

The National Status of Pharmacists' Ability to Prescribe Hormonal Contraceptives

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Introduction

The scope of practice for pharmacists first expanded in California and Oregon with the ability to prescribe hormonal contraceptives to patients in their communities. Since 2016, over 33 states now allow for pharmacist prescribing of birth control in their pharmacy practice laws.

90% of Americans live within 5 miles of a retail pharmacy, making community pharmacies an accessible resource who may otherwise be unable to access contraceptives.¹ The gap in care experienced by certain patient populations is now being filled by pharmacists with their ability to prescribe birth control.²

Purpose

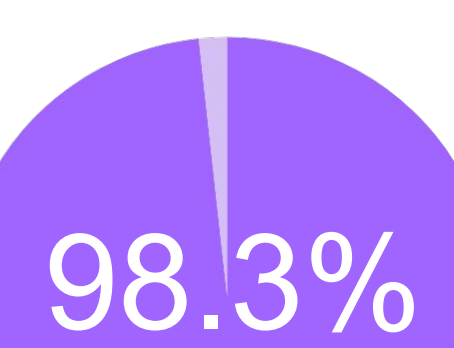
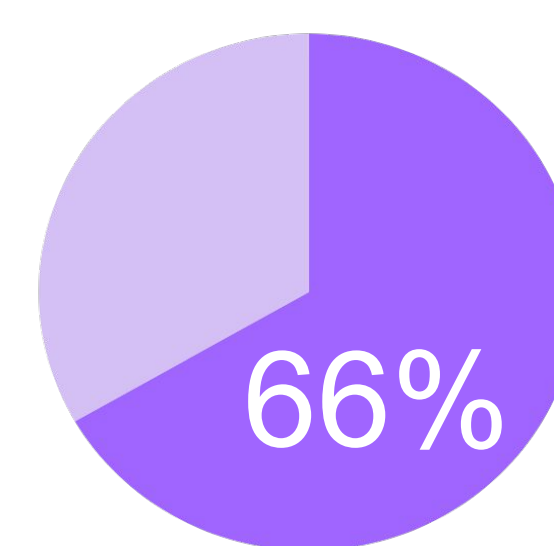
The purpose of this study was to identify the national status of pharmacists prescribing abilities for hormonal contraceptives and their role in improving access for their patient population.

Methods

The researchers conducted a literature review and audit of standards of practice requirements for pharmacists nationally in regards to hormonal contraceptive prescribing in the United States.

