

Pharmacists' Opinions Following Levonorgestrel (Plan B) Labeling Change from Prescription-Only to Over-the-Counter

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Abstract

Background: Plan B, an emergency contraceptive (EC), has been a prescription-only product in the United States since 1999. In 2006 it became the first over-the-counter (OTC) EC approved by the Food and Drug Administration. This change places the responsibility of patient education upon the community pharmacist.

Objective: To determine pharmacists' opinions about the labeling change of Plan B. Other objectives include determining pharmacists' intentions to counsel patients and anticipated changes in sales and social issues.

Methods: A link to an online survey concerning dispensing practices, attitudes toward change in status, and plans for counseling was emailed to 312 community pharmacists in the state of Alabama.

Results: Sixty-five percent of the community pharmacists disagreed with the change in status, mostly due to concerns of use in place of regular birth control, safety, and difficulty providing counseling. The majority will not stock the OTC product in the future because of the potential for product misuse. Over 20% believe not every patient should be counseled. The majority surveyed anticipated no increase in sales, an increased rate of unprotected sex and STD transmission, and a decrease in condom and oral contraceptive use.

Conclusion: Results indicate the majority of respondents do not agree with the labeling change and many do not plan on counseling every patient prior to its sale. More EC education may be desired to improve pharmacists' knowledge bases and ensure appropriate counseling. Larger national studies are still needed.

Key words: emergency contraception, levonorgestrel, Plan B, pharmacists, over-the-counter (OTC)

Introduction

Presently, 2 types of oral emergency contraception (EC) are available in the United States (US): (1) progestin-only (levonorgestrel); and (2), combination estrogen (ethinyl estradiol), plus progestin products.¹ Levonorgestrel (Plan B) EC functions primarily before fertilization by inhibiting ovulation through delaying the luteinizing hormone surge.^{1,2}

In the US, approximately one-half of all pregnancies that occur each year are unintended and more than 50% of these unintended pregnancies are terminated by elective abortion.³ When Plan B is taken within 12 hours of unprotected intercourse, levonorgestrel is 98% effective, and when taken within 72 hours it reduces the risk of pregnancy by 89%. However, efficacy substantially decreases to 50% after 120 hours (5 days) of unprotected intercourse.³⁻¹⁰ It has been estimated that the use of EC could reduce the rate of unintended pregnancy in the US by as much as 50%³ and lower abortions by 600,000 annually.¹

Plan B was initially approved for sale in the US by the Food and Drug Administration (FDA) in July 1999 as a prescription-only product.¹¹ Seven years later, in August, 2006, the FDA approved Plan B for over-the-counter (OTC) use, making it the first EC product marketed in the US with dual status. Plan B became available OTC to the US public in November, 2006, and now may be sold OTC to consumers 18 years of age or older, or with a valid prescription to younger patients.¹² The progestin EC will be stocked only behind the counter in pharmacies due to the dual status and age requirement.¹³ This new labeling change places the responsibility upon the community pharmacist to determine medical appropriateness of Plan B. The pharmacist will now be solely responsible for counseling patients about the correct use of the OTC product.

Much controversy has arisen from the labeling change of Plan B. Concerns include repercussions from the readily available product, lack of sale regulations, and practical ability to effectively counsel patients in retail settings. By making Plan B easily available as an OTC product, some users may discontinue their usual contraception, which may include barrier devices. In turn, this may increase rates of unprotected intercourse and the transmission of sexually transmitted diseases (STDs).¹⁴ Regulations during sales transactions only permit those at least 18 years of age to purchase the product; however, they do not prohibit the purchase of multiple packages at one time. Also, no regulations are in place that require the end user to be the purchaser; therefore, adults could purchase these products for minors. Additionally, some pharmacists have concerns about the practicality of appropriately and effectively counseling patients within constraints of current busy retail environments.³ Each of these potential issues may increase the likelihood of inappropriate Plan B use and therefore may decrease Plan B efficacy. Lastly, others hold objection to dispensing the prescription product and selling the OTC version of this drug based on personal values as they view Plan B to be an abortifacient.¹⁵

Objectives

Pharmacists play a crucial role in women's access and appropriate use of EC, but there are limited studies evaluating the attitudes of pharmacists regarding the new OTC status of Plan B. The primary objective of this study was to determine Alabama community pharmacists' opinions about this controversial issue of relabeling Plan B from prescription-only to OTC. Secondary objectives included determining pharmacists' personal likelihood of selling OTC Plan B, anticipated repercussions from the labeling change, anticipated change in sales of Plan B due to its new status, and how pharmacists plan to

ensure appropriate counseling of patients prior to selling OTC Plan B. Additionally, we sought to determine if pharmacists' opinions significantly differed based on their location of practice.

