

Emergency Contraception Over-the-Counter What Recent Changes Mean For Pharmacists, Providers, and Women in Massachusetts

Friday, October 20, 2006

Welcome (Stacie Garnett, EC Network Coordinator)

- We're celebrating the recent victory of the FDA approving EC to be sold over-the-counter (OTC) for women and men 18 and older. Many were left out of this decision, including minors and women without ID, but it is a step forward.
- The EC Network is a coalition of advocates, providers, pharmacists, and others. The strength of the work we do together is based on our diversity.
- In the last year, the EC Network has been working to help implement the recent Pharmacy Access Law. We've supported pharmacists in getting trained to participate in this law. We've been working with pharmacists to obtain standing orders from doctors. And lastly, we've been informing women about where to get EC via our website.

Guest Presentation (Don Downing, R.Ph., Clinical Associate Professor at University of Washington School of Pharmacy)

- Pharmacists are often considered vendors, but are actually an integral part of the health care provider team. In 1994, Don was part of a group that looked at pharmacists providing immunizations to improve rates among rural and low-income populations. Faced obstacles at first, but were able to demonstrate success and now follow a similar model for pharmacists to initiate EC.
- Washington was the first state to try EC pharmacy access, and now the program is used nationally.

Why is EC Needed?

- 3 million unintended pregnancies in the U.S. each year. 48% of women aged 15-44 have had an unintended pregnancy.
- Conservatives have been pointing to studies showing that access to EC does not reduce the overall rate of unintended pregnancy. They claim that EC doesn't work. However, individual women having access makes a tremendous difference in their own lives. At one time, we didn't know whether other medications (like cholesterol meds) had an effect over large populations, but have since proven a preventative measure.
- "There's a lot more sex being had than EC being used."
- It has been difficult getting a critical mass of pharmacists involved. There's a misunderstanding of what EC is, and pharmacists aren't used to the role of initiating prescriptions. They're taking personal responsibility for a patient's outcome. Pharmacists are used to working in "black & white" terms – the Pharmacy Access Law has a lot of gray area.

Definition of EC:

- Short-course, high dose regimen of estrogen/progestin combo's or progestin only pills (Plan B)
- What happens when you forget your pills on a honeymoon weekend w/ your husband? Your doctor tells you to double up on Monday and Tuesday – how is this different than recommending EC? Pharmacists and providers have been recommending this for years.

Successes in Washington State:

- Pharmacists are in a wonderful position to improve access to EC.
- 1997-99: WA State EC Pharmacy Access Study – Initiated by pharmacists – hoped to enroll 250 women in 18 months to see if they would get EC from a pharmacist, and not a physician. 11,969 women actually enrolled!
- Pharmacists became the largest providers of EC in WA State. Pharmacists took ownership of process.
- During first 3 months, 30 pharmacies were involved. Began putting those pharmacists in all the newsletters. An older Roman Catholic pharmacist participated in WA – convinced others to do the same. Getting these everyday people involved really helped build the movement. After publicity, starting getting 80-90 people showing up for trainings, with nearly 100% participation rates. Demonstrated success made it hard for opposition to remain on the opposition.
- Able to expand pharmacy access to 8 other states, including Massachusetts.
- In WA, pharmacists have been able to expand to other services. They have been doing a study where pharmacists initiate other hormonal contraception for women (pills, patch, ring, shot). Followed a set of guidelines – screen women for blood pressure, ask about family history. Able to reach women who otherwise couldn't get into a physician's office. Referred more high-risk women to other providers to get contraception.
- Able to help women access other services, like pelvic exams, pap smears, by referrals.
- Pharmacists realized low-income women couldn't access EC. So pharmacists in WA have become enrollment site for state's Medicaid family planning waiver. (Plan helps low-income men and women, including students, access family planning services for a year). Massachusetts has a waiver application pending.
- EC is gateway to other services.

