P071 - ESTETROL/DROSPIRENONE SAFETY IN A CARDIOVASCULAR RISK POPULATION

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greater increases among ages 19-26 than 27-44. Difference-in-difference analyses found greater increases in tubal sterilization (1%, p=0.02) and vasectomy (2%, p =0.02) in states likely to ban abortion compared to states not likely to ban abortion; state-level differences among ages 27-44 were not statistically significant. Survey responses highlight fear for loss of bodily autonomy and changes to pregnancy plans after *Dobbs*.
Conclusions: Young adults increasingly obtained permanent contraception post-*Dobbs*, especially in states deemed likely to ban abortion, and continue to face challenges to their bodily autonomy.

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P071

ESTETROL/DROSPIRENONE SAFETY IN A CARDIOVASCULAR RISK POPULATION

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Objectives: We aimed to evaluate cardiovascular safety outcomes in a population of estetrol 15 mg/drospirenone 3 mg users with cardiovascular risk factors.
Methods: We performed a secondary analysis of two open-label contraceptive phase-3 trials that enrolled participants 16-50 years to use estetrol/drospirenone for up to 13 cycles. Exclusion criteria included body mass index (BMI) > 35 kg/m^2, baseline blood pressure (BP) > 140/90mmHg, and > 35 years and smoking. We assessed BP and lipid parameter changes and discontinuation rates for adverse events in participants with and without cardiovascular risk factors (age > 35 years, BMI ≥30 kg/m^2, baseline BP ≥130/85mmHg, or smoking).
Results: Of 3,417 participants, 1,410 (41.3%) had ≥1 cardiovascular risk factors and 309 (9.0%) had ≥2 risk factors. Participants with baseline BP ≥130/85mmHg had significant decreases in systolic BP (-7.6 ± 9.7mmHg, p < 0.001) and diastolic BP (-4.0 ± 7.7mmHg, p < 0001). Participants with normal baseline BP (< 130/85mmHg) had a statistically but clinically insignificant change in systolic BP (1.0 ± 10.2mmHg, p < 0.001) and diastolic BP (1.1 ± 7.8mmHg, p < 0001). We observed statistically but not clinically significant changes in lipid parameters for all risk groups. We found no difference in discontinuation for any adverse events in participants with and without cardiovascular risk factors. Six (0.18%) participants discontinued for a cardiovascular complaint including 4 with risk factors: 3 (0.09%) with hypertension (all had baseline BP ≥130/85mmHg and ≥1 additional risk factors) and one venous thrombosis (BP ≥130/85mmHg).
Conclusions: Estetrol/drospirenone did not worsen BP or lipid parameters among > 1400 users with cardiovascular risk factors. Estetrol/drospirenone may have beneficial BP effects for patients with high-normal BP.

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P072

ENHANCING ACCESS TO EMERGENCY CONTRACEPTION: RESULTS FROM A NO-COST PROGRAM IN UTAH

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Objectives: We assessed a Utah program offering no-cost emergency contraception (EC) via University of Utah pharmacies, focusing on user demand, preference, and demographics.
Methods: In January 2023, we began providing levonorgestrel 1.5 mg and ulipristal acetate 30 mg to Utah residents aged 18 or older, at no cost, with no gender restrictions. Age restrictions were placed to comply with Utah's contraceptive distribution policy. Participants could access up to three doses of each EC type through the University's MyChart platform, without requiring prior provider visits. We estimated users would spend only five minutes completing the request. Requests underwent advanced-practice clinician review and a prescription was sent for fulfillment. Medication pickup occurred at any University of Utah pharmacy or through mail for non-urgent requests. We analyzed de-identified electronic health record data to assess user demand, demographics and EC preference.
Results: During 2023, we received 1,279 requests. We provided 564 individuals (44%) with levonorgestrel 1.5 mg, resulting in 1,186 dispensed pills and respectively for ulipristal acetate 715 individuals (56%) received 1,582 dispensed pills. Most levonorgestrel (359/564, 64%) and ulipristal acetate users (473/715, 66%) requested multiple doses. Monthly doses provided increased from 136 in January to 172 in December and peaked in March (n=386). 10% of requesters identified as biologically male and 3% identified as transgender or non-binary. Delivery through mail occurred for 419 (33%) EC users in 67 unique zip codes in Utah.
Conclusions: Eliminating cost and provider visit barriers resulted in sustained demand and patient preference for ulipristal acetate, the more effective EC method.

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P073

CREATING A TIME-SENSITIVE DATABASE TO MEASURE STATE-LEVEL OUTPATIENT CONTRACEPTION UTILIZATION IN MEDICAID

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Objectives: Person-level Medicaid data are expensive and released several years after healthcare services are received. Using Medicaid State Drug Utilization Data (SDUD) combined with other data, we created a time-sensitive state-level database of outpatient contraception utilization in Medicaid.
Methods: We defined contraception utilization as the months of contraception supply dispensed per 100 person-months among females aged 15-50 with no birth in the past year. We identified national drug codes for long-acting reversible contraception (LARCs) and short-acting methods (oral contraceptive pills, rings, patches, injections). We then converted the units reimbursed to a months' supply value. States were excluded if they did not have data for all year-quarters ($n_{states\text{-}2018/2019}$=4; $n_{states\text{-}2023}$=2) or had data quality limitations (n_{states}=3). Person-months were calculated by multiplying monthly state Medicaid enrollment by the proportion of females aged 15-50 enrolled in Medicaid, as determined by American Community Survey data. We calculated pooled state contraception utilization for 2023 (n_{states}=45+DC). We also compared 2018-2019 utilization (n_{states}=44) to self-reported current contraception use in an analogous population from the 2017-2019 National Survey of Family Growth (NSFG).
Results: Contraception utilization rates among Medicaid enrollees from January-June 2023 were 10.6 (short-acting methods) and 14.6 (LARCs). In comparative analyses, NSFG current contraception use and SDUD contraception utilization rates were: 13.9% and 11.8 (short-acting methods), 7.6% and 15.9 (intrauterine device), 4.5% and 4.1 (implant).