

MEDICAL COLLEGE OF WISCONSIN SCHOOL OF PHARMACY STUDENT WRITING CLUB:

Expanding the Role of the Pharmacist with Pharmacist-Prescribed Contraception

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The role of the pharmacist continues to expand beyond dispensing medications. Pharmacists in Wisconsin may soon prescribe hormonal contraceptives for patients, as pharmacists do in other states. Legislation that promotes pharmacist prescribing, if passed, would permit patients over the age of 18 to visit a pharmacist, complete a blood pressure screening, fill out a health screening questionnaire, and obtain a prescription for a contraceptive method if deemed appropriate by the pharmacist. More than 20 other states have successfully implemented laws or collaborative practice agreements allowing pharmacists to prescribe hormonal contraception. The clinical privilege to prescribe contraceptives for patients who menstruate would improve access to hormonal contraceptives, allowing more patients to play an active role in family planning. Successes in other states that permit pharmacist-prescribed contraception can provide guidance and prove the utility of the pharmacist in family planning. Comparing legislation in Wisconsin to implemented laws in other states will help pharmacists in Wisconsin prepare for future opportunities to prescribe for their patients.

Pharmacist-Prescribed Contraceptives

As the role of a pharmacist continually evolves, pharmacists are no longer solely dispensing medications. They can gather vitals, administer immunizations, and complete other tasks by collaborating with a physician.¹ Pharmacists are accessible, skilled providers with the expertise in pharmacology to help patients make informed decisions regarding their reproductive health. Nearly 99% of women will use a form of contraception during their lifetime.² These forms include condoms, sterilization, oral hormone tablets, injectable

hormones, hormone patches, or intrauterine devices. As of October 27, 2021, the Wisconsin State Assembly passed legislation allowing pharmacists to independently prescribe oral and patch contraceptive products. The bill now moves to the State Senate for a vote.

Pharmacists have been highly trusted members of the healthcare team for decades and have proven success with other prescribing protocols in Wisconsin, such as the statewide naloxone prescribing initiative. The most current legislation in the Wisconsin State Assembly is Assembly Bill 36, with a corresponding Senate Bill 30. This bill allows pharmacists to prescribe and administer select hormonal contraception medications.³ This would be the first time that pharmacists in Wisconsin would have independent prescriptive power without using a collaborative practice agreement with a physician. In other states, pharmacists have had the authority to prescribe certain medications for years. With this new opportunity for prescribing hormonal contraceptives, it is important to understand the specific details of the bill and, thus, the implications of the legislation.

Based on Assembly Bill 36 (or Senate Bill 30), for a pharmacist in Wisconsin to prescribe and dispense hormonal contraception, the pharmacist must provide a self-screening risk assessment tool, perform a blood pressure screening, and provide the patient with a written prescription record. The pharmacist must report a record of the prescription to the patient's primary care practitioner after dispensing. Some pharmacists may delegate the blood pressure measurement or questionnaire to a qualified pharmacy employee, like an intern; however, the pharmacist must be the clinical decision-maker based on the results of the reading and assessment. Patients must be 18 or older to obtain this service.³ Pharmacists must provide contraceptive products promptly and inform the patient that hormonal forms

of contraception do not protect against sexually transmitted infections.

The bill also ensures reimbursement for pharmacist services and products provided for patients with Medicaid. With the recent passage of Provider Status in Wisconsin, there will be fewer reimbursement barriers for pharmacists who choose to provide patient care services going forward. Completing a blood pressure check in a pharmacy requires valuable time and resources, so this stipulation in legislation and the Provider Status laws help ensure that services provided will be financially sustainable. In this scenario, specifying reimbursement is essential to compensate for a pharmacist's clinical services. Is it also important to note that the Patient Protection and Affordable Care Act ensures prescription coverage for most patients, as there are very limited situations in which employer-sponsored plans choose not to cover contraceptive products.

