

Pharmacist Prescribed Contraceptives

By Fiona Karbowicz, R.Ph. Pharmacist Consultant, Oregon Board of Pharmacy

Have you heard of House Bill 2879? It is a new law in Oregon that has already impacted hundreds of women and pharmacist providers in our state since its implementation on January 1, 2016.¹ This law allows pharmacists in Oregon to prescribe and dispense oral contraceptives or contraceptive patches to eligible women. State Representative Knute Buehler, a physician from Bend, conceptualized this law as a way of improving access to contraceptive care for women while leveraging the availability, knowledge, and unique skills of pharmacists. Pharmacist healthcare professionals have years of educational and clinical training related to pharmacology and pharmacotherapy, are recognized by the state as healthcare providers, but do not have broad prescribing privileges. Additionally, local pharmacies are present throughout our communities and often provide longer hours of access and availability than traditional medical clinics, creating a unique method of access.

The Oregon Board of Pharmacy partnered with members from the Oregon Medical Board, the Oregon State Board of Nursing, the Oregon Health Authority, and several women's healthcare clinicians to create the standard procedures for pharmacists to prescribe contraceptives. The end result was the creation of a standard procedures algorithm, which considers the American Congress of Obstetricians and Gynecologists (ACOG) position, in conjunction with the utilization of the Centers for Disease Control and Prevention (CDC) United States Medical Eligibility Criteria for Contraceptive Use (US MEC).^{2,3} The US MEC provides guidance on the safety of contraceptive method use for women with specific characteristics and medical conditions.³

Changing of prescribing laws have been a result of providers believing that women should have greater access to contraception. In the United States almost 50% of pregnancies are unintended.⁴ Additionally, there were 700,000 legal abortions performed in 2012.⁴ Many physician groups support the concept of over-the-counter (OTC) access to contraception. The use of OTC contraception has been documented in the literature and determined to be safe.⁵ However, contraception is not yet available OTC and the ability of the pharmacist to prescribe contraception will hopefully decrease unintended pregnancies and abortions.

Requirements of Pharmacists

In order to prescribe hormonal contraceptive therapy, a pharmacist must complete a one-time educational training program that refreshes a pharmacist's knowledge on important components of prescribing contraception. Currently there is only one program approved by the Oregon Board of Pharmacy and is offered through Oregon State University.¹ The 5-hour training program can be completed online for a fee of \$250.⁶

The Comprehensive Contraceptive Education and Training for Prescribing Pharmacists program is comprised of the following objectives:⁶

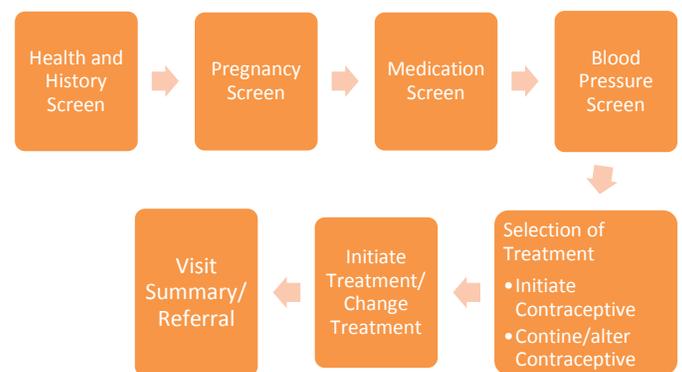
- Counseling women on the most appropriate and effective contraceptive method
- A comprehensive review of hormonal contraceptives, including the following:
 - o Mechanism of action
 - o Doses
 - o Adverse reactions
 - o Benefits
 - o Harms

- Patient Education
 - o Adherence
 - o Missed doses
 - o Drug interactions
 - o Adverse reactions
- Training on the use of the self-assessment questionnaire as it is related to the US MEC
- Assessment of women's risk for the appropriateness of contraceptive therapy
- When to refer women to health provider
- Incorporation of hormonal contraceptive prescribing by pharmacist into a community or ambulatory care setting

Algorithm for Contraceptive Prescribing

Pharmacists trained to prescribe contraceptives are required to use the Standard Procedures Algorithm for Oregon RPh Prescribing of Contraceptives.¹ The algorithm consist of 7 steps. A simplified algorithm is presented in Figure 1.

Figure 1. Pharmacists Prescribing Algorithm¹



In general, pharmacists are advised against prescribing contraceptives to women in which pregnancy cannot be ruled out, to women with certain health conditions present that require further evaluation and follow-up, to women taking medications or supplements that may alter the efficacy or safety of contraception, and to women with systolic blood pressure higher than 140 mmHg or diastolic blood pressure higher than 90 mmHg.¹

Prescribing Logistics

Women seeking a prescription for contraception will follow a simple process. She is asked to fill out a questionnaire designed to identify potential medical contraindications (Figure 2).¹ The pharmacist determines eligibility for contraception by evaluating the questionnaire and determining whether she is eligible and using a summary chart of the US MEC to evaluate any concerning health issues. The US MEC summary chart is color coded to the Oregon self-screen questionnaire shown in Figure 2.¹ The color coded key helps to easily identify if the women has no restrictions to contraception, the advantages outweigh the theoretical or proven risks, theoretical or proven risks outweigh the advantages or there is an unacceptable health risk and contraception should not be used. After completion of the summary US MEC, the pharmacist asks a short series of questions to rule out pregnancy and performs a blood pressure reading. The pharmacist also reviews the woman's current medication regimen to confirm that she does not take any

medicine that could interact with or increase risk of harms of contraceptive hormones. At any the step of the process, if the woman is not eligible, the pharmacist shall refer her to a diagnostic clinician, such as a primary care provider or other women’s healthcare provider. Once eligible, the pharmacist selects the most appropriate contraceptive option. Upon dispensing, the pharmacist shall provide a consultation to the patient. Each counseling session must include, at a minimum, instructions on when to begin therapy, expectations and management of potential side effects, information that patches and pills do not protect against sexually transmitted diseases (STDs), and strategies for adherence. Additionally, the pharmacist shall encourage routine health screenings and notification of the visit to her care provider.

