



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Ulipristal (Esmya®)
Indication under review	Uterine fibroids
Policy No:	APC 001
Date of Issue/Date of re-issue	May 2013, May 2015
Review Date	May 2018
<p>Policy Statement: Ulipristal acetate (Esmya®) is indicated for pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to 3 months.</p>	
Traffic Light Status	<p>Amber</p> <p>Initiation on consultant specialist advice. The specialist will write to the GP to prescribe unless treatment is required urgently when a 2 week prescription will be issued by secondary care with the GP continuing prescribing.</p>
<p>Key Points considered:</p> <ul style="list-style-type: none"> • Ulipristal acetate (Esmya®) is non-inferior to gonadotrophin releasing hormone (GnRH) agonists for reducing uterine bleeding in pre-operative women with uterine fibroids and excessive bleeding. • Ulipristal acetate (Esmya®) would be more convenient and acceptable to some patients as it does not involve injections or surgery appointments. • Overall, costs are lower with Ulipristal acetate (Esmya®) • There was no new information since the publication of the initial policy in May 2013 	
<p>References: Based on SMC report accessed at http://www.scottishmedicines.org.uk/SMC_Advice/Advice/834_13_ulipristal_acetate_Esmya/ulipristal_acetate_Esmya</p>	
Date taken to APC:	1 st May 2013
Date Ratified by MMC on Behalf of the Board:	10 th July 2013
Expired policy reviewed by APC	6 th May 2015
Date ratified by GP MOC	17 th June 2015