EC Mechanism of Action:

- Know that Plan B can inhibit or delay ovulation. Timing is key.
- Examined access time in WA – 48 hours for physicians; 12 hours for pharmacists.
- Study showing effect of Plan B on LH surge. It can lower, delay, or suppress the LH surge which can inhibit ovulation or result in impaired fertilization. Full effectiveness of Plan B can be accounted for by known pre-fertilization effects.
- Not clear that changes to the endometrial lining would inhibit implantation.
- Breastfeeding has same effect.

EC Over-the-Counter (OTC):

- OTC product should be in pharmacies by Nov. 15th.
- Wonderful that MA has pharmacy access and pharmacists are able to help women left out of FDA ruling.
- What role do pharmacists have in dispensing EC OTC? Will have to check for proper ID (unclear what exactly that means). Government ID is required with a birth date. Barr Labs will be checking compliance with age restriction via secret shoppers.
- If women don't have ID or are underage, trained pharmacists in the pharmacy access program can initiate a prescription. Same with people who are on MassHealth who will need a prescription. We need a lot more pharmacists involved because of this. Private insurance plans may also require a prescription for coverage.

- Also need to train other staff in pharmacies (clerks, techs, etc.) Need to know exactly what EC is and what it isn't (abortion pill).
- Don't want EC lumped w/ other drugs where ID is required (like Sudafed). Pharmacists should NOT be recording who is buying EC OTC.

Questions

- How are women going to find out about this service?
 - In WA, they really focus on pharmacy education. A brochure is also helpful. The more questions a pharmacist can ask the woman, the more helpful it may be. However, women usually don't want to answer a lot of questions – they just want to take the pills then and there. In the OTC implementation plan Barr has with the FDA, they talk about providing resources. A national brochure w/ toll-free numbers is currently being developed.
 - Pharmacies can also have all local business cards and brochures at hand to refer women to related services (Planned Parenthood or family planning clinics, rape survivor & domestic violence numbers, etc.).
- How do you get around chains' restrictions? Especially around putting things out on the counter?
 - WA uses clipboards – put all information and local resources on those. Or put it in the bag with the EC.
- What will the new Plan B OTC package look like?
 - There will be one package with OTC drug facts table and a space to put a prescription label if being dispensed as a prescription. There are pictures of the package as part of Don Downing's slide show.
- Will the old packages be recalled?
 - Not sure, but it is already unavailable in some places.
- What questions do pharmacists ask women now in WA?
 - Date of last menstrual period? Victim of sexual violence? Time that's passed since intercourse?
- Are there economic studies to show whether customers go to pharmacy where they usually go?
 - Many women now going to new pharmacies because they prescribe EC. There is also good information showing the cost-effectiveness of initiating EC at the pharmacy.
- Comments concerned about privacy and confidentiality of the woman in the pharmacy.

Panel Discussion (Don Downing; Kristyn Napoli Anderson, Pharm. D., Pharmacist at J.E. Pierce Apothecary; Rita Olans, N.P., Adolescent Clinical Program Manager at MGH Revere Healthcare Center)

- Kristyn: She explained how they offer EC in her store. Initiate 5-6 prescriptions for EC a day, and we're a very small store. Many patients need private consultation (for this and other medications); other customers don't notice b/c they don't know what's being prescribed. Have pre-established clipboard that explains what EC is, has questions to screen the woman for EC, and a referral sheet. Women can fill out there or in waiting area. They return screening form and keep rest of info. EC is entered as a prescription and answers to all questions are documented. Kristyn goes over info w/ the women

regardless of whether they've taken it before. Goes through questions, STIs, ongoing contraception. Has recommended other contraception methods.

