

## Pharmacist Contraceptive Prescribing: A Therapeutic Review and Illinois Status Update

**Daniel Majerczyk, PharmD, BCPS, BC-ADM, CACP**

Assistant Professor of Clinical Sciences  
Roosevelt University College of Pharmacy  
dmajerczyk@roosevelt.edu

**Kathleen M. Vest, PharmD, CDE, BCACP**

Professor of Pharmacy Practice  
Midwestern University Chicago College of Pharmacy  
kvestx@midwestern.edu

**Brooke L. Griffin, PharmD, BCACP**

Professor and Vice Chair, Pharmacy Practice  
Midwestern University Chicago College of Pharmacy  
[bgriff@midwestern.edu](mailto:bgriff@midwestern.edu)

The speakers have no conflicts of interest to declare.



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Learning Objectives - Pharmacists

1. Compare available hormonal contraceptive products, patient eligibility, and resources needed to incorporate contraceptive prescribing into practice.
2. Given a patient case, utilize the MEC, the Pharmacist's Patient Care Process, and other available resources to create and implement a comprehensive patient contraceptive plan.
3. Discuss current and pending legislation in Illinois and other states and review experiences of pharmacist contraceptive prescribing implementation.



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### Objective

Compare available hormonal contraceptive products, patient eligibility, and resources needed to incorporate contraceptive prescribing into practice

**Daniel Majerczyk, PharmD, BCPS, BC-ADM, CACP**

Assistant Professor of Clinical Sciences  
Roosevelt University College of Pharmacy



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### Which of the following is one of the most effective forms of contraception available?

The implant

The patch

The ring

The condom



Start the presentation to see this content. Still no live content? Install the app or get help at: [PeblEx.com/app](http://PeblEx.com/app)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

**A contraindication to initiating a combined hormonal contraceptive is:**

- A migraine without aura and age <35 years old
- Smoking 2 packs per day and age <35 years old
- Sickle cell disease
- Blood pressure of 162/90 mmHg

Start the presentation to see live content. Still no live content? Install the app or get help at [PdEx.com/app](http://PdEx.com/app)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

**To confirm patient's appropriateness of initiating or continuing a contraceptive method, the pharmacist would consult which one of the following resources?**

- The Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (MEC)
- The Pharmacy Practitioners Patient Care Process
- The Guidelines for Providing Hormonal Contraception
- The Assessment Procedure for Prescribing Hormonal Contraceptives

Start the presentation to see live content. Still no live content? Install the app or get help at [PdEx.com/app](http://PdEx.com/app)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Background

- About 45% of pregnancies in the United States are unintended.
- Access to contraception is one of the biggest barriers.
- Pharmacists can assist patients seeking contraception in many ways including educating them on the risks/benefits of available products, assisting patients on selecting the most appropriate method of contraception, and in some states, prescribing.
- Some states have successfully implemented legislation authorizing pharmacists to prescribe self-administered hormonal contraception and legislation in Illinois is currently pending.
- Practicing pharmacists in Illinois may not be familiar with the potential processes, products, and counseling that is included in this pending legislation.

Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*, 2016, 374(9):843–852. <http://nejm.org/doi/full/10.1056/NEJMma1506576>

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Hormonal Contraceptive Products

### Pharmacology

- Mechanism of Action (MOA)
- Description of how hormonal contraceptive products affect phases of the menstrual cycle

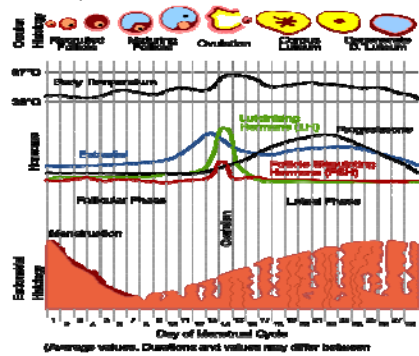
### Key features of agents

- Progestin content and effect
- Estrogen content and effect
- Combined
  - Progestin and estrogen

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## The Menstrual Cycle



Picture source: [https://commons.wikimedia.org/wiki/File:MenstrualCycle\\_en.svg](https://commons.wikimedia.org/wiki/File:MenstrualCycle_en.svg)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Mechanism of Action (MOA)

