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Pharmacists' Provision of Contraception: Established and Emerging Roles

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Abstract

Pharmacists' roles in provision of family planning products is expanding in the United States (U.S.). This article details established as well as emerging roles for U.S. pharmacists in the provision of contraception. These include helping patients develop reproductive life plans; dispensing prescription contraceptive products and counseling patients; assisting and educating patients with non-prescription contraceptive products, including emergency contraception; participating in collaborative practice agreements; administering contraception products; and making referrals and developing partnerships. The provision of contraception in the U.S. is dynamic, and pharmacists should continue to be aware of changes that will impact them professionally. As approximately 45% of pregnancies in the U.S. are unintended, through these roles pharmacists can impact an important public health priority.

Keywords: contraception, pharmacists, professional role

Background

Approximately 45% of all pregnancies in the United States (U.S.) are unintended. "Unintended" pregnancies refer to pregnancies which the woman reports to have desired later ("mistimed" pregnancy) or never ("unwanted" pregnancy). Unintended pregnancies have been associated with adverse pregnancy outcomes including premature birth and delayed entry into prenatal care.¹ As unintended pregnancies have a significant impact on public health, objectives to reduce the unintended pregnancy rate are included in Healthy People 2020.²

Due to their accessibility and expertise, pharmacists are well-positioned to address this public health priority. Indeed, pharmacists' roles in the provision of family planning products and counseling is expanding in the U.S. This article focuses on established and emerging roles for U.S. pharmacists in family planning.

Roles for pharmacists in family planning

There are many potential roles for U.S. pharmacists in family planning (Table 1). Some roles are well-established, in that pharmacists have been traditionally providing these services and have familiarity with them. Other roles are emerging, which may require pharmacists to adapt or expand current practice.

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Developing reproductive life plans

One way in which pharmacists can make an impact is by helping patients to develop a reproductive life plan (RLP). A RLP includes goals patients make personally about having or not having children and encourages intentional pregnancy planning. Both male and female patients should be counseled about their RLP, to consider if and when they would like to have children.³ Based on patient preferences, pharmacists can then help patients determine whether contraception is needed and which type is most appropriate. Pharmacists can counsel patients on optimal birth spacing (18-59 months from a woman's last delivery and conception of next pregnancy).⁴ Pharmacists can also use the RLP to raise awareness with patients on the impact of current behaviors on their health, future fertility, and birth outcomes.³ RLPs should be routinely offered as part of primary care and revisited periodically, as a patient's goals may change throughout life.⁵

To create the RLP, patients should answer a series of open-ended questions.⁵ To initiate the conversation, pharmacists may use an opening such as "I'd like to ask you a few questions that may not seem related to the reason for your visit. We ask these questions of everyone, to help us provide quality, preventive health care."³ Another way to approach patients on the topic of family planning is through the One Key Question[®] (OKQ).⁶ The OKQ involves asking all patients of childbearing potential "Would you like to become pregnant in the next year?"⁶ A variation of the question is "Are you considering pregnancy in the next year, or could you possibly become pregnant?" After asking about whether the patient plans to have any children in the future, pharmacists can ask follow-up questions regarding the number and timing of pregnancies, patient behaviors, and

family history. Pharmacists can then discuss appropriate contraceptive methods based on patient preferences and encourage action by asking specific questions on how the patient plans to implement the methods.⁵ The Centers for Disease Control and Prevention (CDC) have sample tools for providers and patients posted to their website that guides one through the RLP process;⁵ many state and local health departments and health plans have tools as well, some of which provide more detail than the CDC's.^{7,8}

Dispensing prescription contraceptive products and counseling patients

When dispensing prescription contraceptives and emergency contraceptives, pharmacists have a key opportunity to educate patients about the products to ensure appropriate use, assess adherence, address possible drug interactions, and monitor adverse effects. This counseling should occur for new and refill prescriptions.⁹ As current data indicate that approximately half of all unintended pregnancies occur among couples using some form of contraception in the month prior to conception,¹ the importance of the pharmacist educating patients on correct and consistent use cannot be overstated.

There are also changes to insurance coverage and financing of contraceptives that pharmacists may need to be aware of at the time of dispensing. In 2000, the Equal Employment Opportunity Commission deemed it unlawful for plans to deny coverage for contraceptives if they covered other preventive prescription medications and services.¹⁰ Federal law has since required state Medicaid programs to cover family planning services and supplies. In 2010, the Affordable Care Act (ACA) required private plans to cover a broad array of recommended preventive services, without cost to policy holders. In alignment with recommendations from the Institute of Medicine, the Health Resources and Services Administration defined preventive service as all Food and Drug Administration (FDA)-approved contraceptive methods and patient counseling for women with reproductive ability, as prescribed by a health care provider.¹⁰ Therefore, private plans must cover at least one of each of the different types of FDA-approved oral contraceptives, without cost sharing to the patient.