Methods

An Internet link to a 12-item online survey about dispensing practices, attitudes toward the recent change in status, and plans for appropriate counseling of Plan B was emailed to 312 community pharmacists practicing in the state of Alabama following Institutional Review Board approval at Auburn University. The email list was compiled by the Auburn University Harrison School of Pharmacy (HSOP) Office of Post-Graduate Education. The pharmacists listed were those who had provided an email address while attending previous HSOP continuing education programs. The initial email was sent in early 2007 from the School of Pharmacy's Associate Dean's office, which aided in ensuring confidentiality. Two follow-up, reminder emails were sent approximately one and three weeks later to improve response rates. Attached to the email was an information letter explaining the basis for the study and how to access the online survey. A biostatistician was consulted for data interpretation. Descriptive statistics were calculated using the Statistical Package for the Social Sciences (SPSS, version 15); categorical variables were analyzed using Chi-square.

Results

Of the 312 emails sent, 12 were returned due to invalid email addresses. Out of the 300 pharmacists with valid email addresses, 47 completed the survey. Criteria for the study included Alabama pharmacy licensure and employment by a community pharmacy. Upon review of the completed surveys, one was deemed ineligible because the participant was not a community pharmacist, leaving 46 surveys available for analysis. The response rate was therefore 15.3%.

Sample Characteristics

Fifty percent (n=23) of the respondents were pharmacists-in-charge (PIC). The majority (71.7%, n=33) of respondents reported employment in urban locations with the remainder (28.3%, n=13) practicing in rural areas. Rural was defined as <500 people per square mile and urban was defined as \geq 500 people per square mile based on information from the US Census Bureau. Sixty-three percent (n=29) reported working in a chain pharmacy; the remaining 32.6% (n=15) practiced in independent stores, and 2 respondents did not answer this question (see Table 1).

Table 1: Respondent Demographics

Characteristic	n (%)
<i>Pharmacist-in-charge</i>	23 (50)
<i>Pharmacy Location</i>	
Urban location	33 (71.7)
Rural location	13 (28.3)
<i>Pharmacy Type</i>	
Chain pharmacy	29 (63.0)
Independent pharmacy	15 (32.6)
Franchise pharmacy	0 (0)

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Pharmacists' Beliefs and Attitudes

Sixty-five percent (n=30) disagreed with the change of Plan B from prescription use only to OTC status (see Table 2). The most frequently reported concerns were increased Plan B use as regular birth control (80%, n=24) and safety reasons (76.7%, n=23). Other concerns included difficulty providing counseling to each patient (63.3%, n=19), increased rates of unprotected sex (56.7%, n=17), increased transmission rates of STDs (46.7%, n=14), and other responses (23.3%, n=7) such as ethical/religious reasons and increased rates of extramarital sex (see Table 2). Thirty-three percent (n=15) agreed with the change while the remainder were "not sure" (4.3%, n=2). Those who agreed were then asked to check all reasons why they agreed with the change. Choices included the following: prevents need for abortion (93.3%, n=14), decrease in unwanted pregnancies (80%, n=12), and easier access for purchase (80%, n=12). Other free text responses (33.3%, n=5) included "this change effectively creates a third class of drugs" and "this change removes pharmacists with moral objection to dispensing Plan B from the dispensing role" (see Table 2).

Table 2: Pharmacists' attitudes towards reclassification of Plan B

Response	n (%)
<i>Do you agree with the decision to change Plan B from prescription-only (Rx) to OTC?</i>	
Yes	15 (32.6%)
No	30 (65.2%)
Not sure	2 (4.3%)
<i>Why do you agree with Plan B changing from Rx to OTC status? (select all that apply) (n=15)</i>	
Prevent the need for abortion	14 (93.3%)
Decreased unwanted pregnancies	12 (80.0%)
Easier access for purchase	12 (80.0%)
Other:	5 (33.3%)
<i>Why do you disagree with Plan B changing from Rx to OTC status? (select all that apply) (n=30)</i>	
Increased use of Plan B as regular birth control	24 (80.0%)
For safety reasons, Plan B should remain prescription-only	23 (76.7%)
Difficulty in providing counsel to each patient who wishes to purchase Plan B	19 (63.3%)
Increased rates of unprotected sex	17 (56.7%)
Increased rates of STDs	14 (46.7%)
Other	7 (23.3%)

