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

The speakers have no conflicts of interest to declare.

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.

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
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.


Hormonal Contraceptive Products

**Pharmacology**
- Mechanism of Action (MOA)

**Key features of agents**
- Progestin content and effect
- Estrogen content and effect
- Combined
  - Progestin and estrogen

**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
The Menstrual Cycle

Mechanism of Action (MOA)

**Progesterone**
- Thickens the cervical mucus
  - Making it harder for the sperm to penetrate
- Decreases the likelihood of implantation
- Inhibits 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

Contraception Forms and their Efficacy

Classification of Progestins

- **C-21 progestins**
  - Medroxyprogesterone acetate
  - Megestrol acetate
  - Cyproterone acetate

- **19-nor testosterone**
  - Noretihormone
  - Noretihormone acetate
  - Norethynodrel
  - Norgestrel
  - Norethisterone
  - Norgestertone
  - Desogestrel
  - Gestodene

- **Spironolactone**
  - Drospirenone
Different Forms of Progestin in CHC Pills

<table>
<thead>
<tr>
<th>Progestin</th>
<th>Estrogen</th>
<th>Androgen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desogestrel</td>
<td>+++</td>
<td>D</td>
</tr>
<tr>
<td>Levonorgestrel</td>
<td>+++</td>
<td>D</td>
</tr>
<tr>
<td>Norgestrel</td>
<td>+++</td>
<td>D</td>
</tr>
<tr>
<td>Drospirenone</td>
<td>++</td>
<td>D</td>
</tr>
<tr>
<td>Norethindrone</td>
<td>++</td>
<td>D</td>
</tr>
<tr>
<td>Norgestrelide</td>
<td>++</td>
<td>D</td>
</tr>
<tr>
<td>Norethindrone</td>
<td>++</td>
<td>D</td>
</tr>
<tr>
<td>Drospirenone</td>
<td>++</td>
<td>D</td>
</tr>
</tbody>
</table>


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
Initial Counseling

- Contraceptive counseling should aim to maximize:
  - Efficacy
  - Patient satisfaction
  - Long-term adherence

- Selecting an appropriate contraceptive method requires:
  - Complete medical history
  - Focus on ruling out the most common contraindications
  - The World Health Organization (WHO)
    - Absolute and relative contraindications to the different contraceptive methods

Medical Eligibility for Initiating Contraception: Absolute and Relative Contraindications

- Absolute contraindications
- Relative contraindications

Pharmacist’s Role in Assessing Women for Hormonal Contraception

- Provide access to prescription and OTC products
- Advise patients about:
  - Appropriate selection and use of contraceptive products
  - What to do in the event of missed pills, or delayed start
  - Provide counseling when there is a potential of drug interactions or when side effects are reported
Hormonal Contraceptive Indications

- **All Contraceptives**
  - Prevent pregnancy

- **Additional Benefits of Some Contraceptives**
  - Dermatological Improvement
  - Treat symptoms of premenstrual dysphoric disorder (PMDD)
  - Menstrual Suppression

- **Off-label Uses**
  - Regulation of menstrual cycle
  - Risk reduction for certain cancers
  - PCOS management
  - Reduction of menstrual bleeding

Contraceptive Method Selection – Summary

- **Safety**
- **Efficacy**
- **Past experience**
- **Ease of access**
- **Reversibility**
- **Convenience**
- **Adherence**
- **Personal preference**
- **Cost**
- **Privacy**

Guidelines for Providing Hormonal Contraception

  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


Guidelines for Providing Hormonal Contraception


Selected Practice Recommendations for Examination and Tests Needed

Assessing Blood Pressure

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (a)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (b)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (c)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (d)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (e)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (f)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (g)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (h)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
<tr>
<td>Hypertension (i)</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
</tr>
</tbody>
</table>

DOI: http://dx.doi.org/10.15585/mmwr.rr6503a1.