Pharmacists who decide to pursue prescribing authority will follow rules determined by the Pharmacy Examining Board (PEB). These rules will include aspects outlined in the bill and must refer pharmacists to guidelines set for hormonal contraceptive prescribing from the American College of Obstetricians and Gynecologists (ACOG), the Wisconsin Board of Medicine, the Wisconsin Board of Nursing, and the Department of Health Services (DHS). As an example, the proposed legislation in Wisconsin does not require a pregnancy test before a pharmacist prescribes a contraceptive agent to a patient. Ruling out pregnancy is generally a standard of practice before implementing hormonal contraceptives and would be addressed by the PEB if the legislation passes as written. Most states' PEBs rule out pregnancy through their patient questionnaires. As another example, Wisconsin legislation does not require additional education for pharmacists to begin prescribing

contraceptives. Based on the precedent set by other states, it is likely that the PEB will also require additional training or education for pharmacists before they may prescribe contraceptive products.

The Benefits of Birth Control

In the United States, approximately 65% of women aged 15-49 were using contraception in 2017-2019.⁴ Currently, intrauterine devices are the most effective contraceptive method, followed by oral hormone tablets, injectable hormones, hormone patches, and rings.⁵ Although birth control medications are widely used to prevent pregnancy, they can also be used for various other health-related issues. The benefits of birth control include relieving physical symptoms associated with the menstrual cycle like irregular periods, menstrual cramps, acne, cysts in breasts or ovaries, and premenstrual syndrome (PMS).^{4,6} Due to the benefits of hormonal contraceptives, increasing access to them is essential for a patient's reproductive health. Because this legislation does not specify any particular indication for the drugs, pharmacists may end up prescribing contraceptives for reasons like severe menstrual cramps or acne, not just as family planning methods.

Potential for Patient Impact

As more states allow pharmacists to prescribe hormonal contraceptives, pharmacists must ensure that patients at risk for serious adverse effects avoid contraceptives. Adverse effects, like mood changes, weight gain, and acne, should not be underestimated. The most serious and life-threatening side effect of hormonal contraceptives is thromboembolism. In one study performed on women taking oral hormone tablets, nearly 57% of the group discontinued taking their medication due to side effects like weight change, headaches, moodiness, and decreased sexual satisfaction.⁷ Despite this percentage, hormonal birth control tablets remain one of the most prevalent methods of contraception, representing 21% of contraceptive users, or nearly 10 million patients.⁸

Accessible hormonal contraceptives are essential for patients who menstruate. Regarding patients' interest in over-the-counter contraceptives, one study revealed

more than 60% of participants were strongly or somewhat in favor of the agents becoming available without a prescription. What is even more staggering is that of the 50% of patients who did not use contraception or only used condoms, 37% reported they would use oral hormonal contraceptives if available over the counter.⁹ Current laws that allow pharmacists to prescribe do not permit the drugs to be over the counter, but pharmacist-prescribed contraceptives do increase patient accessibility. Researchers discovered that in Oregon, nearly 10% of all prescriptions for hormonal contraceptives were from a pharmacist after legislation allowing pharmacists to prescribe was passed.¹⁰

Oregon Leading the Way

Oregon was the first state to expand contraceptive prescribing to pharmacists. Under legislation proposed and adopted in 2015, pharmacists can prescribe and dispense hormonal tablets, patches, and injections to patients over 18 years of age. Patients under the age of 18 must have already taken a form of hormonal contraception in the past.¹¹ However, unlike the new Wisconsin legislation, in Oregon, once given the initial prescription, the patient has three years to complete a clinical visit with a physician regarding reproductive health.

