



Frequently Asked Questions (FAQs) for Pharmacists About Pharmacy Access to Emergency Contraception (EC)

Answers about billing, prescribing and coverage issues, EC timing and dosing, refills, liability, services to minors and/or men, phone consultation & OTC availability

On August 24, 2006, the FDA approved Plan B emergency contraception as an OTC product—for consumers 18 and over—while keeping it a prescription product for women younger than 18. Even though Plan B is available OTC for some, pharmacy access services continue to be especially crucial for younger women, undocumented women, or women without proper ID who are trying to prevent pregnancy within the short window of time that EC is effective. For Fact Sheets (for pharmacists and consumers) regarding access to Plan B as an OTC product, as well as press release documents, visit www.pharmacyaccess.org.

Below are questions and answers relating to provision of EC pharmacy access services.

Billing

Q: Whose DEA number, phone number, and name should the pharmacist use on the prescription label?

A1: Using Collaborative Protocol: DEA — used only for insurance transactions. The physician's number can be used. Phone number — the pharmacy's number should be used. Name — the collaborating physician and pharmacist's name.

A2: Using Statewide Protocol: DEA — used only for insurance transactions. The pharmacy number can be used. Phone number — the pharmacy's number should be used. Name — the pharmacy and pharmacist's name.

Q: Is the pharmacist allowed to prescribe anti-nausea medication or can they only recommend the OTC products listed on their protocol's Exhibit B?

A: The pharmacist must follow his/her protocol. OTC medications are sufficient for most situations. If the protocol does not specifically indicate other agents then OTC agents are recommended.

Prescribing and Coverage Issues

Q: Is the pharmacist allowed to substitute the generic drug for the name brand if they have to break up a pill pack?

A: The same regulations apply to generic substitution for all prescriptions. Unless the prescriber has indicated "DO NOT SUBSTITUTE," the pharmacist may select a generic provided she/he follows the pharmacy law.

Q: Does Medi-Cal cover Plan B?

A: Yes, as of August 2005, Medi-Cal covers Plan B as well as the combined oral contraceptive, the Yuzpe regimen. If a patient comes in asking for Plan B and it is not available and you cannot provide her with another EC product, refer her to a local family planning clinic. A listing of local family planning providers is available by calling 1-800-942-1054.

Q: Are EC providers able to collect a consultation fee?

A: Upon the August 24, 2006 FDA decision to make Plan B EC available OTC for consumers ages 18 and over, the \$10 limit for the consultation fee for Plan B sold as a prescription product is no longer applicable. The CA law SB 545 was effective January 1, 2004, and limited pharmacists' consultation/ administrative fees for EC services up to \$10, in addition to the cost of the drug. This law also applied to providers or clinics with regards to phone consultation or online communication that resulted in a prescription for EC.

Q: If I relocate to another part of the state is my EC collaborative protocol still valid?

A: When you move outside of your geographic area, you have three options for maintaining a valid protocol: 1) Download the Statewide Protocol available on the Board of Pharmacy website at www.pharmacy.ca.gov/licensing/ec_protocol.pdf; 2) Contact Pharmacy Access Partnership (510-272-0150) to set up a new Collaborative Protocol with a local physician in your new geographic area; or 3) Sign a protocol with a local physician with whom you have an established relationship. Collaborative Protocol forms are available on www.pharmacyaccess.org/pdfs/ECCollabProtocol.doc.

EC Timing and Dosing

Q: Where can I get literature about EC timing and dosing, especially about taking 2 tablets at once and providing EC up to 5 days after unprotected sex?

A: While Plan B is marketed for use within 72 hours of unprotected sex or contraceptive failure, CA protocols reflect new data and allow for use up to 120 hours, as well as taking both tablets at once. The following are a collection of published studies relating to information available on EC timing and dosing. More research articles are available on www.go2ec.org/ECLibrary.htm.

- Arowojulu AO, Okewole IA, Adekunle AO. Contraceptive evaluation of the effectiveness and safety of two regimens of levonorgestrel for emergency contraception in Nigerians. *Contraception* 2002; 66:269-273.
- Ellerston C, Evans M, Ferden S. et al. Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours. *Obstetrics & Gynecology* 2003; 101: 1168-1171.
- Hatcher RA, Trussell J, Stewart F, et al. *Contraceptive Technology*. 18th Revised Edition. New York: Ardent Media, 2004.
- Rodrigues I, Grou F, Joly J. Effectiveness of emergency contraceptive pills between 72 and 120 hours after unprotected sexual intercourse. *American Journal of Obstetrics & Gynecology* 2001; 184: 531-537.
- von Hertzen H, Piaggio G, Juhong D, et al. [Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial](#). *The Lancet* 2002; 360:1803-1810.

Refills

Q: Is it possible for a pharmacist who is not EC trained to provide EC refills to a patient who has been previously counseled? Example: The EC pharmacist is not working, but an established patient is returning to the pharmacy for EC a second time.

A: Yes, if refills were permitted on the original order. If that is not the case, then the original pharmacist or another EC pharmacist should be contacted, OR

If the pharmacist feels the situation meets the pharmacy regulations for “emergency refill” the pharmacist may act accordingly.

Q: Is there a limit on how many times a pharmacist can furnish EC to a patient?

A: No legal limit — use professional judgment. If a limit is part of the protocol then the pharmacist should follow those guidelines.

Q: Is there any limit to the number of EC prescriptions I can give a woman for advance need?

A: No legal limit — use professional judgment. If a limit is part of the protocol then the pharmacist should follow those guidelines.

Q: What should a pharmacist charge a patient for EC refills?