What to Consider When Selecting and Initiating a Hormonal Contraceptive Regimen

- **Method**
  - Evaluate how the method is used
- **Efficacy**
  - How effective is the method in preventing pregnancy?
  - Perfect use of pills shows <1% failure rate
  - Typical use of pills show ~9% failure rate
- **Bleeding**
  - Combined pills, patches, rings = Expect regular monthly bleeding
  - Extended cycle regimen = Less frequent bleeding
  - Progestin only methods = Amenorrhea (no bleeding)
- **Reversibility**
  - Can a method be reversed and how quickly?
- **Access**
  - How will the woman be able to access the method?

Pill, Patch & Ring Warning Signs - ACHES

- **ABDOMINAL PAIN**
  - Cramps
  - Vomiting
  - Weakness
  - Clot in the pelvis or liver (mesenteric or pelvic vein thrombosis)
- **CHEST PAIN**
  - Clot in the lung or heart (pulmonary embolism or myocardial infarction)
  - Heart attack, angina
- **HEADACHES**
  - Stroke or retinal vein thrombosis
  - Complete or partial loss of vision
  - Sudden intellectual impairment
- **EYE PROBLEMS**
  - Blurred vision, spots, zigzag lines, weakness, difficulty speaking
- **SEVERE LEG PAIN**
  - Inflammation and blood clots of a leg
  - Swelling, heat or redness, tenderness in leg

Managing Contraception Resources:
managingcontraception.com
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
Midwestern University Chicago College of Pharmacy
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!

Pharmacists Patient Care Process

**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
Case 1: Susan
“Hi, I heard I can get my birth control at the pharmacy now. Can you help me?”

Medical information gathered
- 32 y/o female, No medical conditions, no medications. Just moved here, not established with a physician yet.
- Would like something to help with her acne. She is open to the pill, patch, or ring.

Patient preferences/factors
- Would prefer not to have the pill, wants help with acne.
- Non-smoker; does not drink alcohol

Physical assessment
- Weight: 162 lb, height 5’10” and Blood pressure: 110/62

Application of HC prescribing

<table>
<thead>
<tr>
<th>Collect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 32, no medical conditions, No medications.</td>
</tr>
<tr>
<td>Does not smoke or drink alcohol. Wants to treat her acne</td>
</tr>
<tr>
<td>Open to pill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the CDC’s U.S. MEC to determine eligibility for contraception- do we need to refer the patient to their MD?</td>
</tr>
<tr>
<td>Red flags?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with patient to formulate plan</td>
</tr>
<tr>
<td>Consider efficacy, cost, patient preferences</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient education: ACHES, dosing of medication</td>
</tr>
<tr>
<td>Documentation, prescription, communicating with provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Follow up and monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>What, when, and who to follow up with- help Susan find a provider in the area.</td>
</tr>
<tr>
<td>Be an advocate</td>
</tr>
</tbody>
</table>

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

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.

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?
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
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.

Beth: Next steps

• How do you implement this plan for Beth?
Summary
What to Consider When Selecting and Initiating a Hormonal Contraceptive Regimen

<table>
<thead>
<tr>
<th>Method</th>
<th>Efficacy</th>
<th>Bleeding</th>
<th>Reversibility</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate how the method is used</td>
<td>How effective is the method in preventing pregnancy?</td>
<td>How do changes in the cycle affect bleeding?</td>
<td>Can a method be reversed and how quickly?</td>
<td>How will the woman be able to access the method?</td>
</tr>
<tr>
<td>Ease of use may influence adherence</td>
<td>Higher failure rates are associated with complicated instructions</td>
<td>Increased cycle irregularities can lead to bleeding</td>
<td>Can the woman plan to reverse the method?</td>
<td></td>
</tr>
<tr>
<td>Overall user profile</td>
<td>Failure rates:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Typical use of pills show &lt;1% failure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extended cycle regimen show</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Current and Future Opportunities for Pharmacists with Contraception in Illinois

Current and Future Opportunities for Pharmacists with Contraception in Illinois

• 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

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

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

Reimbursement

Provider acceptance

Workflow implementation

Pharmacist interest
Literature Review

• Direct Access Study (2003)

  • Objective: Determine the effectiveness of pharmacist prescribed contraceptives on patient continuation rates
  • Results showed community pharmacists were able to efficiently provide screening with high resultant continuation rates
  • Both women and pharmacists reported high levels of satisfaction with the service, and women were willing to pay out of pocket for the convenience of a pharmacist’s prescribing their contraceptives.