In Oregon, before prescribing the contraceptive method, a pharmacist must follow procedures outlined in the Standard Procedures Algorithm for Oregon RPh Prescribing Contraceptives, created by the Oregon Board of Pharmacy, to obtain the background knowledge needed to prescribe safely and effectively. This process requires the pharmacist to collect a medical history, medication history, pregnancy status, and a blood pressure screening. It is the pharmacist's responsibility to determine whether the patient can start taking hormonal contraceptives safely. When hormonal contraceptives are contraindicated for patients, the pharmacist can refer them to a physician to discuss further reproductive-health options.¹² Once the patient is determined to be eligible for a hormonal contraceptive prescription, the pharmacist chooses a contraceptive method and counsels the patient.

According to proponents of Oregon's 2015 legislation, the main objective

of pharmacist-prescribed hormonal contraceptives is to increase access to self-administered birth control. Within the first two months of the program, pharmacists issued over 200 prescriptions, meaning 200 patients had better access to care.¹² Oregon set a strong example of a safe and effective practice for pharmacists to follow when prescribing and dispensing contraceptives.¹³

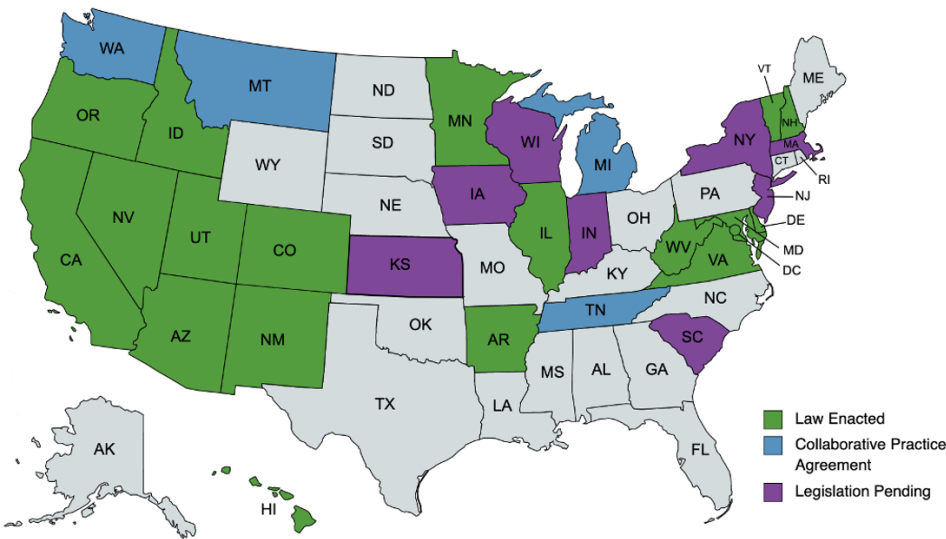
States Following in Oregon's Footsteps

There are currently more than 20 states that have passed and implemented similar allowances expanding hormonal contraception prescribing to the pharmacist, all following the 2015 Oregon law.^{14,15} Some states allow pharmacist-prescribed contraception through law, and some states allow it through collaborative practice agreements. Michigan, Montana, Tennessee, and Washington operate through collaborative practice agreements, while 19 other states operate through statutory authority. Iowa, Indiana, Kansas, Massachusetts, New Jersey, New York, and South Carolina have legislation in the works.¹⁵ See Figure 1 for a visual representation. A full comparison of the laws from state to state, including Wisconsin's, can be reviewed below in Table 1.

In states that permit pharmacist-prescribed contraceptives, laws vary widely in detail but contain similar general principles. One overarching similarity from state to state is the requirement for patients to complete a health screening. Nearly every state with pharmacist prescribing authority for contraceptives requires patients to complete a health screening. The two states that do not specify health screenings are Idaho and New Hampshire.^{23,28} The health screening helps determine whether a patient is eligible to obtain a prescription for contraceptives. The questionnaires include questions about blood pressure, medication history, pregnancy history, and smoking history.³⁵

Another aspect comparable among states is the obligation to provide timely access to prescriptions. To assure that contraception is accessed promptly, states like Colorado, Hawaii, and Oregon forbid pharmacists from requiring patients to schedule an appointment to receive contraception.^{19,22,30}

FIGURE 1. States with Pharmacist Prescriptive Authority for Contraceptives



Some states advertise specific times the pharmacist is available for consultation by displaying the information outside the pharmacy.³⁵ By eliminating the need for an appointment, the patient can access self-administered contraception at a time convenient for them.