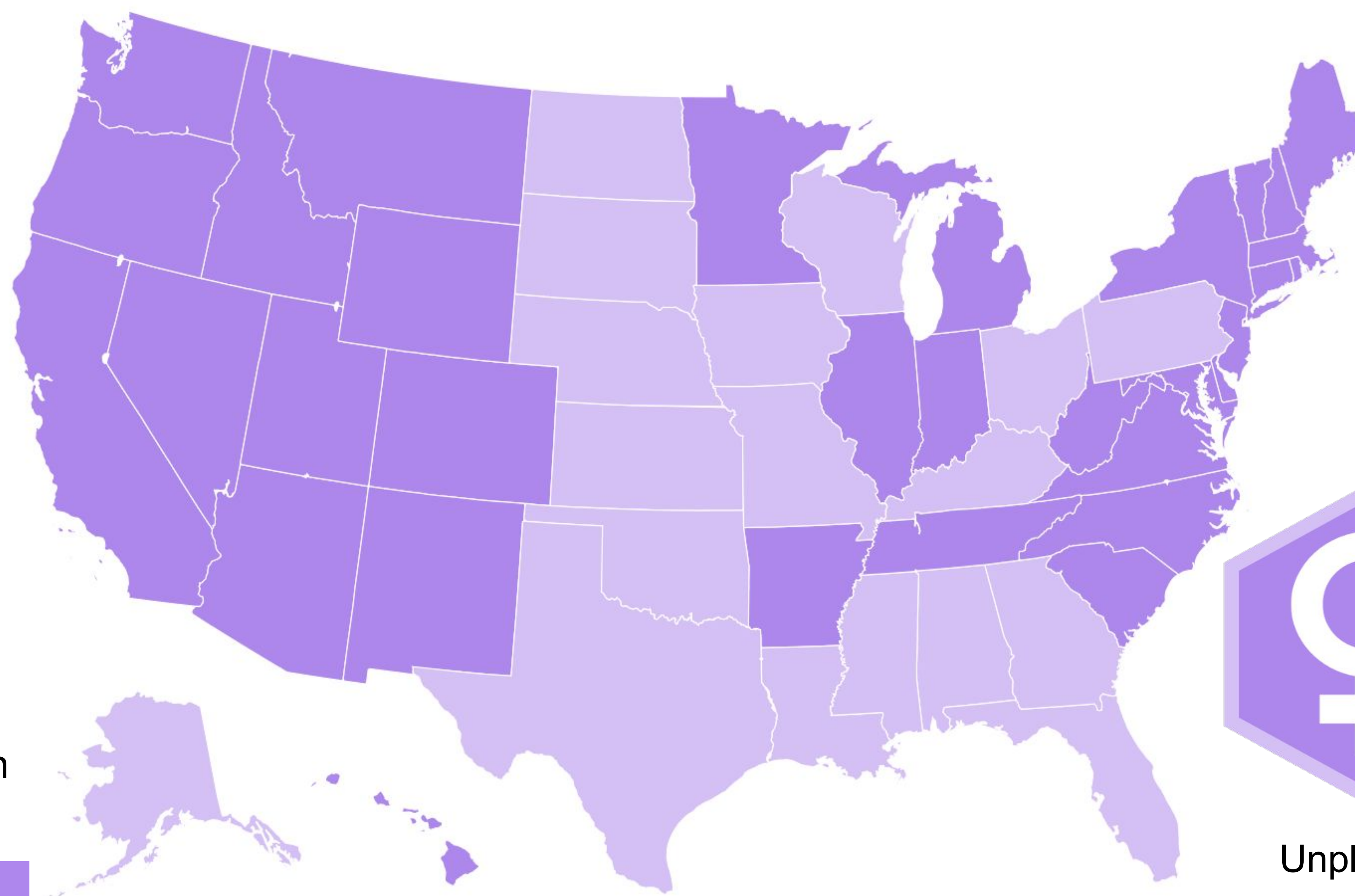
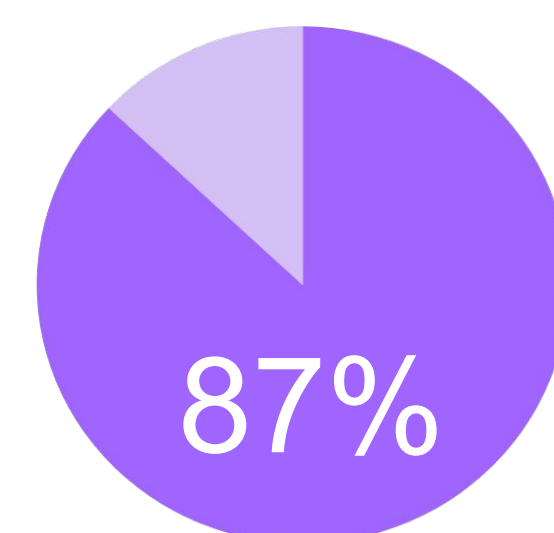
Results

Out of the states that implemented pharmacist prescribing 66% (22) of states require pharmacist continuing education courses every two years.