- Don: Also suggests using roped off lines so people don't congregate at counter.
- Rita: Has worked w/ adolescents for 12 years as a nurse practitioner. Not every adolescent needs contraception all the time, but each needs the conversation. Adolescent clinic is the transition between the pediatrician who recommends abstinence-only – teens don't want to let their doctor down by admitting they had sex. Rita works w/ a school-based health center. They put an adolescent center in a post office in Revere – can come in and access free health services b/c of ABCD and Dept. of Public Health grants. Burden on providers – paperwork, accountability. They encourage kids to go back to pediatricians, but that often doesn't happen – they're getting split care. When she's successful, kids don't come back b/c they're ready to talk to their own doctors and be responsible.
- If anyone needs access to Plan B, it's teens to reduce the number of unintended pregnancies. Population of teens in Revere is large, poor, and often made up of immigrants.
- Is there a difference in the way parenting teens are using EC?
 - See parenting teens overwhelmed w/ responsibilities; Plan B is essential to them.
- Where does funding in WA come from?
 - No specific funding – all institutionalized. Pharmacy schools mostly. Medicaid covers product. Some in-kind donations. Have teen centers in some pharmacies.
- Advertising about EC?
 - Kristyn: Very minimal. Handed out flyers for health care providers in their building and inform all pharmacy staff. Major referrals from other pharmacists and EC Network website. Advertising is too expensive. They have gone to health centers at area schools. Internet helpful.
- After-hours help for teens?
 - Rita: Gives extra EC to teens the first time they visit. Invite friends into the room, and it's often for them. Talks about it when they give other services (pregnancy tests, birth control). Gives out condoms before Cancun school trip – asks them to pass out to friends. Also share Plan B. Always asks them to actually bring friends in.
 - Health Quarters (family planning provider) in NE part of state – provides EC on call for weekends & holidays. (1-800-892-0234) Get calls from all over the state.
 - Planned Parenthood has a hotline open until 8 on weekdays; have emergency on-call services. ((1-800-258-4448).
 - EC Network creating brochure w/ hotline numbers.
- Other issues for teens?
 - Students often complain that Planned Parenthood is too expensive. Can go to website, request EC online, can pick up at health center or have sent to pharmacy. If under 18, can go to office or order online.
 - WA has clinics that offer EC for \$7-\$8. Pharmacies paying \$20-\$25 for it.

- Other concerns around OTC?
 - Should providers still write prescriptions even if it's OTC? Yes. Teens need a prescription. Prescriptions may encourage other women to actually go to pharmacy.
 - Price may be \$30 for pharmacy, \$50 for consumer.
 - Do pharmacies do pro-bono services? Yes – some in WA may do 2-3 a month.
 - Additional barriers for people who don't speak English. Use 888-NOT-TOO-LATE and service w/ 2 handset phone (language line).
- Are there pharmacy chains refusing to dispense?
 - No. All chains in MA carrying & dispensing. Many more pharmacists who are working to increase access to EC than those working against. Advocacy community needs to embrace pharmacists.
 - Rita, talked to pharmacists yesterday, and they were wonderful. Have had stocking problems. All supportive of it though.
- How many pharmacies are offering EC Pharmacy Access in MA?
 - 100s of pharmacists have taken the training. Over 20 pharmacies offering service. Many are independent and Stop & Shop pharmacies.

Wrap-Up & Next Steps (Stacie Garnett, EC Network Coordinator)

- EC Network is developing low-literacy wallet-sized brochures in English and Spanish. Will have a limited number available for health centers and other organizations for free. Contact Stacie if interested.
- Working w/ Northeastern University to develop toolkit for pharmacists. Trying to reach pharmacists to find out what will be most useful to them.
- 1 year anniversary of EC Law in MA is coming up in Dec. The law requires all ERs to provide EC to rape survivors. We have surveyed all hospitals in state and data will be released in Dec. Situation has improved and the EC Network will do follow up w/ Dept. of Public Health. Will also publicize pharmacy access to encourage others to join.

What you can do

- Sign up for EC Network newsletter (go to www.massECnetwork.org if not already receiving).
- Host a presentation on EC at your organization for other staff or clients.
- Distribute materials and talk about EC with other staff and clients.
- Build connections w/ other service providers in your area. This is an opportunity to develop relationships between health centers, pharmacists, and other organizations. Know who is in the community and provide referrals for each other.
- Encourage pharmacists to get involved in the pharmacy access law. Refer pharmacists to the EC Network for help.