### Progesterone

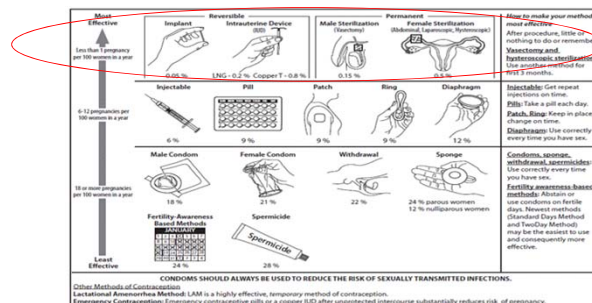
- Thickens the cervical mucus
  - Making it harder for the sperm to penetrate
- Decreases the likelihood of implantation
- Inhibit an estrogen-induced luteinizing hormone (LH) surge at mid cycle from the anterior pituitary

### Estrogen

- Inhibits the release of follicle-stimulating hormone (FSH) and LH from the anterior pituitary
- Stabilizes the endometrial lining
- Decreases breakthrough bleeding

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Contraception Forms and their Efficacy



- Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD: Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.
- Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1-104. DOI: <http://dx.doi.org/10.15585/mmwr.mm6503a1>. Accessed August 8, 2018.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Classification of Progestins

### Progestins

#### 19-nor testosterone

- Estranes
  - Norethindrone
  - Norethindrone acetate
  - Norethynodrel
- Gonanes
  - Norgestrel
  - Levonorgestrel
  - Norgestimate
  - Desogestrel
  - Gestodene

#### C-21 progestins

- Medroxyprogesterone acetate
- Megestrol acetate
- Cyproterone acetate

#### Spirolactone

- Drospirenone

Amiri M, Ramezani Tehrani F, Nahidi F, Kabir A, Azizi F. Comparing the Effects of Combined Oral Contraceptives Containing Progestins With Low Androgenic and Androgenic Activities on the Hypothalamic-Pituitary-Gonadal Axis in Patients With Polycystic Ovary Syndrome: Systematic Review and Meta-Analysis. Eysenbach G, ed. JMIR Research Protocols. 2018;7(4):e113. doi:10.2196/resprot.9024.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Different Forms of Progestin in CHC Pills

	Progestin	Estrogen	Androgen
Desogestrel	++++	0	+++
Levonorgestrel	++++	0	++++
Norgestrel	+++	0	+++
Drospirenone	++	0	0
Ethinodiol Acetate	++	+++	+
Norgestimate	++	0	++
Norethindrone	++	++	++
Norethindrone acetate	++	++	++
Dienogest	+	0	0

Zapata LB, Steenland MW, Brahmi D, Marchbanks PA, Curtis KM. Effect of missed combined hormonal contraceptives on contraceptive effectiveness: a systematic review. Contraception. 2013;87(5):685-700. doi:10.1016/j.contraception.2012.08.035.

## CHC Products

- **Oral formulation**
  - 1 tab po qd
- **Transdermal formulation**
  - Apply 1 patch qwk x 3wk, off x 1wk
- **Vaginal ring**
  - 1 ring PV x 3wk, off x 1wk

## Progestin Only Contraceptives

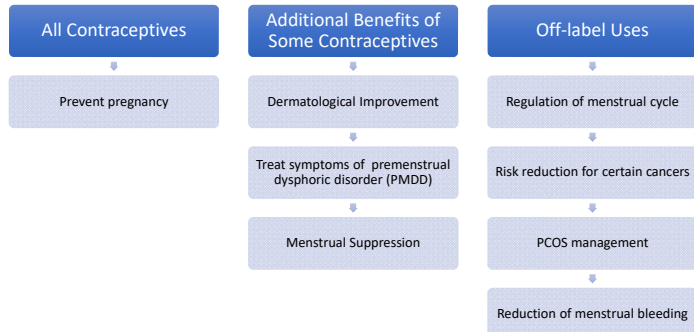
- **Progestin Only Pills (POPs)**
  - "Mini-Pill"
  - Norethindrone 0.35 mg Tabs
  - Must be taken at the same time each day
  - If you miss a pill for more than 3 hours
    - Must use back-up contraception for the next 48 hours
- **Injectable**
  - IM and SC
  - 3 months of contraception
- **Implant**
  - Long acting and reversible
  - 3 years of contraception
  - Office visit for implantation and removal
- **Intrauterine device (IUD)**
  - Long acting and reversible
  - Levonorgestrel
  - Up to 5 years of contraception depending on the device
  - Office visit for placement and removal

