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Pharmacist Prescribing of Contraception: Evidence from 13 States (2019 - 2021)



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Questions

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Background

Contraception is an essential component of healthcare and confers numerous health benefits. However, many individuals face barriers to obtaining their preferred method of contraception, and these barriers are most prevalent among women of color,¹ women with lower incomes,² and the uninsured or underinsured.³ Pharmacist prescribing of contraception is a promising strategy to improve access to contraception. Pharmacist prescribing authority is regulated at the state level. Several states have implemented policies to authorize pharmacist prescribing, either through legislation or collaborative practice agreements. However, policy change does not necessarily translate into practice change, and actual uptake of this practice varies by state. This brief examines the uptake of pharmacists' contraception prescribing in 2019 - 2021 in the states that authorized pharmacist prescription authority for contraception, using a large national claims dataset.

Table 1. Pharmacist Contraception Prescribers and Proportion of Retail Pharmacists^a Prescribing by State, 2019 - 2021

State	Policy Effective Year ^b	Pharmacists with 1+ New Contraception Prescription, No. (%)			Change, 2019 to 2021
		2019	2020	2021	
CA ^c	2014	888 (5.4%)	1692 (10.5%)	1776 (11.3%)	+888
CO ^c	2017	306 (13.4%)	302 (13.9%)	247 (10.3%)	-59
DC	2018	1 (0.2%)	6 (1.3%)	5 (1.0%)	+4
HI ^c	2017	19 (2.4%)	40 (5.9%)	42 (9.8%)	+23
ID	2019	33 (3.2%)	87 (10.2%)	92 (9.3%)	+59
MD	2019	46 (1.5%)	75 (2.3%)	70 (2.6%)	+24
MN	2020		39 (1.3%)	49 (1.7%)	---
MT	2006	5 (0.6%)	6 (0.8%)	2 (0.3%)	-3
NM	2018	73 (7.7%)	83 (8.5%)	75 (7.7%)	+2
OR ^c	2016	368 (18.4%)	326 (18.1%)	260 (13.4%)	-108
TN	2019	30 (0.7%)	53 (1.2%)	35 (0.8%)	+5
VA	2021			28 (0.8%)	---
WA ^c	1998	184 (6.0%)	273 (9.1%)	266 (7.3%)	+82
Total		1953 (5.5%)	2982 (8.0%)	2947 (7.2%)	+994

Source: IQVIA LRx, 2019 - 2021. Extracted June 15, 2022.

We excluded states with standing orders such as NH, OH, UT, and WV, as pharmacists can only dispense contraception but not prescribe contraception in these states.

^aIncludes pharmacists working in retail settings and exclude those working in hospital settings. SOC Group 29-1051 (Pharmacists); NAICS Sector 44-45 (Retail Trade).⁴

^bPolicy 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 is from Power to Decide,⁵ Birth Control Pharmacies,⁶ and authors' analysis of state-specific bill language. We consider implementation year to be the first full year of the policy.

^cThese states have a large market share of an insurer that also operates its own medical centers and pharmacies, and this insurer has a low volume of prescription claims in the IQVIA LRx dataset.⁷ The number of pharmacists prescribing contraception in these states reported here may therefore be an undercount of actual prescribing.

Research Findings

From 2019 – 2021, 13 states authorized pharmacists to prescribe contraception. In 2019, we identified 1,953 pharmacists that prescribed contraception in 2019. There were 2,982 pharmacists prescribing contraception in 2020, and 2,947 in 2021 (Table 1). Overall, pharmacists who prescribed contraception represented 5.5%, 8.0%, and 7.2% of all retail pharmacists from 2019 – 2021. In the states combined, we identified 11,269 (in 2019), 12,459 (in 2020), and 11,663 (in 2021) new contraception prescriptions by pharmacists from 2019 – 2021. Most pharmacists who prescribe contraception have a low prescription volume, with the majority writing 1 – 9 prescriptions in a calendar year (Figure 1).

Figure 1. Pharmacist Prescribers of Contraception by Volume, 2019 - 2021



Source: IQVIA LRx, 2019 – 2021. Extracted June 15, 2022.

Conclusion

While nearly 3,000 pharmacists prescribed contraception in 13 states in 2021, overall uptake was low when considering the size of the retail pharmacist workforce. We also find state-level variation in both the number and proportion of pharmacists prescribing contraception. This variation cannot be explained solely by policy implementation timing, suggesting that other factors likely play a role in how common this practice is. Finally, we see an overall increase as well as some state-level increases from 2019 to 2021. Future research should continue to examine whether this upward trend continues.

Methodology

We used 2019 – 2021 provider month-level prescription claims for contraceptive products from IQVIA, a proprietary health information company. The IQVIA LRx dataset includes an estimated 92-94% of all US retail prescription claims and associated National Provider Identifiers (NPI), provide type, and addresses. Our database consists of prescription contraceptive clinicians by specialty at the state and county-levels, and we identified all pharmacist prescribers with new prescriptions (vs. refill) for the contraceptive pill, patch, and/or ring by year. We used Bureau of Labor Statistics Occupational and Employment Wage Statistics to estimate the number of retail pharmacists by state for 2019 - 2021. See [detailed data and methods documentation](#) for more information.

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