A: The pharmacist should have and follow a fee schedule. Some pharmacies do not charge any additional (administrative) fees for “refill”. A repeat patient is not the same as a refill. A pharmacist should not charge an administrative fee when the “service” is not performed.

If no refills were indicated on the original order and a repeat patient visit (counseling, encounter form) occurs, the pharmacist may (or may not) charge a fee — use professional judgment.

Q: What should I do if I have concerns about repeat visits to my pharmacy for EC?

A: Although you may have personal/moral concerns that a patient is getting EC from your pharmacy too frequently, it is ultimately a woman's choice as to how often she takes EC. There is no medically indicated limit as to the number of times a woman can take EC. Because EC is not as effective as other ongoing methods of birth control (it may have side effects including nausea and vomiting, and it is less cost effective than other ongoing methods of birth control), many women would not choose to use EC on a routine basis or as their preferred method of birth control. One suggestion is to provide a repeat visitor with some information about other more effective ongoing contraceptive options or offer a referral to a local family planning provider or clinic.

Q: Does a pharmacist have to conduct an assessment when providing EC refills to a patient who has been previously counseled?

A: Refills should be indicated on the original order (or the prescribing pharmacist would need to be consulted to approve them). Given current regulation, no encounter form is required for refill visits up to one year. A refill is not the same as a repeat patient visit (which involves counseling and the encounter form). If it has been more than one year since the patient's last visit, another intake form should be completed because a prescription order is only valid for up to one year. Although counseling for refills is not required by pharmacy law, good practice suggests offering the woman the option.

Liability

Q: If the patient ends up pregnant after the pharmacist provided her with EC, would the pharmacist be liable?

A: If the pharmacist had provided the standard of care and the state mandated EC "[Fact Sheet](#)", provided on the website and available for free by mail by filling in the Order Form on the website and faxing to 1-510-272-0285, (which discloses failure) then the pharmacist should not be liable. Liability, or lack of, is a legal issue, open to interpretation. No "immunity" to liability exists — consult your legal advisor.

Q: A woman states that her over-the-counter pregnancy test is positive, but she wants EC. Should I give it to her?

A: No, this woman should be referred to another healthcare provider or clinic. EC is contraindicated in pregnancy because it will not work. This woman would be best helped with a referral.

Q: Do we need to report our patient records to Pharmacy Access Partnership or any other organization from time to time?

A: No, it is not necessary to report patient records. Patient records are considered a confidential medical record under HIPAA.

Minors

Q: What should a pharmacist do if a parent or guardian comes into the pharmacy and wants to know why the pharmacist prescribed EC or anti-nausea medication to his or her child?

A: The pharmacist is not permitted by law to discuss the matter with the parent or guardian. HIPAA privacy laws prevent the pharmacist from discussing a patient's contraceptive prescription with a third party – even if it is a parent or guardian. The parent can be informed of this and/or referred to discuss their concerns with the minor.

Q: A parent calls stating "I just found a filled prescription for Plan B in my daughter's sock drawer – what is it for?" What does the pharmacist tell her?

A: HIPAA privacy laws prevent the pharmacist from discussing a patient's contraceptive prescription with a third party – even if it is a parent or guardian. The parent can be informed of these HIPAA laws and/or referred to discuss their concerns with the minor.

Q: Are there special consent forms the pharmacist should use when dispensing EC to a minor?

A: No.

Services to Men

Q: Can a pharmacist provide EC to a man if it is for his girlfriend/wife/partner?

A: Yes, if the man shows proof of age that he is 18 or older, he can purchase Plan B OTC. Men under 18 do NOT have the option to obtain a prescription for Plan B®, nor to get EC through pharmacy access.

Q: Can anyone (i.e. a sister or a boyfriend) come in to the pharmacy and pick up an EC refill for the patient?

A: Anyone is allowed to pick up a refill. However, only the patient can request a refill for a prescription product.

Phone Consultation

Q: Can a pharmacist do an EC consultation over the phone with a patient and then call in the prescription to another pharmacy? Scenarios: (1) There are no trained pharmacists working at an EC pharmacy and a patient shows up; (2) The patient is located some distance from the closest EC pharmacy and cannot travel to it.

A: Yes; however there are some important considerations:

Scenario (1) The pharmacist “on call” will need to be able to document the encounter, take needed information, speak directly with the woman, transmit the order to the dispensing pharmacist and make sure the dispensing pharmacist provides the client with the state mandated EC [“Fact Sheet”](#) (provided on the website and available for free by mail by filling in the Order Form on the website and faxing to 1-510-272-0285).

Scenario (2) All of the concerns in situation one apply, PLUS the pharmacist “furnishing” EC must have a mechanism to provide the dispensing pharmacist with the state mandated EC [“Fact Sheet”](#) (provided on the website and available for free by mail by filling in the Order Form on the website and faxing to 1-510-272-0285) and may experience difficulty with the dispensing pharmacy being unsure if the order is legal (it is). The protocol may need to be faxed to them (in addition to the “Fact Sheet”).

Q: If a trained EC pharmacist does a phone consult who does the record documentation?

A: The trained EC pharmacist is responsible for making sure their documentation (patient history) is done. The dispensing pharmacist is responsible for making sure the prescription filling aspects are done.

Q: When the pharmacist does an EC consult over the phone for another pharmacist, whose name goes on the label?

A: The pharmacist initiating the order over the phone would be the pharmacist on the label. If using a collaborative protocol, the physician on the EC protocol also must be on the label.

Other

Q: Does Pharmacy Access Partnership offer any other programs (i.e. diabetes, flu shots)?

A: Visit www.PharmacyAccess.org for more information about Pharmacy Access Partnership's activities.