## Non-Contraceptive Benefits of Hormonal Contraceptives

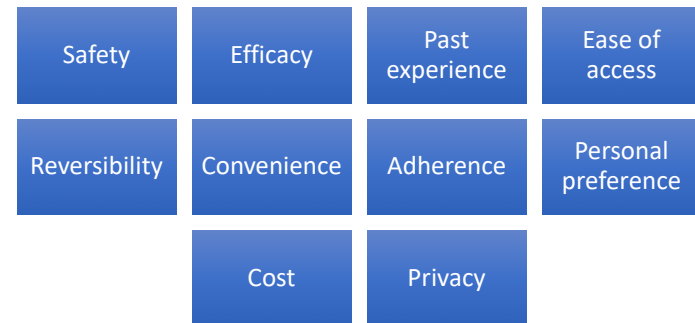
- **Medicating the symptoms of dysmenorrhea**
  - Painful/difficult menses
- **Reducing the frequency and length of the menstrual cycle**
- **Reducing menorrhagia**
  - Heavy menstrual bleeding
- **Reducing the rates of some cancers**
  - Ovarian
  - Endometrial
- **Improving certain skin conditions**
  - Acne



## Hormonal Contraceptive Indications



## Contraceptive Method Selection – Summary



## Guidelines for Providing Hormonal Contraception

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu IUD	LNG IUD	Injectable	MOPA	POP	OCs
Age							
Unintended pregnancy							
Smoking							
History of ectopic pregnancy							
Current or past history of pelvic inflammatory disease							
Current or past history of chlamydia or gonorrhea							
Current or past history of cervical intraepithelial neoplasia (CIN) or cervical cancer							
Current or past history of breast cancer							
Current or past history of liver disease							
Current or past history of hypertension							
Current or past history of diabetes							
Current or past history of hyperlipidemia							
Current or past history of depression							
Current or past history of migraines							
Current or past history of seizures							
Current or past history of asthma							
Current or past history of heart disease							
Current or past history of kidney disease							
Current or past history of liver disease							
Current or past history of thyroid disease							
Current or past history of autoimmune disease							
Current or past history of blood clotting disorders							
Current or past history of liver disease							
Current or past history of thyroid disease							
Current or past history of autoimmune disease							
Current or past history of blood clotting disorders							

Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1–104. DOI: <http://dx.doi.org/10.15585/mmwr.rr6503a1>.

## Guidelines for Providing Hormonal Contraception

Condition	Sub-Condition	Cu IUD	LNG IUD	Injectable	MOPA	POP	OCs
Age							
Unintended pregnancy							
Smoking							
History of ectopic pregnancy							
Current or past history of pelvic inflammatory disease							
Current or past history of chlamydia or gonorrhea							
Current or past history of cervical intraepithelial neoplasia (CIN) or cervical cancer							
Current or past history of breast cancer							
Current or past history of liver disease							
Current or past history of hypertension							
Current or past history of diabetes							
Current or past history of hyperlipidemia							
Current or past history of depression							
Current or past history of migraines							
Current or past history of seizures							
Current or past history of asthma							
Current or past history of heart disease							
Current or past history of kidney disease							
Current or past history of liver disease							
Current or past history of thyroid disease							
Current or past history of autoimmune disease							
Current or past history of blood clotting disorders							
Current or past history of liver disease							
Current or past history of thyroid disease							
Current or past history of autoimmune disease							
Current or past history of blood clotting disorders							

Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1–104. DOI: <http://dx.doi.org/10.15585/mmwr.rr6503a1>.

## How to Interpret the MEC

Safety/Risk Categories	
1	Method can be used without restriction
2	Advantages generally outweigh theoretical or proven risk
3	Method usually not recommended unless other, more appropriate methods are not available or not acceptable
4	Method not to be used

Use the method

Do not use the method

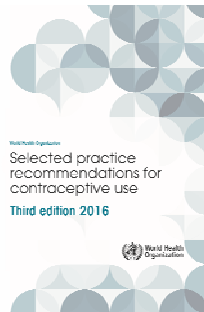
Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1-104. DOI: <http://dx.doi.org/10.15585/mmwr.rr6503a1>.

## How to Interpret the MEC

Condition	Sub-condition	Copper - IUD	LNG - IUD	Implant	Injection	Progestin-only pill	Combined pill, patch, ring
Obesity	a) Body mass index (BMI) $\geq 30$ kg/m <sup>2</sup>	1	1	1	1	1	2
	b) Menarche to <18 years and BMI $\geq 30$ kg/m <sup>2</sup>	1	1	1	2	1	2

Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1-104. DOI: <http://dx.doi.org/10.15585/mmwr.rr6503a1>.