While most state laws are very similar, there are a few specific differences in the patient populations permitted to obtain prescriptions. Of the states allowing pharmacist prescribing, eight (Arizona¹⁶, Arkansas¹⁷, Colorado¹⁹, Minnesota²⁶, Oregon³⁰, Utah³¹, Virginia³³, and West Virginia³⁴) enforce an age restriction of 18 years or older. Other states, such as California, Minnesota, and New Mexico, allow prescriptions to minors if they fit other requirements, such as providing evidence of a previous contraception prescription.^{18,26,29} The requirements for minors vary from state to state.

States also vary in the types of contraceptives that pharmacists are permitted to prescribe. Most states allow pharmacists to prescribe oral hormone tablets and hormonal patches. One outlier is Arkansas, which permits pharmacists to prescribe only oral hormone tablets.¹⁷ Eight states (California¹⁸, Delaware²⁰, Hawaii²², Idaho²³, Illinois²⁴, Minnesota²⁶, New Mexico²⁹, and Virginia³³) allow pharmacists to prescribe hormone injections. Based upon proposed legislation, pharmacists in Wisconsin could prescribe only hormonal patches and tablets. They would not be able to dispense vaginal rings or hormonal injections.³

Ten states require some form of provider referral once a patient is prescribed contraceptives. The idea behind the patient referral is that patients continue to obtain necessary testing, like a pap smear, essential to reproductive health. However, each state has its own guidance on the timeline in which a patient must see a provider. Arkansas requires patients to have an appointment with a provider within six months (before or after) when a pharmacist prescribes hormonal contraceptives. A pharmacist can only dispense six months' worth of drugs if the patient has not met with a provider.¹⁷ West Virginia requires patients to visit their physician within the first year of the initial prescription.³⁴ In Utah, a prescription is only valid for two years before a physician visit is required.³¹ In states that do not require provider referral, there is often language in the law that requires a pharmacist to promote regular provider visits. For example, Maryland requires pharmacists to mention obtaining annual screenings, but there is no formal time frame for the patient to see a provider.²⁵ It is in the patient's best interest for the pharmacist to advocate for visiting primary care or reproductive health providers after prescribing, even if it is not required by law.

Impact in Oregon and California

In a 2019 study, researchers took a closer look at the level of impact and utilization of pharmacist-prescribed birth control

in Oregon and California with the focus on a supermarket-based chain. Data was collected from prescription records and visit documentation forms to evaluate the services provided and the characteristics of the patients who took advantage of these amenities. Over six months, pharmacists conducted 2,117 visits and provided 1,970 prescriptions. The average age of patients who received the pharmacist-prescribed contraception was 27, with the majority in the 18-24 age range.³⁶

In addition, the study evaluated whether patients had an established primary care provider and/or insurance, or had used any form of hormonal contraception in the past. One of the more prevalent concerns about pharmacist-prescribed hormonal contraception is the fear that patients will no longer go to their primary care provider for regular examinations. This study does not support that assumption, with 74% of patients having an established primary care provider and 89% visiting a provider within the previous year. Another common concern about pharmacist-prescribed contraception is that it may negatively impact first-time users of hormonal contraception because they might miss out on the proper pre-screening, examination, and counseling needed. However, 91% of patients utilizing this service had previously used a form of hormonal contraception in the past.³⁶