Pharmacists are encouraged to explore billing options related to contraceptive prescribing. Of note, the Oregon Health Plan (OHP) reimburses pharmacists for consulting with women prescribed contraceptives.

provider; prescribing outside the algorithm; or prescribing for self or family members¹

Conclusion

Allowing OTC contraception to women is a noteworthy milestone in a women’s ability to manage her health care. Pharmacists are positioned to offer this type of care based on their extensive knowledge of medications. While barriers for obtaining contraception still exist, Oregon is leading the way to improve the care offered to women.

For more information, please refer to the Oregon Board of Pharmacy’s webpage dedicated to this program:
<http://www.oregon.gov/pharmacy/Pages/ContraceptivePrescribing.aspx>

Peer Reviewed By: Lorinda Anderson, Pharm D., Pharmacy Instructor, OSU College of Pharmacy

Figure 2. Patient Self-Screening Questionnaire¹

Hormonal Contraceptive Self-Screening Questionnaire

Name _____ Health Care Provider’s Name _____ Date _____
 Date of Birth _____ Age* _____ Weight _____ Do you have health insurance? Yes / No
 What was the date of your last women’s health clinical visit? _____
 Any Allergies to Medications? Yes / No If yes, list them here: _____

Background Information:

1	Do you think you might be pregnant now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	What was the first day of your last menstrual period?	/ /
3	Have you ever taken birth control pills, or used a birth control patch, ring, or injection? Have you previously had contraceptives prescribed to you by a pharmacist? Did you ever experience a bad reaction to using hormonal birth control? - If yes, what kind of reaction occurred?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you currently using any method of birth control including pills, or a birth control patch, ring or shot/injection? - If yes, which one do you use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you ever been told by a medical professional not to take hormones?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you smoke cigarettes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical History:

6	Have you given birth within the past 6 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you get migraine headaches? If so, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Have you ever had a heart attack or stroke, or been told you had any heart disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Have you ever had a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Have you ever been told by a medical professional that you are at risk of developing a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you had bariatric surgery or stomach reduction surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you have or have you ever had breast cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Do you have lupus, rheumatoid arthritis, or any blood disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)? - If yes, list them here:	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Do you have any other medical problems or take any medications, including herbs or supplements? - If yes, list them here:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a preferred method of birth control that you would like to use?
 A pill you take each day A patch that you change weekly Other (ring, injectable, implant, or IUD)

Internal use only verified DOB* with valid photo ID BP Reading _____ / _____
 Pharmacist Name _____ Pharmacist Signature _____
 Drug Prescribed _____ Rx# _____ -or- Patient Referred-circle reason(s) _____
 Sig: _____ (Pharmacy Phone _____ Address _____)
 Notes: _____ April 2016

References:

- Oregon Board of Pharmacy. Oregon pharmacists prescribing contraceptive therapy. Available at: <http://www.oregon.gov/pharmacy/Pages/ContraceptivePrescribing.aspx>. Accessed July 18, 2016.
- American College of Obstetricians and Gynecologists. Understanding and using the U.S. Medical Eligibility Criteria for contraceptive use, 2010. American College of Obstetricians and Gynecologists. Available at : <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Understanding-and-Using-the-US-Medical-Eligibility-Criteria-for-Contraceptive-Use-2010>. Accessed July 29, 2016.
- Centers for Disease Control and Prevention. United States medical eligibility criteria (US MEC) for contraceptive use 2010. Available at: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm>. Accessed July 18, 2016.
- Yang T, Kozhimannil K, Snowden J. Pharmacist-prescribed birth control in Oregon and other states. *JAMA*. 2016; 315:1567-1568.
- Singh S, Sedgh G, Hussain R. Unintended pregnancy: worldwide levels, trends and outcomes. *Stud Fam Plann*. 2014;41:241-50.
- Oregon State University Professional and Continuing Education. Comprehensive Contraceptive Education and Training for the Prescribing Pharmacist. Available at: <https://pace.oregonstate.edu/catalog/comprehensive-contraceptive-education-and-training-prescribing-pharmacist>. Accessed July 27, 2016.

The law allows pharmacists to prescribe oral and patch dosage forms, but it does not provide for implants, vaginal rings, or intrauterine devices (IUDs).¹ Women 18 years of age and older, or those under 18 years of age with evidence of a previous prescription from a primary or women’s health care provider are eligible to receive pharmacist prescribed birth control. Pharmacists are prohibited from requiring patients to schedule appointments; prescribing beyond 3 years following the initial prescription without evidence the patient has had a clinical visit with her primary or women’s health care