## Guidelines for Providing Hormonal Contraception



New clinical recommendations	GRADE assessment of quality of evidence	Strength of recommendation
<b>1. Levonorgestrel (LNG) Intrauterine System (IUS)</b>		
1.1 A woman can start LNG IUS within 7 days after the start of her menstrual bleeding. She can also start at any other time if it is reasonably certain that she is not pregnant. Recommendations are also provided for other additional precautions needed and for women who are amenorrheic, postpartum, post-abortion, switching from another method.	No direct evidence	Strong
1.2 It is desirable to have blood pressure measurements taken before initiation of IUS. Women should not be denied use of IUS simply because their blood pressure cannot be measured.	No direct evidence	Strong
1.3 Breast examination to provide, pelvic/uterine examination, cervical cancer screening, routine laboratory tests, hemoglobin test, sexually transmitted infection (STI) risk assessment (medical history and physical examination) and STI/RH screening (laboratory tests) do not contribute substantially to the safe and effective use of IUS.	No direct evidence	Strong
1.4 The product labelling for IUS states that the implant can be left in place for up to 5 years.	Low	Strong
1.5 The product labelling for IUS states that the implant can be left in place for up to 5 years.	No direct evidence	Strong
<b>2. Progestin-only injectable contraceptives (POIC)</b>		
2.1 A woman can start POIC within 7 days after the start of her menstrual bleeding. She can also start at any other time if it is reasonably certain that she is not pregnant. Recommendations are also provided for other additional precautions needed and for women who are amenorrheic, postpartum, post-abortion, switching from another method.	No direct evidence	Strong
2.2 It is desirable to have blood pressure measurements taken before initiation of POIC. Women should not be denied use of POIC simply because their blood pressure cannot be measured.	No direct evidence	Strong
2.3 Breast examination to provide, pelvic/uterine examination, cervical cancer screening, routine laboratory tests, hemoglobin test, STI risk assessment (medical history and physical examination) and STI/RH screening (laboratory tests) do not contribute substantially to the safe and effective use of POIC.	No direct evidence	Strong
2.4 Provide repeat POIC injections every 3 months. Recommendations are also provided for early and late injections.	Very low	Strong

Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4):1-66. DOI: <http://dx.doi.org/10.15585/mmwr.rr6504a1>.

## Selected Practice Recommendations for Examination and Tests Needed

Exam or Test	Progestin Only Injection and Oral Tablets	Combined Hormonal Contraceptives
Blood pressure	C	A <sup>1</sup>
Weight	†	†
Breast exam	C	C
Bimanual exam/cervical inspection	C	C
Blood glucose	C	C
Serum lipids	C	C
Liver enzymes	C	C
Thrombotic mutations	C	C
Papanicolaou (PAP) test	C	C
STD Screening	C	C
HIV Screening	C	C

Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4):1-66. DOI: <http://dx.doi.org/10.15585/mmwr.rr6504a1>.



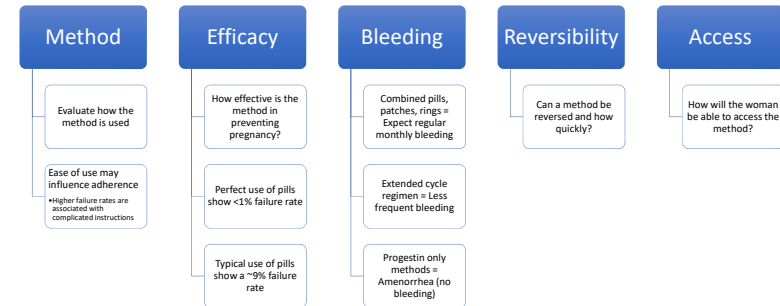
## Assessing Blood Pressure

Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
	I	C	I	C	I	C	I	C	I	C	I	C
Hypertension												
a) Adequately controlled hypertension		1*		1*		1*		2*		1*		3*
b) Elevated blood pressure levels (properly taken measurements)												
i) Systolic 140-159 or diastolic 90-99		1*		1*		1*		2*		1*		3*
ii) Systolic ≥160 or diastolic ≥100†		1*		2*		2*		3*		2*		4*
c) Vascular disease		1*		2*		2*		3*		2*		4*

Curtis KM, Tepper NK, Jattaoui TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-3):1-104. DOI: <http://dx.doi.org/10.15585/mmwr.r6503a1>.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## What to Consider When Selecting and Initiating a Hormonal Contraceptive Regimen