Another study endpoint was the number of patients denied or referred to a primary care provider. As discussed in the previous sections of this article, before being prescribed any hormonal contraception, the patient must fill out a Self-Assessment Questionnaire, which assesses the patient for any possible risk factors or contraindications that would require further examination. Only 7% of patients who sought hormonal contraception were denied or referred to a PCP. Ineligibility was due to criteria like elevated blood pressure (45%), experiencing migraines with aura (14%), current smoking status with chronic kidney disease (2%), or inability to rule out pregnancy (14%). These results demonstrated the reliable clinical judgment a pharmacist can make as a healthcare provider with patients, safely expanding access to hormonal contraception to patients.³⁶

Opportunity for Pharmacy

As pharmacist-prescribed contraception

is a monumental undertaking for the pharmacy community, the implementation of this legislation will lie in the hands of working pharmacists. Pharmacists must embrace Assembly Bill 36 so that they can care for patients efficiently, impactfully, and at the top of their licenses. Not every pharmacist will use this potential law in

their day-to-day tasks, but incorporating it lays the groundwork for further expansion of the profession. While it seems that the United States continues to struggle with contraceptive barriers, more than 100 countries have expanded hormonal contraceptive access to over the counter.³⁷ As pharmacists are the most accessible

health care providers, it is only natural for the profession to address the issue of access to contraceptives by expanding prescriber authority to pharmacists.

As the pharmacist's role continues to evolve with the current legislation in Wisconsin, newly acquired provider status, the COVID-19 pandemic, and the

TABLE 1. Comparison of Pharmacist-Prescribed Contraception Laws in the US

State	Date Passed into Law	Pharmacists					Patients		Pharmacies
		Requires Additional Training	Utilizes Risk Assessment and Health Screenings	Able to Prescribe:			Must be 18 Years+	Requires Physician Referral or Contact	Prohibits Appointments
				Oral Hormone Tablets	Transdermal Hormone Patches and/or Vaginal Rings	Intramuscular Hormone Injections			
Wisconsin ³	-	-	X	X	X	-	X	X	-
Arizona ¹⁶	July, 2021	-	X	X	X	-	X	-	-
Arkansas ¹⁷	March, 2021	X	X	X	-	-	X	X	-
California ¹⁸	September, 2016	X	X	X	X	X	-	-	-
Colorado ¹⁹	June, 2016	X	X	X	X	-	X	X	X
Delaware ²⁰	October, 2021	X	X	X	X	X	-	-	-
District of Columbia ²¹	January, 2018	X	X	X	X	-	-	X	-
Hawaii ²²	July, 2017	X	X	X	X	X	-	X	X
Idaho ²³	March, 2019	-	-	X	X	X	-	-	-
Illinois ²⁴	July, 2021	X	X	X	X	X	-	-	-
Maryland ²⁵	April, 2017	-	X	X	X	-	-	X	-
Minnesota ²⁶	May, 2020	X	X	X	X	X	X	X	-
Nevada ²⁷	June, 2021	-	X	X	X	-	-	-	-
New Hampshire ²⁸	June, 2018	X	-	X	X	-	-	-	-
New Mexico ²⁹	May, 2017	X	X	X	X	X	-	-	-
Oregon ³⁰	July, 2015	X	X	X	X	-	X	X	X
Utah ³¹	March, 2018	X	X	X	X	-	X	X	-
Vermont ³²	October, 2020	X	X	X	X	-	-	-	-
Virginia ³³	April, 2020	X	X	X	X	X	X	X	-
West Virginia ³⁴	March, 2019	X	X	X	X	-	X	X	-

rapidly changing pharmacy market, they must be creative and innovative to provide quality care to those who need it most. The pharmacy community should not ignore this opportunity to expand the pharmacist's scope of practice and expand access to hormonal contraceptive methods. Embrace and advocate changes that improve patient care.

Moving forward, keep the Oath of a Pharmacist in mind: "I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow: I will consider the welfare of humanity and relief of suffering my primary concerns. I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients. I will respect and protect all personal and health information entrusted to me. I will accept the lifelong obligation to improve my professional knowledge and competence. I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct. I will embrace and advocate changes that improve patient care. I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists. I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."³⁸

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