

Developing a Pharmacy Access to Hormonal Contraception Model in California: Lessons Learned and Opportunities for Policy Change

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Background

Making hormonal contraceptives (e.g., pills, patch, ring, injectables) available directly through pharmacists, under collaborative protocols with prescribers (also known as pharmacy access), may expand access thereby reducing unintended pregnancy in the US.

Such pharmacy-based access would be possible because an office visit for pelvic examination is no longer considered necessary to initiate hormonal contraception (HC).

Pharmacy Access Partnership investigated women's and pharmacists' interest and attitudes toward pharmacy access to HC, nationally and in California. We also investigated the regulatory and statutory environment to facilitate HC pharmacy access on a state-by-state basis to identify opportunities for policy change.

We are laying the groundwork to implement a pilot HC pharmacy access program in California.

Data Sources

1. Birth Control Within Reach: A national survey on women's attitudes and interest in pharmacy access to hormonal contraception. *Contraception*, 2006; 74:463-470.

2. National survey on pharmacist's interest and attitudes toward pharmacy access to hormonal contraception. Conducted by Pharmacy Access Partnership and the American Pharmacists Association, Nov 2004 to Jan 2005.

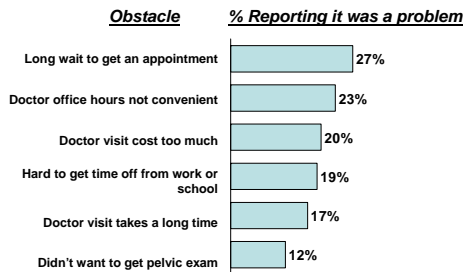
3. Pharmacists' authority to initiate, adjust, administer hormonal and emergency contraception. Conducted by the American Pharmacists Association, Commissioned by Pharmacy Access Partnership, January 2005.

Need exists¹

National survey of women ages 18 to 44 at risk for unintended pregnancy revealed:

More than 1 in 4 women (28%) said they had problems getting a prescription for hormonal contraception, refilling a prescription, or getting additional supplies when they needed them.

OBSTACLES TO OBTAINING PRESCRIPTION BIRTH CONTROL



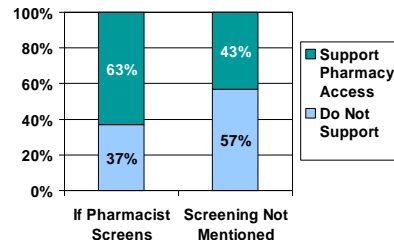
HC Pharmacy access gives women more of what they want in accessing their birth control – convenience.

Demand exists¹

Women are supportive and likely to use HC pharmacy access.

- ✓ 66% of women currently using HC say they would be likely to obtain their method through pharmacy access.
- ✓ 42% of women not currently using HC say they would be likely to begin using it through pharmacy access.
- ✓ This translates to ~ 17 to 22 million women in the U.S. likely to use HC pharmacy access (includes women of all age groups, ethnic backgrounds, income, education levels, religions)

WOMEN SUPPORTING HC PHARMACY ACCESS



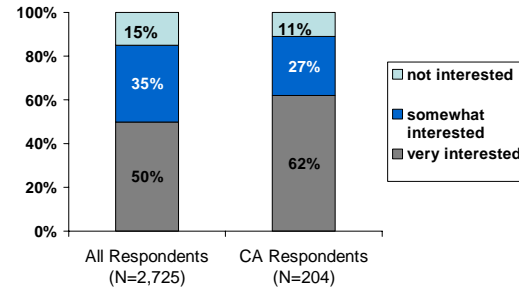
Women want the pharmacist to be involved in improved access to HC. Sixty three percent of women surveyed say pills, patches, and rings should be available without a prescription if a pharmacist screens a woman first.

Supply exists²

Pharmacists view enhanced access to HC as an important public health issue.

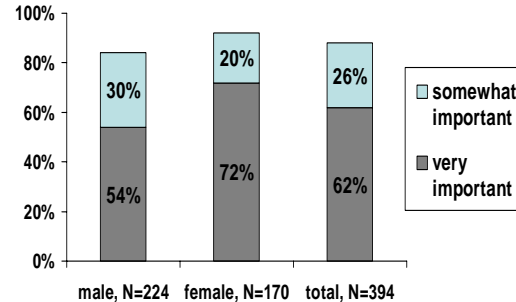
PHARMACISTS' INTEREST IN PROVIDING HC PHARMACY ACCESS

85% of pharmacists nationally are interested in pharmacy access to HC. Interest is even higher in California.



REASONS FOR LACK OF INTEREST IN HC PHARMACY ACCESS

Of the 15% of pharmacists not interested in HC pharmacy access many (62%) believe that pelvic exams and Pap smears are prerequisites to initiating HC. Female pharmacists hold this belief more than their male counterparts.



Education is needed to increase awareness for both providers and women that pelvic exams and Pap smears are no longer required for initiating hormonal contraception.

Pharmacy Access Partnership

works to expand consumer access to contraceptive commodities and reproductive health services in pharmacies.

Visit www.PharmacyAccess.org or call (510) 272-0150

Laying the Groundwork in CA

Pharmacy Access Partnership convened a multidisciplinary work group of key experts and interested stakeholders to explore potential for a progressive HC pharmacy access pilot in CA.

Pilot goal: Increase access to HC by providing a new, additional point of access at the pharmacy.

- Look at the feasibility and acceptability of HC pharmacy access among consumers, providers, and payers.
- The goal is **NOT** to replace routine gynecological care or imply that the pharmacy is a better point of service compared to existing access.

Research question: Does utilizing pharmacists and pharmacies as initial providers for HC increase overall access without posing additional risks?

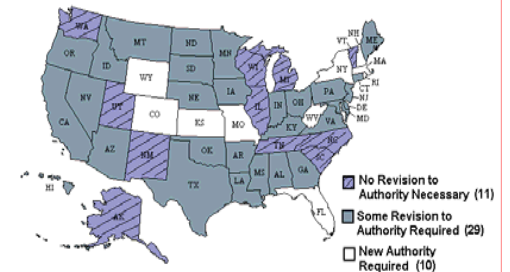
Pilot design: Build on the success, lessons learned and outstanding questions from Washington state's Direct Access Program including facilitating consumer participation by:

- ✓ Simplifying consent process
- ✓ Using less restrictive participation guidelines, especially weight related
- ✓ Expanding participant age range (15-55)
- ✓ Considering barriers facing low-income women

Next steps: Finalize pilot protocols, get Institutional Review Board and Board of Pharmacy approval to conduct pilot, recruit and train pharmacists, market pilot to consumers.

Opportunities for Policy Change³

STATE REGULATORY ENVIRONMENT FOR HC PHARMACY ACCESS



1 in 5 states has a conducive regulatory or statutory environment to facilitate pharmacist provision of HC. These states have existing statutes or regulations accommodating physician/pharmacist collaboration to expand access to HC.

State Boards of Pharmacy have some latitude in exploring new models via demonstration projects. In CA, we plan to apply for a waiver from the Board of Pharmacy to explore HC pharmacy access on a pilot basis. CA law would ultimately need to be changed to implement a widespread HC pharmacy access program.