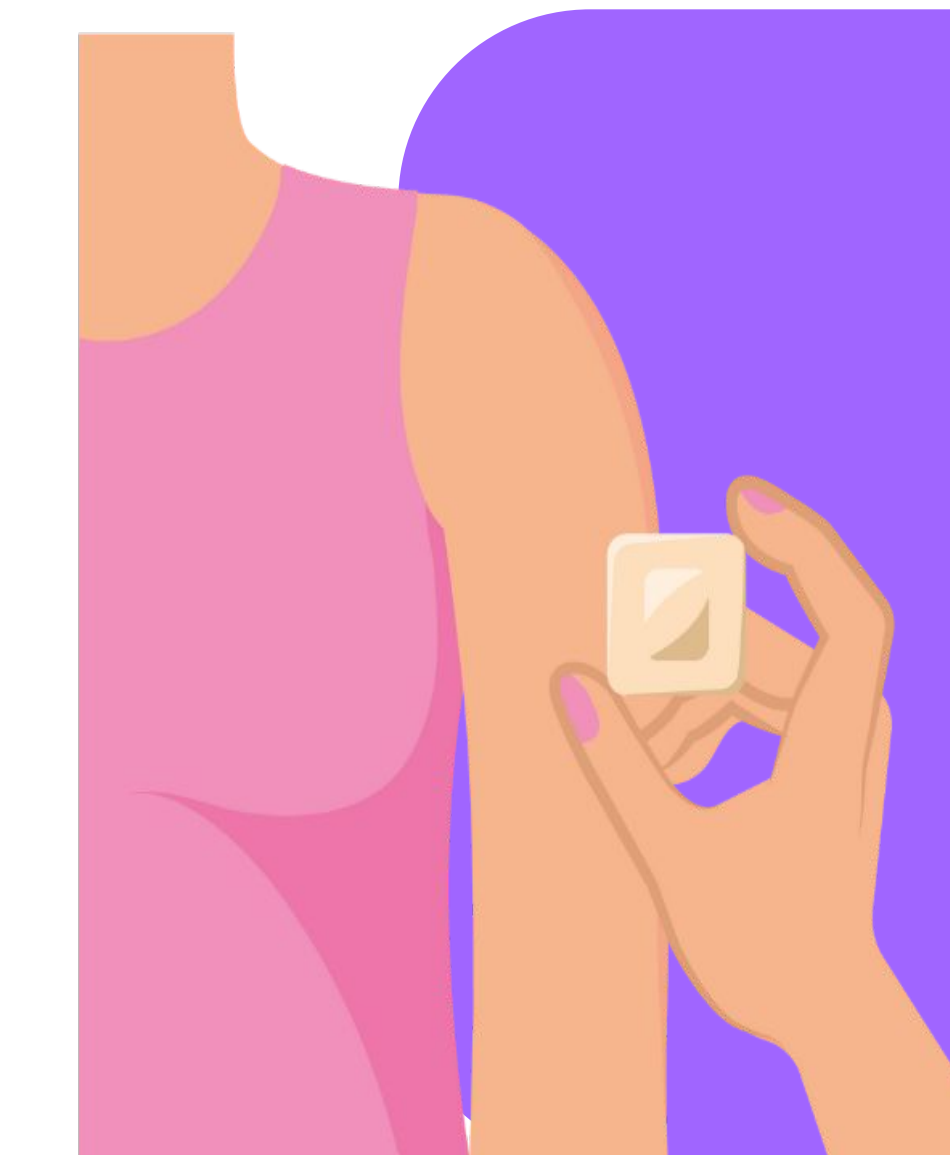


98.3% of pharmacists surveyed felt confident in measuring blood pressure in addition to identifying specific characteristics listed in the U.S. Medical Eligibility Criteria for Contraceptive Use. This is usually achieved in the pharmacy with a screening questionnaire that patients complete.³

From a study conducted in California, 87% of patients were likely to return to the pharmacy for their birth control prescription. Several studies found that the convenience and accessibility of pharmacies were desirable in access to these services.³



- Pharmacists can prescribe BC
- Pharmacists cannot prescribe BC



Barriers for Pharmacists

- Training for clinical examination and diagnostic skills
- Resources
- Adequate billing infrastructure and reimbursement
- Concerns of safety and liability of the pharmacist



Unplanned pregnancy is an epidemic in the United States with over 3 million occurring each year¹



California and Oregon were the first states to grant pharmacist prescribing abilities for birth control in 2016¹



93% of Americans live within 5 miles of a community pharmacy making them easily accessible¹



Since 2016, pharmacists have contraceptive prescribing rights in 33 states across the nation¹

Barriers for Patients

- Completion of self-screening risk assessment
- Limitations of hormonal contraceptive options
- Proof of previous office visit with a primary care provider
- Age limit
- Evidence of previous prescription from a primary care provider
- Cost



Conclusion

In conclusion, pharmacists' ability to prescribe hormonal contraceptives has grown with the majority of US states implementing this practice into their own state pharmacy law. By entrusting pharmacists with this task, accessibility of birth control access is increased throughout communities. There are barriers experienced by pharmacists and patients which including billing, paper work, and other hurdles. Pharmacists are medical professionals trusted by their community and many patients report comfort going to their pharmacist for hormonal contraceptives. Roles of pharmacists are progressing forward with new laws allowing the prescribing of hormonal contraceptives in many states across the nation and the vast majority include requirements to ensure patient safety and pharmacist continuing education.

