EC is not dispensed when it could not prevent ovulation but may well cause the death of an embryo. Catholics should resist legislation that requires dispensing of LNG-EC on the basis of a negative pregnancy test alone.

Review of the FDA's Action and Arguments

What Did the FDA Do on December 23, 2022?

On December 23, 2022—the Friday before Christmas—the FDA changed its Drugs Facts label for Plan B One-Step (PBOS), removing language that, since 2006, had stated that PBOS "may inhibit implantation (by altering the endometrium) …"[1] While this change was highlighted by media outlets, the FDA also made other important changes to its published information about LNG-EC and the reasons therefor in its website page for Plan B One-Step[2] and Decisional Memorandum.[3] These changes include:

1. The FDA formally stated, much more explicitly than it ever did before, that LNG-EC does not "terminate a pregnancy" and does not act as an abortifacient (FDA Website).
2. The FDA removed any discussion of LNG-EC's mechanism of action from the Drug Facts label on boxes of LNG-EC pills. Past labels had contained information about Plan B's mechanism of action. Now, simplified language about mechanism of action (emphasizing LNG-EC's impact on ovulation) is provided only in a Consumer Information Leaflet.
3. The FDA also retracted prior language that LNG-EC may prevent fertilization by altering tubal transport of sperm and/or ova.[4]

What Evidence and Arguments Did the FDA Provide for Its Action?

After providing background on the chemical nature of PBOS and LNG-EC (a 1.5 mg dose of the synthetic progestin Levonorgestrel) and of the typical events of early reproductive processes, the FDA summarized and defended its principal arguments in the course of a review of clinical research. The FDA argued that:

- LNG-EC inhibits or delays ovulation when administered prior to the lutenizing hormone (LH) surge;
- LNG-EC does not have a significant effect on cervical mucus quality or on sperm capacitation, motility, or quantity in the genital tract;
- When provided after ovulation, LNG-EC does not affect the endometrium in a clinically meaningful way to prevent implantation;
- When provided after ovulation, LNG-EC does not affect the expected rate of pregnancy (e.g., that which would be expected if LNG-EC were not provided).[5]

Examining the Sufficiency of the FDA's Evidence and Arguments

While the FDA's review of clinical research is well-organized and accurate and covers important facts about LNG-EC's alleged mechanisms of action, it does not resolve important, valid concerns about a key mechanism of action when it is administered in the late follicular phase, that is, immediately before ovulation.

Are FDA Evidence and Arguments Ruling-Out LNG-EC Abortifacient Side Effects Convincing?

As noted above, the FDA stated more formally and explicitly than ever before that LNG-EC will not cause an abortion or act as an abortifacient. With regard to the issue of abortion, the FDA appears to be correct in stating that "Plan B One-Step will not work if a person is already pregnant, meaning it will not affect an existing pregnancy."[6]

In addressing the question of whether Plan B One-Step acts as an abortifacient, it is important to note that the FDA's focused narrowly on two things: (1) assessment of LNG-EC on endometrial tissue (in *in vitro* studies), and (2) on the difference between clinical pregnancy rates based on whether LNG-EC is administered before or after ovulation (note: the clinical pregnancy rates are determined by HCG test, a uniquely post-implantation event).