Insurance companies can improve access to oral contraceptives by increasing the dispensing period of contraceptives to 12 months per prescription. Compared to women receiving a one to three month supply, women who receive a one year supply have been found to be 30% less likely to have an unintended pregnancy.¹¹ At the time of this writing, laws requiring insurance companies to pay for 12 months of oral contraceptives when first prescribed have been passed in Oregon, Washington D.C., and Vermont with similar legislation in progress in many other states.¹⁰

Assisting and educating patients with non-prescription contraceptive products, including emergency contraception

Pharmacists play an important role for patients seeking nonprescription contraceptive products. Pharmacists can assist in the selection of a product that will meet a patient's needs and medical history and then provide education about the product to ensure correct and consistent use.⁹ Pharmacies are also important sources of over-the-counter (OTC) emergency contraception (EC) products for patients. Additionally, 9 states at the time of this writing allow for pharmacists to prescribe EC as part of collaborative practice agreements (CPA) and/or after continuing education (CE).¹² Pharmacists also have key roles in counseling on the use of EC and either providing a prescription for regular contraception (per state law) or providing a referral for a patient to obtain a regular contraceptive method from her prescriber. Pharmacists can also provide referrals to patients for whom the intrauterine copper contraceptive is the best choice for emergency contraception.

Pharmacist-initiated prescriptions for contraception

Pharmacists in some states can issue prescriptions for hormonal contraception as part of statewide protocols. At the time of this writing, two states (California, Oregon) have passed legislation permitting pharmacists to do so,^{13,14} and other states are considering similar legislation.¹⁵ Blood pressure measurement and a thorough medical history to identify possible contraindications are the only screenings that must be performed before provision of hormonal contraception. Additional physical assessment, such as clinical breast examinations or pelvic examinations, are not considered necessary to safely initiate hormonal contraception.^{16,17} As pharmacists have the training necessary to obtain a blood pressure measurement and collect a patient history, they are able to establish whether a patient is eligible for hormonal contraceptive therapy.^{9,17} Pharmacists can select the appropriate therapy based on patient needs, counsel her on use and possible adverse effects, and monitor outcomes.⁹ Allowing women to obtain hormonal contraception directly at the pharmacy removes many barriers and should facilitate initiation and maintenance of the prescription. Additionally, women with health coverage that pays for contraception will be able to receive the product with no cost-sharing, since the pharmacist is generating a prescription.¹⁸

In the Oregon protocol, pharmacists complete a 5-hour CE program. At the pharmacy, a female patient aged 18 years or older seeking contraceptive therapy completes a self-assessment questionnaire about her medical history and last appointment with a women's health provider to inform the pharmacist's decision. (Pharmacists cannot initiate a prescription for contraception for a patient who has not seen a women's health provider in more than 3 years.)¹⁹ Following the process outlined in an algorithm, the pharmacist determines whether the patient is an appropriate candidate for hormonal

contraception (oral or transdermal) to be prescribed and dispensed at the pharmacy or if she should be referred for additional assessment.^{20,21} Patients can receive up to a 3 month supply for a first fill or a 12-month supply for an established prescription at one time.²² Preliminary data from one pharmacy chain in Oregon have shown that about 90% of women who attempted to receive a prescription at the pharmacy were able to do so; 10% of women who presented at the pharmacy required a referral.²³ At the end of the encounter, the pharmacist provides the patient with an information sheet, that either details the prescription that was dispensed that day or information that a referral is needed.¹⁹ Patients under age 18 years must obtain their first prescription for a hormonal contraceptive from a prescriber, but pharmacists can renew subsequent prescriptions. The Oregon legislature plans to review this stipulation in five years to determine whether the age restriction should be lifted.¹⁸

The California law allows pharmacists to prescribe hormonal contraception including the pill, patch, ring, or injectable forms and does not have any age restrictions. The pharmacist must notify the patient's primary care provider or enter information into a patient record system shared with that provider regarding any drugs or devices furnished. If the patient does not have a primary care provider, the pharmacist provides the patient with written information regarding the product and urges the patient to consult a physician. Pharmacists wanting to participate in the program will need to complete a 1-hour CE program. Otherwise, the protocol is similar to Oregon's in that the pharmacist uses information from a self-assessment questionnaire and blood pressure check to determine eligibility for the patient to receive hormonal contraception directly from the pharmacy.^{13,22}

Participating in collaborative practice agreements (CPA)

At the time of this writing, 48 states and the District of Columbia allow for pharmacists to enter into CPA. Through CPA, pharmacists establish a formal practice relationship with another healthcare provider. Certain patient care services can be provided by the pharmacist for patients in the healthcare provider's practice. While state laws vary, generally through a CPA a pharmacist may be able to initiate or modify drug therapy, order and interpret lab results related to drug therapy, or perform physical assessment. Collaborative drug therapy management (CDTM) is one service that a pharmacist may provide through a CPA, and sometimes these terms are used synonymously.²³

Pharmacists practicing in a CPA may be able to initiate or modify hormonal contraception for patients, if specified. In some areas such as Washington state and Washington, DC, for example, CPA may include pharmacist-initiated contraception as one of the services.²⁴ In Washington state, stickers and signs will be utilized in pharmacies to advertise the availability of

such services.²⁵ Additional states, such as Tennessee, are considering expansion of CPA to include contraception.²⁶ Pharmacist provision of oral contraception through CPA has been demonstrated to be successful, with satisfaction for the service reported by patients and pharmacists.²⁷

