

Pharmacist Prescribing of Hormonal Contraception

Pharmacist prescribing authority for hormonal contraception represents a promising strategy to improve access to contraception. Prescribing authority is regulated at the state level, and a growing number of states authorize pharmacists to prescribe contraception. However, these policies may not fully translate into practice. This brief examines the uptake of pharmacists' contraception prescribing in 2019, using a large national prescription claims dataset.

Tables 1 and 2 below describe the pharmacist workforce prescribing contraception (the pill, patch, and/or ring) in the 12 states that had authorized pharmacist prescribing as of 2019.

Table 1. Pharmacist Providers of New Contraception Prescriptions. Authors' analysis of IQVIA Rx dataset, 2019.^a

State	Policy Effective Year ^b	Number of Pharmacists with New Contraception Prescriptions	Number of Pharmacists with New Contraception Prescriptions, by Prescription Volume		Number of Retail Pharmacists ^c	Proportion of Pharmacists Prescribing Contraception
			1-9 Rx	10+ Rx		
CA ^d	2014	889	715	174	18,780	4.7%
OR ^d	2016	369	338	31	3,150	11.7%
CO ^d	2017	308	292	16	2,170	14.2%
WA ^d	1979	184	137	47	3,950	4.7%
NM	2017	73	59	14	360	20.3%
MD	2019	46	46	0	3,330	1.4%
ID	2019	33	32	1	1,140	2.9%
TN	2019	31	28	3	5,060	0.6%
HI ^c	2017	19	17	2	1,050	1.8%
UT	2019	9	9	0	1,660	0.5%
WV	2019	6	6	0	1,280	0.5%
NH	2018	3	3	0	700	0.4%

NOTES

a. Extracted November 23, 2021.

b. Policy effective date indicates when pharmacist prescribing authority became effective for consumers. This date may be later than the passage date of the initial policy, i.e., to account for the rule-making process or other implementation steps. State policy data from [Power to Decide](#) and [Eckhaus, et al. 2021](#).

c. Retail pharmacists include those working in retail settings (e.g., health stores, food and beverage stores, etc.) and exclude those working in hospital settings. Data from [BLS](#).

d. These states have a large [market share](#) with an insurer that also operates its own medical centers and pharmacies, and this insurer has a low volume of prescription claims in the IQVIA Rx dataset. The number of pharmacists prescribing contraception in these states reported here may therefore be an undercount of actual prescribing.

Table 2. Volume of Contraception Prescription by Pharmacists. Authors' Analysis of IQVIA Rx Dataset, 2019.^a

State	Number of New Prescriptions by Pharmacists	Number of New Prescriptions by Any Provider	Proportion of Contraception Prescriptions by Pharmacists
CA	6,112	2,203,307	0.3%
OR	1,360	271,318	0.5%
CO	1,092	406,848	0.3%
WA	1,651	481,391	0.3%
NM	762	105,572	0.7%
MD	69	530,647	< 0.05%
ID	62	112,860	0.1%
TN	107	588,978	< 0.05%
HI	63	74,598	0.1%
UT	15	207,373	< 0.05%
WV	8	131,873	< 0.05%
NH	3	131,835	< 0.05%
TOTALS	11,304	5,246,600	-

^a Extracted November 23, 2021.

KEY FINDINGS

In the 12 states where pharmacists were authorized to prescribe hormonal contraception in 2019, we find wide variation in the actual uptake of this practice.

- New Mexico, Colorado, and Oregon have the highest proportions of their pharmacist workforce prescribing contraception (11.7%-20.3%). California and Washington state had over 100 pharmacists prescribing contraception, but these pharmacists represented lower proportions of their pharmacist workforce (4.7% for both states).
- Maryland, Tennessee, Idaho, Hawaii, Utah, West Virginia, and New Hampshire had at least one pharmacist prescribing hormonal contraception but had relatively low numbers and proportions compared to other states.
- Most pharmacists who prescribe contraception prescribe a low volume, with fewer than 10 prescriptions in a calendar year.
- In these states combined, we identify 1,970 pharmacists who issued 11,304 new contraception prescriptions. Pharmacist-prescribed contraception prescriptions made up less than 1% of all contraception prescriptions in all 12 states.