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Disclosures and Contact Info

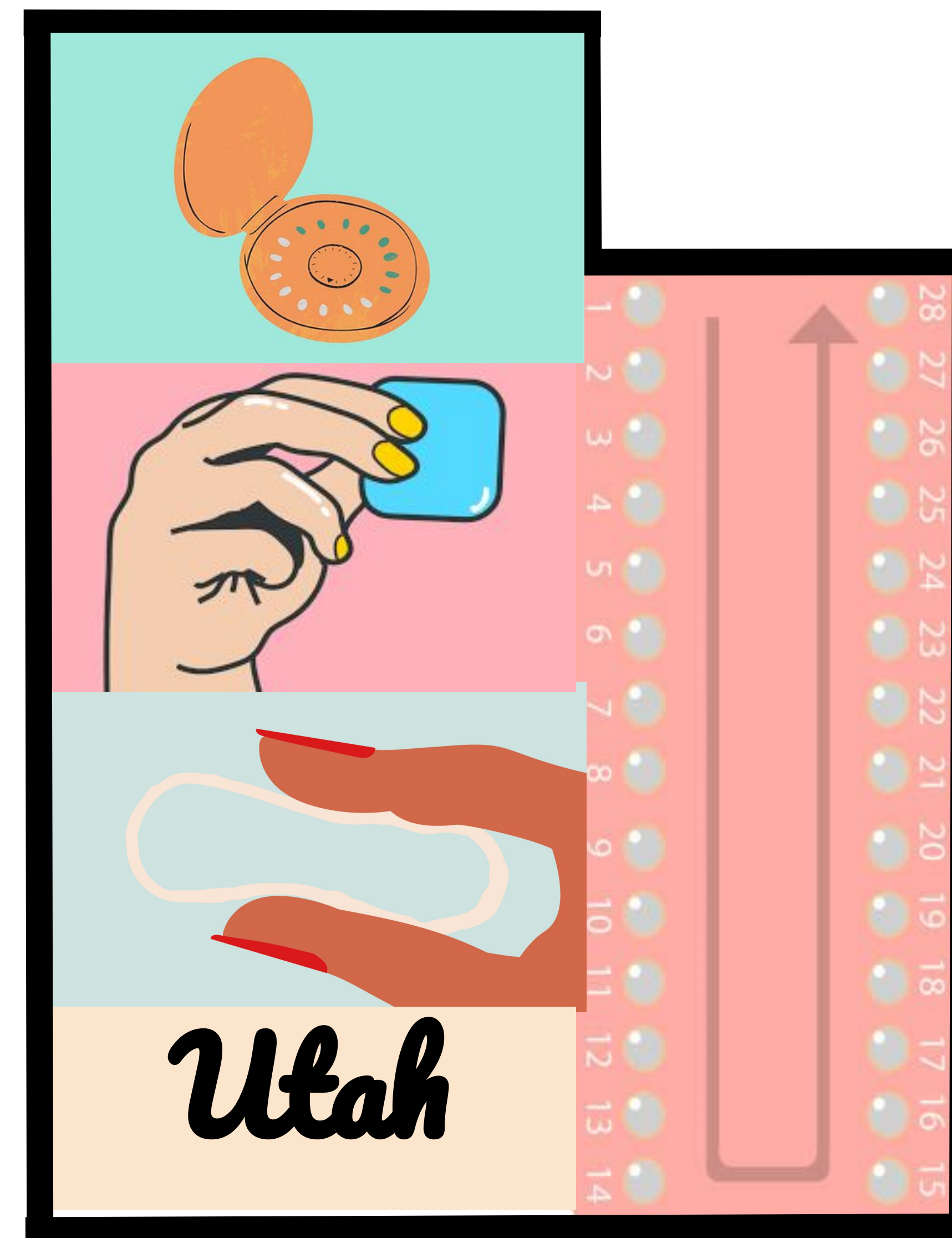
The authors have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation. For more information about this study contact asmith688@student.roseman.edu

A Pharmacist's Central Role in Improving Hormonal Contraceptive Access

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Introduction

In 2019, the roles of Utah pharmacists grew with the implementation of a statewide standing order allowing prescribing abilities for hormonal contraceptives.¹ With the rates of unplanned pregnancies in Utah up to 1 in every 5; pharmacists have a new role in birth control distribution.² Pharmacists and pharmacy interns across the state of Utah are able to prescribe self-administered hormonal contraceptive medications including: oral pills, vaginal insertion medications, and birth control patches.² Pharmacists are entrusted with the responsibility to evaluate the patient and their needs to ensure all women receiving birth control are educated with the risks and side effects of hormonal contraceptives and given information supporting successful use.²