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

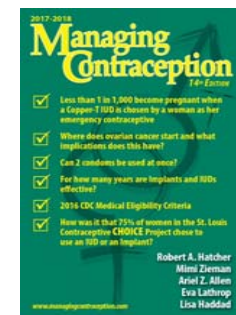
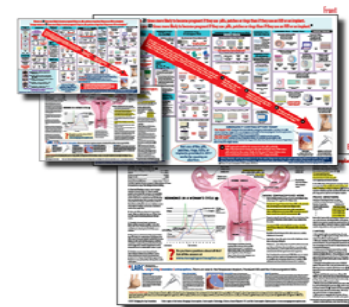
## Pill, Patch & Ring Warning Signs - ACHES

ABDOMINAL PAIN	CHEST PAIN	HEADACHES	EYE PROBLEMS	SEVERE LEG PAIN
Clot in the pelvis or liver (mesenteric or pelvic-vein thrombosis)	Clot in the lung or heart vessels (pulmonary embolism [PE] or myocardial infarction [MI])	Stroke	Stroke or retinal vein thrombosis	Inflammation and blood clots of a leg in the leg
Vomiting	Heart attack, angina	Blurred vision, spots, zigzag lines, weakness, difficulty speaking	Complete or partial loss of vision	Swelling, heat or redness, tenderness in leg
Cramping	Chest or heart pain, left arm and shoulder pain	Sudden intellectual impairment		
Weakness	Coughing and shortness of breath			

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Managing Contraception Resources:

[managingcontraception.com](http://managingcontraception.com)



Picture Sources: <http://managingcontraception.com>. With full permission. Accessed August 8, 2018.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING



**Which of the following is one of the most effective forms of contraception available?**

- The implant
- The patch
- The ring
- The condom

Start the presentation to see live content. Still no live content? Install the app or get help at [PallEx.com/app](http://PallEx.com/app)

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

**To confirm patient's appropriateness of initiating or continuing a contraceptive method, the pharmacist would consult which one of the following resources?**

- The Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (MEC)
- The Pharmacy Practitioners Patient Care Process
- The Guidelines for Providing Hormonal Contraception
- The Assessment Procedure for Prescribing Hormonal Contraceptives

Start the presentation to see live content. Still no live content? Install the app or get help at [PallEx.com/app](http://PallEx.com/app)

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

**A contraindication to initiating a combined hormonal contraceptive is:**

- A migraine without aura and age <35 years old
- Smoking 2 packs per day and age <35 years old
- Sickle cell disease
- Blood pressure of 162/90 mmHg

Start the presentation to see live content. Still no live content? Install the app or get help at [PallEx.com/app](http://PallEx.com/app)

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

**Objective**

Given a patient case, utilize the MEC, the Pharmacist's Patient Care Process, and other available resources to create and implement a comprehensive patient contraceptive plan

**Kathleen M. Vest, PharmD, CDE, BCACP**  
 Professor of Pharmacy Practice  
 Northwestern University Chicago College of Pharmacy

Start the presentation to see live content. Still no live content? Install the app or get help at [PallEx.com/app](http://PallEx.com/app)

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

### Which of the patients would be an appropriate candidate for the contraceptive patch?

A 25 year old patient that smokes 15 cigarettes per day, and does not have any health conditions or medications.

A 42 year old patient with migraines with aura and no other medical conditions.

A 31 year old patient with epilepsy that takes carbamazepine.

A 29 year old patient with hypothyroidism.

Start the presentation to see live content. Still no live content? Install the app or get help at [Patitu.com/app](http://Patitu.com/app)

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Formulating a contraceptive plan for a patient

### Utilize Available Resources

- CDC MEC and SPR
- A resource listing contraceptive options
  - Hormonal:
    - Estrogen/progesterone: Pill, patch, ring
    - Progesterone only: Pill, injection, levonorgestrel intrauterine device (IUD)
  - Non-hormonal:
    - Copper IUD, sponge, diaphragm, condoms

### Be Aware of

- Products you can/cannot prescribe in your state
- Patient considerations and preferences
- Potential red flags, reasons for referral

Remember to counsel on STD prevention!

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Pharmacists Patient Care Process

Pharmacists' Patient Care Process

**Pharmacists' Patient Care Process**  
Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

- Collect**  
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.
- Assess**  
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.
- Plan**  
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.
- Implement**  
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.
- Follow-up: Monitor and Evaluate**  
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Application of HC prescribing

### Collect

- Consider requirements for your state
- Interview patient, gather information

### Assess

- Utilize MEC, algorithms, drug information resources available
- What can you do in your state?

