

Birth Control ("Hormonal Contraception") Prescribing by Pharmacists Frequently Asked Questions

Pharmacists are now able to prescribe birth control ("hormonal contraception") to most healthy women. Patients should talk to their pharmacists for complete information.

1. Which hormonal contraception (birth control) can pharmacists prescribe?

After taking a careful medical history and blood pressure measurement, pharmacists can prescribe oral, transdermal (patch) or vaginal ring hormonal contraception, if appropriate.

2. Can pharmacists prescribe IUDs (Intrauterine Devices) or injectable hormones?

No. Pharmacists are not permitted to prescribe IUDs or injectable medroxyprogesterone. Patients will need to see their physician or nurse practitioner for an assessment and prescription if they are seeking these longterm contraceptive methods.

3. Can any woman get a prescription for hormonal contraception from a pharmacist?

Most healthy women can receive a prescription from a pharmacist for hormonal contraception after a medical assessment. There are certain medical conditions and situations when a pharmacist is not permitted to prescribe hormonal contraception. These conditions/situations require further evaluation by a physician or nurse practitioner for assessment and treatment, and may include but are not limited to:

- Cancer
- Liver disease, active hepatitis, tumours
- Undiagnosed vaginal bleeding
- History of, or current heart or vascular disease (DVT, PE)
- History of stroke
- Increased tendency to clot
- Diabetes with complications
- Active systemic lupus erythematosus
- Less than 6 weeks postpartum
- Uncontrolled inflammatory bowel disease
- Migraines with aura at any age

- Migraines without aura if over 35 years old
- High blood pressure
- Smoker (>15 cigarettes/day) AND over 35 years old
- Under the age of 12* (minimum age may be increased due to situational information)

Other risk factors that require further assessment by a pharmacist before prescribing include:

- Age over 40 years
- Obesity (BMI >30kg/m2)
- Smoker (any amount) under 35 years old
- Diabetes (controlled)
- Dyslipidemia
- A migraine without aura under 35 years old
- 4. How does a pharmacist choose which contraceptive drug or method to prescribe?

After consultation with the patient, the choice will be based on patient preference and previous use history.

5. How many months of hormonal contraception can a pharmacist prescribe?

Pharmacists are permitted to prescribe two months of therapy in most cases (three months for certain treatments). Refills of up to a year may be prescribed if safety and tolerability have been established.

6. Can all pharmacists prescribe hormonal contraception?

All Saskatchewan pharmacists working in community/retail pharmacies have the authority to prescribe for hormonal contraception if the patient is assessed to safely be able to use hormonal contraceptives.

7. What kind of training do pharmacists have to prescribe for hormonal contraception?

All Saskatchewan pharmacists have received training in university on all contraceptive options, side effects, risks, and benefits. All Saskatchewan pharmacists have also received training to be able to prescribe for Minor Ailments and Self Care conditions. As well, training is available for Saskatchewan pharmacists specific to hormonal contraception prescribing. It is mandatory for pharmacists to follow the Guidelines developed by medSask and approved by the Saskatchewan College of Pharmacy Professionals.

8. Do I have to pay to get a prescription from a pharmacist for hormonal contraceptives?

Pharmacies may charge for the assessment required to prescribe for hormonal contraceptives in addition to the cost of the medication. 9. Does hormonal contraception protect against sexually transmitted infections (STIs)?

No. Hormonal contraception does not protect against STIs. Regular testing for sexually transmitted infections is recommended for anyone who is sexually active. Barrier methods (e.g., condoms) are encouraged to protect against STIs.

Disclaimer: This document is an interpretation of the Guidelines posted as of March 27, 2018. Please reference the Guidelines for the most complete, current and accurate information.