Requirements of the Pharmacist



Complete 2 continuing education hours related to hormonal contraceptive therapy



Register every 2 years with Utah Dept of Health & Human Services and submit reports on dispensing activities annually

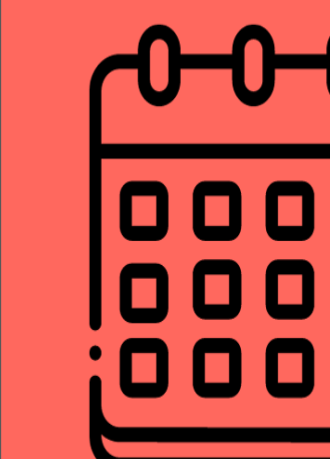


Educate patients on risks, side effects, and any additional information needed for successful contraceptive use



Initially may dispense a self-administered hormonal contraceptive for up to twelve months

Advise patient to return to discuss any side effects, concerns, or to change contraceptive method



12 month follow up documentation must include:
→ Refill of same method or dispensing of a different method
→ Documentation of pharmacist contacting patient to discuss
→ Documentation of no follow-up from patient if unable to reach or no refill requested

If patient is unable to provide evidence that they have consulted with their primary care provider as required, pharmacist may not continue to dispense hormonal contraceptive to patient

Purpose

The purpose of this study was to identify the role of the pharmacists in improving access to hormonal contraceptives in Utah.



Methods

The researchers conducted a literature review of standards of practice requirements for pharmacist in the state of Utah in regards to hormonal contraceptives.

Results

Utah Commerce, Division of Professional Licensing (DOPL) contained up to date state regulations for the following inclusion and exclusion criteria, pharmacy counseling, and pharmacist requirements.

Counseling

The pharmacist or pharmacy intern is required to provide the following information:

- How to appropriately store and administer
- Possible risks and adverse effects
- Necessity of backup birth control
- Possibility of acquiring an STI and risk lowering strategies
- Significance of specific screenings by the patient's primary care provider or women's health provider

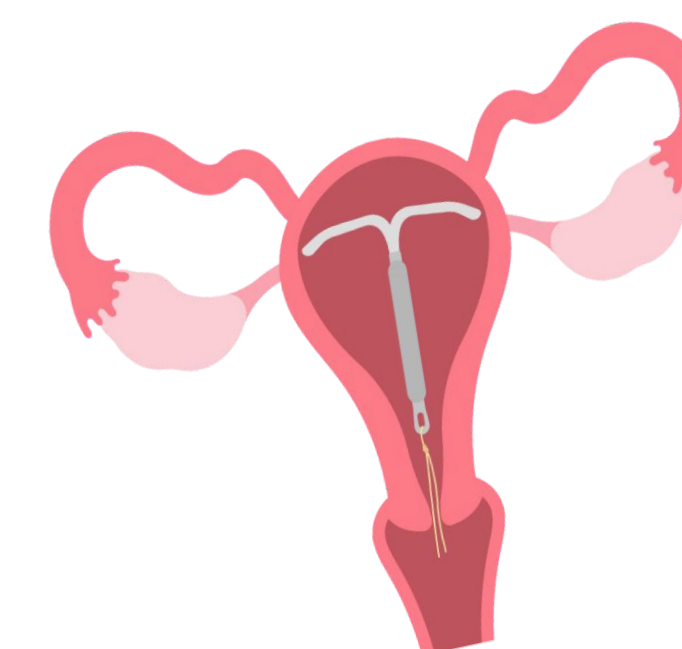
Patient Criteria

INCLUSION

- Biological women 18 years old or older
- Evidence of being seen by a primary care provider within the last 24 months
- Re-evaluate with patient every 12 months to renew contraceptive prescription
- Self administered: Oral, vaginal insertion, or patch

EXCLUSION

- ≥ 1 concerns with required questionnaire
- Has not seen a provider within the last 24 months



Conclusion

In conclusion, the expanding role of Utah pharmacists in prescribing hormonal contraceptives provides needed access and education for the community patient population. By adhering to the patient criteria and counseling properly, pharmacists are able to follow regulations and help patients receive more accessible care. Pharmacist requirements ensure safety and efficacy as well as documentation and appropriate follow up.

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