### Plan

- Work with patient to formulate plan
- Consider efficacy, cost, patient preferences
- Sometimes the plan will be to refer to the provider

### Implement

- Patient education
- Documentation and communication with other providers

### Follow up and monitoring

- What, when, and who to follow up with
- Referral to other provider(s) if needed
- Be an advocate for your patients

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING



Which of the following would you recommend for Susan today?

- Combined hormonal contraceptive pill
- Patch
- Refer to physician
- Progestin only pill

Start the presentation to see live content. \$60 no live content? Install the app or get help at [PhlEx.com/app](http://PhlEx.com/app)

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## Implementing the Plan

- Provide prescription:
  - COC pill, low androgen component
  - Documentation and communication with provider
- Counsel on:
  - ACHES
  - Directions for use, what to do if missed doses
  - STD prevention
  - Folic acid



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## Follow up and Monitoring

- Communication to providers
  - Standardized forms
  - Faxed form, phone call, patient sends information
  - Include your name and contact information
- Additional communication with the patient
  - Provide guidance for the patient for when to return
    - Consider quantity prescribed/when patient will seek a refill
    - Ensure patient knows how to reach you
  - Encourage her when to follow up the provider for screenings, etc.



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## Continued Follow Up: Susan returns 6 months later

- She is taking the combined oral contraceptive pill.
- However, she was in urgent care for headaches last week.
- She has been diagnosed with migraines with aura and now takes sumatriptan as needed, typically 3-5 times per month.
- She was told by the urgent care provider that she may need to change to an alternative contraceptive product.
- Next steps?



ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

### Which of the following would you recommend for Susan today?

Continue current regimen.

Switch to the patch.

Switch to a POP.

Stop current method, refer to MD.

Start the presentation to see live content. Get no live content? Install the app or get help at [PillRx.com/app](http://PillRx.com/app)

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Start the presentation to see live content. Get no live content? Install the app or get help at [PillRx.com/app](http://PillRx.com/app)

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### Case 2: Beth

"Hi, I heard I can get my birth control at the pharmacy now. Can you help me?"

Medical information collected

- 30 y/o female. Medical conditions: Asthma, epilepsy.
- Current medications: Albuterol, montelukast, lamotrigine
- LMP: 8/20/18

Patient preferences/factors

- Non-smoker; does not drink alcohol
- She is open to the pill, patch, or ring.

Physical assessment

- BMI: 29. Blood pressure: 120/72

Start the presentation to see live content. Get no live content? Install the app or get help at [PillRx.com/app](http://PillRx.com/app)

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### What is your recommendation for Beth?

Combined hormonal contraceptive pill

Ring

Progestin only pill

Refer to her physician

Start the presentation to see live content. Get no live content? Install the app or get help at [PillRx.com/app](http://PillRx.com/app)

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Implementation, follow up and monitoring

### Plan

- Work with patient to formulate plan, provide prescription. Consider efficacy, cost, patient preferences
- Documentation and communication

### Implement

- Patient education: ACHES, dosing of medication
- Documentation, prescription, communicating with provider

### Follow up and monitoring

- What, when, and who to follow up with

## Beth

- Beth returns to the pharmacy 11 months later.
- She was taken off lamotrigine and is now on carbamazepine.
- She is wondering if her contraceptive plan needs to change based on the change to her epilepsy medications
- She does find it difficult to remember taking the pill every day and is wondering if she could try the patch or another type of product.

### What is your recommendation for Beth today?

Continue present management with POP

Switch to COC

Switch to patch

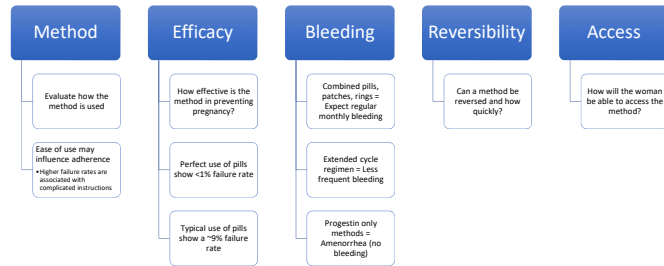
Review the benefits/risks of the IUD or medroxyprogesterone acetate, refer to MD

## Beth: Next steps

- How do you implement this plan for Beth?