Oregon

• First state to allow pharmacists may prescribe and dispense the following contraceptives:
  • 2016: Oral pills and patches
  • 2018: Injectable (including administration)
  • OR BOP: created workgroup
  • OR Medical Board
  • OR State Board of Nursing
  • OR Health Authority
  • Subject matter experts

• Challenges:
  • Reimbursement: Recent provider status; created standard with Medicaid to cover pharmacist’s assessment at midlevel provider rate
  • Billing: Creating billing software that utilizes medical codes like other providers
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://cpha.com/advocacy/provider-status/expanding-pharmacist-services/, Accessed 8/7/18

State Rules for Contraceptive Prescribing

<table>
<thead>
<tr>
<th>Oregon</th>
<th>California</th>
<th>Colorado</th>
<th>Hawaii</th>
<th>New Mexico</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Requirements</td>
<td>≥18 or &lt;18 with previous Rx</td>
<td>≥18</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Training</td>
<td>5 hours $250</td>
<td>1 hour OR Graduation ≥2014 from CA pharmacy school</td>
<td>4 hours $250</td>
<td>ACPE and BOP approved program plus CE q 2yrs</td>
<td>4 hour home study then 2 hours live CE q2yrs</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Medicaid and a few private insurers</td>
<td>None yet</td>
<td>None yet</td>
<td>Health profession shortage areas – just passed</td>
<td>None</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Website/App</th>
<th>Age Restrictions</th>
<th>Consultation Fee</th>
<th>Rx Duration</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>heydoctor.co</td>
<td>18-50</td>
<td>$15</td>
<td>3-6 months</td>
<td>Questionnaire/Chat with MD</td>
</tr>
<tr>
<td>lemonaidhealth.com</td>
<td>18+</td>
<td>$25</td>
<td>12 months</td>
<td>Questionnaire/Video chat in some states</td>
</tr>
<tr>
<td>mawendini.com</td>
<td>13+; users 13-17 yrs need guardian for 1st virtual visit</td>
<td>$18-35</td>
<td>Varies</td>
<td>Video chat with provider</td>
</tr>
<tr>
<td>nurx.com</td>
<td>12+ (depending on state law); 35+ will be prescribed POP</td>
<td>Free</td>
<td>12 months</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>pandahealth.com (CA only)</td>
<td>Accessible at any age, per CA law</td>
<td>$39-59</td>
<td>12 months</td>
<td>Questionnaire + MD contact</td>
</tr>
<tr>
<td>plannedparenthood.org (CA only)</td>
<td>Accessible at any age, per CA law; 35+ can only obtain POP</td>
<td>Free</td>
<td>12 months</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>plushcare.com</td>
<td>18+ (&lt;18 need guardian)</td>
<td>Free w/ ins ($99 w/out)</td>
<td>Not listed</td>
<td>Questionnaire + Video chat</td>
</tr>
<tr>
<td>prjktruby.com</td>
<td>18+</td>
<td>Free</td>
<td>3-6 months</td>
<td>Questionnaire/Video chat in some states</td>
</tr>
<tr>
<td>thepikkclub.com</td>
<td>12+</td>
<td>Free</td>
<td>12 months</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>virtuwell.com</td>
<td>18-34; EC 18-59</td>
<td>$49</td>
<td>3-12 months</td>
<td>Questionnaire</td>
</tr>
</tbody>
</table>
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\(^1,2\)
Reimbursement:
• 2013: Provider status legislation passed, but payment for services are not mandated
• No economic incentives
Unknown:
• Patient demand
• Pharmacist willingness

---

**Barriers/Solutions**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Solution</th>
</tr>
</thead>
</table>
| 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

---

2. Gomez AM. Availability of pharmacist-prescribed contraception in California. JAMA 2017;318:2253–4
Acknowledgements

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