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EXPLAINER

Pharmacist-Prescribed Hormonal Contraception

A guide for what you need to know about pharmacy access to birth control

October 2023

Process Walkthrough	Pharmacist	Physician/APRN
Patient completes questionnaire based on the Centers for Disease Control and Prevention’s U.S. Medical Eligibility Criteria for Contraceptive Use	✓	✓
Prescriber reviews questionnaire and takes blood pressure	✓	✓
Prescriber helps patient select a contraceptive method that fits individual needs	✓	✓
If the patient is not a fit for hormonal contraception, prescriber will offer a referral to a primary care provider	✓	N/A
Prescriber goes over usage and potential side effects with patient	✓	✓
Prescriber answers any questions and provides a visit summary	✓	✓
Patient visits a pharmacy to pick up prescription	N/A	✓



Why is this process important?

Women need more access points for reproductive health care and to receive birth control, and pharmacists are well-trained, accessible health care providers who can safely provide this service. As experts in medication, pharmacists can answer any questions or concerns that may arise during a meeting, and patients can obtain birth control in real-time without needing to wait for an appointment or travel to a second location to pick up the medication.



Who has endorsed this process?

The [American College of Obstetricians and Gynecologists](#) has fully endorsed pharmacist prescribing as an important step toward over-the-counter (OTC) access to birth control. Numerous state organizations and pharmacy associations have followed their lead, as has the [American Academy of Family Physicians](#) and the [American Society of Health-System Pharmacists](#).



Which states currently allow this?

As of August 2023, 26 states plus Washington, D.C. allow pharmacists to prescribe birth control. Oregon was the first state to implement this program in 2016, followed by California, Colorado and Utah. The model has quickly taken off [across the country](#).



Are pharmacists trained for prescribing?

Pharmacists are medication experts. The basic level of education to become licensed makes pharmacists well qualified to discuss medicinal uses and contraindications. Additionally, a pharmacist seeking to conduct birth control consultations must take a contraception-specific continuing education course beforehand. Every state requires this by law. Many states already have pharmacists prescribing medications beyond birth control, including some vaccines, PrEP/PEP (HIV prophylaxis medication) and smoking cessation products.



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What if a patient has a condition that means birth control is unsafe for them to use?

A pharmacist is required under state law to refer a patient to their primary care provider if they have a contraindication for hormonal birth control. Pharmacists are under no obligation to provide a prescription if they feel it is unsafe for the patient. In a [2016 study](#) of patients seeking pharmacist-prescribed contraception in Oregon and California, 7 percent were referred to a primary care provider. The most common reason for referral was elevated blood pressure.



Is there any evidence either way that this model of access is safe or unsafe?

In the same [2016 study](#) referenced above, pharmacists were found to have an error rate (prescribing contraception to patients with some hidden contraindication) of 5 percent, which is slightly lower than the [error rate for physicians](#), which ranges from 5-8 percent. This model is as safe for patients as doctor-prescribed contraception.



Do patients want this?

[Several studies](#) have indicated that patients are interested in pharmacist-prescribed contraception and would be likely to use the service if it were provided. In a [national telephone survey](#) conducted among women at risk of unintended pregnancy, 68 percent said that they would use pharmacy access to hormonal contraception, with higher interest noted among uninsured and low-income women.



What about the need for regular doctor visits? Shouldn't women have that touchpoint with their physician?

There are no physical tests besides a blood pressure measurement that are expected or necessary to obtain a routine hormonal contraception prescription. Common health screenings for women such as a Pap test, pelvic exam or clinical breast exam are recommended to occur every [two to three years](#) for most women of reproductive age, and slightly more often for women over 40. Additionally, among [women in California and Oregon](#) who utilized pharmacy-prescribed contraception, 89 percent visited a primary health provider in the previous year.

Summary



- The questionnaire used by pharmacists and doctors to initiate a birth control consultation is identical.
- Only the Food and Drug Administration can make any drug (including birth control) OTC, and there are no mechanisms for state legislatures to accomplish this task. Pharmacy access only extends prescription points; it does **NOT** make birth control OTC.
- Research shows that pharmacists safely prescribe birth control and that patients—particularly low income and uninsured women—want this point of access.

Contact Us

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