Administering contraception products

Depending on a state's scope of practice, pharmacists may be able to administer contraception products, specifically medroxyprogesterone acetate injections (DMPA). Pilot studies in California and North Carolina examined the impact of pharmacist-provided DMPA reinjection. Both studies concluded that the practice was feasible and acceptable.^{28,29} A survey of state boards of pharmacy in the U.S. published in 2012 found that in 21 states pharmacists had the ability to administer injectable medications other than vaccines as part of CPA, board certification, or other broad privileges.³⁰ Moreover, many pharmacists already provide injections as part of immunization delivery and have training on the technique. Amending states' scope of practice to allow for pharmacist administration of injectable medications, including DMPA, represents an opportunity for pharmacists to expand practice and provide contraception to more populations.

Making referrals and developing partnerships

As pharmacies often are accessible to many patients through their convenient locations and hours of operation, they play a key function in clinical-community linkages.³¹ In regards to family planning specifically, these linkages can be formed through partnerships with health departments, family planning programs, and clinics that provide reproductive health services.⁹ As detailed above, pharmacists may need to refer patients seeking contraception or some forms of EC to providers outside of the pharmacy. In addition, pharmacists can be sources of information and referral for long-acting reversible contraception (LARC), such as intrauterine devices or implants.^{9,32} Due to their high rates of effectiveness, there has been more emphasis recently on the promotion of LARC, especially in adolescent populations for which they are considered first-line therapy.^{33,34} Pharmacists can dispel misconceptions about use of LARC (such as risk of infertility) by providing factual information about the products and can aid patients requesting such products through referrals.^{9,33} Pharmacists can also provide referrals for patients in need of other reproductive health services such as clinical breast exams or pelvic exams.

Pharmacists can serve as educational resources for patients. For example, a study conducted in Iowa examined the use of social marketing materials displayed in pharmacies to increase knowledge and use of contraceptive options.⁹ Pharmacists can also create "youth-friendly" services and foster an atmosphere where adolescents feel comfortable to seek information on reproductive health needs, including pregnancy prevention.^{9,34}

Other educational opportunities for all patient age groups can be developed and delivered in the community at schools, health fairs, or other locations, perhaps in collaboration with health departments.⁹

Issues on the horizon

There are other issues regarding contraception on the horizon that pharmacists should be aware of. To increase the access and use of contraception, the American Academy of Family Physicians and the American Congress of Obstetricians and Gynecologists have suggested making contraceptives available over the counter. The change from prescription to OTC status requires FDA review to ensure specific criteria are met, which can take approximately three or four years.¹⁰ The ACA currently requires no-cost coverage for prescription contraceptives; legislation has been introduced by members of Congress to allow coverage to include non-prescribed, or OTC, contraceptives. Beginning in January 2018, Maryland will be the first state to require insurers to cover OTC contraceptives (without a prescription), with the same cost-sharing guidelines that apply to prescription products.¹⁰

Another potential endeavor to increase access to contraceptives focuses on online services or web applications that allow patients to interact with providers by video, obtain prescriptions, and enroll in mail-order prescription delivery. Nurx, Maven, and Planned Parenthood's application are all services that currently exist that allow individuals to participate in telemedicine programs.¹⁰

The provision of contraception in the U.S. is dynamic. Pharmacists should continue to be aware of changes that will impact them professionally. Table 2 outlines resources pharmacists can consult regarding issues such as state scope of practice for contraception and emergency contraception.

Conclusion

There are many important responsibilities for pharmacists when aiding patients with contraception. Whether performing traditional or emerging roles, pharmacists should ensure patients have the best method for them and understand how to accurately and consistently use the method. Through these practices, pharmacists can help to reduce the rate of unintended pregnancies and to improve outcomes for their patients.

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Table 1. Potential roles for pharmacists in family planning

- Helping patients develop reproductive life plans
- Dispensing prescription contraceptive products and counseling patients
- Assisting and educating patients with non-prescription contraceptive products, including emergency contraception
- Participating in collaborative practice agreements
- Administering contraception products
- Making referrals and developing partnerships

Table 2. Resources to consult for current information on contraception and pharmacists

- Centers for Disease Control and Prevention. Contraception. Available from: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>
- Guttmacher Institute. State policies in brief: Emergency contraception. Available from: https://www.guttmacher.org/sites/default/files/pdfs/spibs/spib_EC.pdf
- Kaiser Family Foundation. Women's health policy. Available from: <http://www.kff.org/womens-health-policy/>
- National Alliance of State Pharmacy Associations. State Policy. Available from: <http://www.naspa.us/restopic/state-policy/>
- National Alliance of State Pharmacy Associations. Statewide protocols for pharmacist prescribing. Available from: <http://www.naspa.us/resource/statewide-protocols-for-pharmacist-prescribing/>
- National Conference of State Legislatures. Emergency contraception state laws. Available from: <http://www.ncsl.org/research/health/emergency-contraception-state-laws.aspx>
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