## Summary

### What to Consider When Selecting and Initiating a Hormonal Contraceptive Regimen



## Key Takeaways

- Utilize the MEC and SPR to help determine an appropriate contraceptive method for a specific patient
- Consider patient's medical conditions, medications, and personal preferences when formulating the plan.
- Pharmacists have an important role in increasing patient access to contraception.

### Which of the patients would be an appropriate candidate for the contraceptive patch?

A 25 year old patient that smokes 15 cigarettes per day, and does not have any health conditions or medications.

A 42 year old patient with migraines with aura and no other medical conditions.

A 31 year old patient with epilepsy that takes carbamazepine.

A 29 year old patient with hypothyroidism.

## Objective

Discuss current and pending legislation in Illinois and other states and review experiences of pharmacist contraceptive prescribing implementation

**Brooke L. Griffin, PharmD, BCACP**

Professor and Vice Chair, Pharmacy Practice  
Midwestern University Chicago College of Pharmacy



### What is the status of a Pharmacist Contraceptive Prescribing bill in Illinois?

This bill has successfully passed in Illinois

This bill has not been proposed in Illinois

This bill is drafted and will be reviewed soon

I don't know the status of this bill in Illinois

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](http://PollEv.com/app)

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### Which of the following is potentially the largest barrier to pharmacist-prescribed contraception in Illinois?

Reimbursement

Provider acceptance

Workflow implementation

Pharmacist interest

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](http://PollEv.com/app)

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## Current and Future Opportunities for Pharmacists with Contraception in Illinois

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

### Current and Future Opportunities for Pharmacists with Contraception in Illinois

**here & Now**

- Education/Counseling/Monitoring
  - Assess a woman's eligibility for hormonal contraception
  - Compare/contrast available options
  - Provide education and counseling related to side effects, drug interactions and missed doses
- With collaborative practice agreements:
  - Selecting an agent
  - Switching methods
  - Managing drug interactions

**FUTURE**

- Pharmacist provided contraception
  - Assess a woman's eligibility for hormonal contraception
  - Compare/contrast available options
  - Provide education and counseling related to side effects, drug interactions and missed doses
  - **Provide access to contraceptive products within the scope of practice**

ELEVATE

ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS, 2018 ANNUAL MEETING

## ILLINOIS COUNCIL OF HEALTH-SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## California

- 2016: Pharmacists may furnish self-administered hormonal contraceptives
  - Oral, patch, ring, depot
- Age limitations: none specified
- Training: ACPE and BOP approved training program (minimum 1 hour). Graduation ≥2014 from CA pharmacy school with an equivalent curriculum based training program is considered equivalent.
- Documentation in shared electronic medical record and/or via fax to provider
- Challenges:
  - Reimbursement: No reimbursement from insurers yet, but in progress. Not all sites are charging patients a fee.

California State Board of Pharmacy <https://cfsb.com/pharmacy/provider-status/expanding-pharmacist-services/>. Accessed 9/7/18

**HORMONAL CONTRACEPTION SELF-SCREENING TOOL QUESTIONS**

1	What was the first date of your last menstrual period?	/ /	No <input type="checkbox"/>
2a	Have you ever taken birth control pills, or used a birth control patch, ring, or shot/injection? (If no, go to question 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2b	Did you ever experience a bad reaction to using hormonal birth control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2c	Are you currently using birth control pills, or a birth control patch, ring, or shot/injection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have you ever been told by a medical professional not to take hormones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Do you smoke cigarettes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Do you think you might be pregnant now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Have you given birth within the past 6 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Are you currently breastfeeding an infant who is less than 1 month of age?	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, or headaches so bad that you feel sick to your stomach, you lose the ability to see, it makes it hard to be in light, or it involves numbness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Do you have high blood pressure, hypertension, or high cholesterol?	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 in your leg or in your lung?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Have you ever been told by a medical professional that you are at a high risk of developing a blood clot in your leg or in your lung?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Have you had bariatric surgery or stomach reduction surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## State Rules for Contraceptive Prescribing

	Oregon	California	Colorado	Hawaii	New Mexico	Maryland
<b>Age Requirements</b>	≥18 or <18 with previous Rx	none	≥18	none	none	Regulations and Guidelines due 9/1/18
<b>Products</b>	Oral Patch Depot	Oral Patch Ring Depot	Oral Patch	Oral Patch Ring Depot	Oral Patch Ring Depot	
<b>Training</b>	5 hours \$250	1 hour OR Graduation ≥2014 from CA pharmacy school	4 hours \$250	ACPE and BOP approved program plus CE q 2yrs	4 hour home study then 2 hours live CE q2yrs	
<b>Reimbursement</b>	Medicaid and a few private insurers	None yet	None yet Health profession shortage areas – just passed	None	None	