DISCUSSION

Across the U.S., there are [181,870 retail pharmacists](#), which suggests that there is significant potential to expand the workforce that can prescribe contraception. Expanding this workforce to other states could reduce barriers to accessing contraceptive care. However, as this research shows, the existence of state policy is a necessary but not sufficient mechanism for pharmacists to prescribe, and there may be several barriers to uptake of this practice.

First, only a few states authorize payment for pharmacist services. If a state's policy does not include this payment, pharmacists may have a strong disincentive from prescribing contraception. Some states are implementing changes to their policies or regulations that require reimbursement. For example, Medi-Cal, California's Medicaid program, was [required to start reimbursing](#) for pharmacists' services by July 1, 2021, even though the policy to allow pharmacists to prescribe the pill, patch, ring, and shot was established in April 2016.

Some states [may also require pharmacists](#) to undergo specific training before being eligible to prescribe contraception. While this training may be important and readily available – and in some cases, [tailored to a specific state](#) – it nonetheless represents an additional step in the process that may be a barrier for busy pharmacists.

In addition, pharmacists who work in chain pharmacy settings (e.g., CVS, Walgreens) are subject to their employer's regulations, which may explicitly prohibit prescribing of contraception. Of the states listed in Table 1, CVS locations in California, Idaho, Washington, and Hawaii allowed pharmacists to prescribe and fill birth control (in 2019), while CVS locations in other states did not. [Kroger pharmacists could prescribe](#) in California, Colorado, Idaho, New Mexico, Oregon, Utah, and Washington. Smaller, independent pharmacies may also allow for pharmacist prescriptions of hormonal contraception, but they only make up [23% of all pharmacies in the U.S.](#) and may be more difficult to access.

It is also worth noting that there may be a lag between when a policy is passed and when it is implemented, as well as the extent to which implementation is supported. In states where policies passed more recently, pharmacists may still be getting trained or even learning about this authority. Regulatory processes may also take time; for example, New Hampshire passed its law in 2018 but the regulatory process is still underway, and we identify only 3 pharmacists prescribing contraception. However, more pharmacists may take up this practice as regulatory details are solidified. Washington state is also notable in how early its law was passed (1979) but we find relatively few prescribers of contraception, which may be due to lack of logistical and financial support that would go in tandem with the policy.

Lastly, this analysis includes data from 2019 only. Several states have passed legislation or implemented regulations in 2020 and 2021 that authorize pharmacist prescribing (AZ, AR, DC, IL, MI, MN, NV, NC, VT, VA), and those states are not represented here.

METHODOLOGY

We used full-year 2019 provider month-level counts of prescription claims for contraceptive products from IQVIA, a proprietary health information company. The IQVIA LRx dataset includes an estimated 92% of all U.S. retail prescription claims and associated provider National Provider Identifiers (NPI), provider types, and addresses. We constructed a database of prescription contraceptive service providers by specialty at the state and county levels, identifying all providers with new (vs. refill) prescriptions for the birth control pill, patch, and/or ring in 2019. We used publicly available BLS data to identify the number of retail pharmacists in each state.

REFERENCES

- Power to Decide. Pharmacist Prescribing of Hormonal Contraceptives. September 2021. <https://powertodecide.org/sites/default/files/2021-10/Pharmacist%20Prescribing.pdf>
- Eckhaus LM, Ti AJ, Curtis KM, Stewart-Lynch AL, & Whiteman MK. Patient and pharmacist perspectives on pharmacist-prescribed contraception: A systematic review. Contraception. 2021;103(2):66-74. <https://doi.org/10.1016/j.contraception.2020.10.012>
- U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics: 2019. www.bls.gov/oes/tables.htm
- CVS Pharmacy: Women's Health. 2021. www.cvs.com/content/pharmacy/womens-health
- Kroger Health. Kroger Health Pharmacists Now Prescribing Hormonal Contraceptives in Several Markets. 2019. www.krogerhealth.com/news/kroger-health-pharmacists-now-prescribing-hormonal-contraceptives-several-markets
- IQVIA. U.S. National Pharmacy Market Summary 2021: Market Insights Report. www.iqvia.com/locations/united-states/library/publications/us-national-pharmacy-market-summary-2021
- Guttmacher Institute. Pharmacist-Prescribed Contraceptives. November 2021. www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives
- Birth Control Pharmacist. <https://birthcontrolpharmacist.com/>
- California Legislature. AB-1114 Medi-Cal: Pharmacist services.(2015-2016). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB1114