## Why are we talking about this in Illinois?



### Almost to the finish line!

- Includes language for “pharmacist assessment and consultation” which includes prescribing under a state-wide standing order
- Products proposed: oral, patch, ring (no age restriction)
- Includes language to ensure reimbursement for this service

## Where Can You Buy Contraception Online?

Table adapted from freethetpill.org. Accessed 8/9/18

Website/App	Age Restrictions	Consultation Fee	Rx Duration	Interaction
heydoctor.co	18-50	\$15	3-6 months	Questionnaire/Chat with MD
lemonaidhealth.com	18+	\$25	12 months	Questionnaire/Video chat in some states
mavenclic.com	13+; users 13-17 yrs need guardian for 1 <sup>st</sup> virtual visit	\$18-35	Varies	Video chat with provider
nurx.com	12+ (depending on state law); 35+ will be prescribed POP	Free	12 months	Questionnaire
pandiahealth.com (CA only)	Accessible at any age, per CA law	\$39-59	12 months	Questionnaire +/- MD contact
plannedparenthood.org (CA only)	Accessible at any age, per CA law; 35+ can only obtain POP	Free	12 months	Questionnaire
plushcare.com	18+ (<18 need guardian)	Free w/ ins (\$99 w/out)	Not listed	Questionnaire + Video chat
prjkrtruby.com	18+	Free	3-6 months	Questionnaire/Video chat in some states
thepillclub.com	12+	Free	12 months	Questionnaire
virtuwell.com	18-34; EC 18-59	\$49	3-12 months	Questionnaire

## Pharmacist Experiences

## Pharmacist Experiences

### Oregon

#### Implementation:

- Safeway/Albertson's
- Costco
- Rite Aid
- Fred Meyer

#### Reimbursement:

- Recent provider status; created standard with Medicaid to cover pharmacist's assessment at midlevel provider rate

### California

#### Implementation:

- 5%-11% of surveyed pharmacies<sup>1,2</sup>

#### Reimbursement:

- 2013: Provider status legislation passed, but payment for services are not mandated

- No economic incentives

#### Unknown:

- Patient demand
- Pharmacist willingness

1. Batra P, et al. An Evaluation of the Implementation of Pharmacist-Prescribed Hormonal Contraceptives in California. Obstetrics & Gynecology 2018; 131(5):850-855  
2. Gomez AM. Availability of pharmacist-prescribed contraception in California. JAMA 2017;318:2253-4

## Barriers/Solutions

Barrier	Solution
Patient and Provider Perception	-Public relations campaign -Share successful examples
Engaging Pharmacists to Participate	-Pharmacy associations & employers could work together on this initiative -Include content in pharmacy curricula
Payment/Insurer Reimbursement	-Advocate for provider status, which will allow billing mechanisms -Learn about medical claim billing
Pharmacy Workflow	-Corporate support: training, innovation, policy change

## Implications on Practice

- Pharmacists in all 50 states have an opportunity to help patients with contraception
  - Provide guidance: selection, use, and monitoring of contraceptive therapy
  - Pharmacists are encouraged to be proactive as a resource
- U.S. MEC is a useful resource for common questions/problems
  - The MEC provides guidelines for the safety of hormonal contraceptives under a broad range of conditions
- The SPR provides recommendations for managing common contraceptive situations
  - The selection of a contraceptive method includes medical considerations and personal preferences of the patient

**Pharmacists can play an important role in facilitating access to contraception!**

#### **Stay up to date!**

- Pharmacist's Letter®
- Lexicomp®
- APhA
- [Managingcontraception.com](http://Managingcontraception.com)

Which of the following is potentially the largest barrier to pharmacist-prescribed contraception in Illinois?

Reimbursement	
Provider acceptance	
Workflow implementation	
Pharmacist interest	

Start the presentation to see live content. Still no live content? Install the app or get help at [Pallix.com/app](https://www.pallix.com/app)

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

## Acknowledgements

- Sarah Lynch, PharmD
- Autumn Stewart-Lynch, PharmD, BCACP, CTTS
- Krystalyn Weaver, PharmD
- NASPA

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING

Thank you for coming!  
Questions?

ELEVATE ILLINOIS COUNCIL OF HEALTH SYSTEM PHARMACISTS 2018 ANNUAL MEETING