Current and Future Stocking of Plan B

Over half (58.7%, n=27) reported not stocking or selling prescription Plan B, while the remainder (41.3%, n=19) did stock and sell the prescription product. A near majority (45.5%, n=20) reported not planning on stocking or selling the OTC product in the future either. Reasons for not stocking and selling the OTC product included the following: Plan B will be misused (25%, n=5), personal/religious beliefs (15%, n=3), concern about not being able to appropriately counsel every patient (10%, n=2), and other responses (15%, n=3) such as being a closed door pharmacy, liability issues, and having no demand for the product. Those who currently or plan to stock and sell OTC Plan B reported doing so for the following reasons:

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company mandates the product's sale (44.4%, n=8), customer satisfaction (33.3%, n=6), no opinion, it's just another OTC product (27.8%, n=5), and other (16.7%, n=3) (see Table 3).

Attitudes about Counseling

Twenty-eight individuals responded to the question about the appropriate frequency of counseling patients prior to the sale of OTC Plan B. Only 78.6% (n=22) believe every patient should be counseled when purchasing OTC Plan B, 17.9% (n=5) believe only patients with questions should be counseled, and 3.6% (n=1) reported no counseling was needed because the product was available OTC. No respondents selected "only first-time purchasers of OTC Plan B" as the appropriate frequency of counseling (see Table 4). Sixteen respondents (61.5%) plan on counseling every patient who purchases Plan B, while 4 (15.4%) do not, and 6 (23.1%) are unsure. Pharmacists who plan on counseling every patient will ensure counseling occurs through the following methods: staff will not sell Plan B until the patient has been *offered* counseling on appropriate use (37.5%, n=6), staff will not sell Plan B until appropriate counseling has been *provided* (31.3%, n=5), and patients will be provided a counseling handout to read (31.3%, n=5). Thirty six percent (n=9) of respondents reported they will not document counseling encounters, while 40% (n=10) and 24% (n=6), respectively, plan on documenting or are unsure about documenting counseling encounters. Those who plan on documenting counseling will do so by asking patients to sign a log book (60%, n=6), adding a notation to patients electronic record (30%, n=3), or recording lot numbers and having the patient initial (10%, n=1) (see Table 4).

Anticipated Changes in Sales and Social Issues

Most participants (53.3%, n=24) expect no change in Plan B sales post labeling change or expect Plan B sales to increase (46.7%, n=21) (see Table 5). Anticipated social changes include: an increase in unprotected sex (58.1%, n=25); an increase in STD transmission rates (44.2%, n=19); a decrease in condom use (41.9%, n=18); a decrease in oral contraceptive use (37.2%, n=16); a decrease in the number of late-term abortions (34.8%, n=15); and an increase incidence of progesterone-induced birth defects (20.9%, n=9). Other free text responses (18.6%, n=8) included anticipated increases in ectopic pregnancies, greater use of Plan B as regular birth control, decreases in early term abortions, fewer unwanted children, and no social changes (see Table 5). There were no significant differences ($p < 0.5$) in pharmacists opinions of any of the above aspects based on working location or type of pharmacy.

Discussion

This study was conducted during January and February 2007, after the announcement in August 2006 that Plan B would be deregulated to OTC use. The purpose was to evaluate community pharmacists' opinions about the change of Plan B from prescription-only to OTC. The authors believe this is the first statewide survey of registered pharmacists to assess these issues following status change of Plan B. The results indicate the majority of surveyed pharmacists (65.2%) disagree with relabeling Plan B as an OTC product and almost half (45.5%) will not sell OTC Plan B in the future; however, many (44.4%) will stock it due to company mandates. Because Alabama is traditionally conservative, high rates of disagreement to Plan B were expected; however, religious objections only constituted approximately 15% of explanations for not selling the product. The most common concerns were an increase use of Plan B as regular birth control and safety as an OTC product. Although the majority of participants surveyed anticipate no increase in sales of Plan B, an increase in unprotected sex and STD transmission rate is expected. One-fifth of participants do not believe every patient should be counseled prior to purchasing OTC Plan B and approximately 40% do not plan on educating every patient prior to selling the product. Lack of knowledge about appropriate counseling techniques could explain the unwillingness in providing

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patient education. Indeed, 20.9% of the respondents anticipate an increase in progesterone-induced birth defects. Although many maintain that Plan B induces teratogenic events if taken after ovulation and implantation, medical literature has not supported this claim.^{1,11} In fact, exposure to levonorgestrel during pregnancy is considered unlikely to increase the risk of malformations.¹⁶ Although designated as pregnancy category X, levonorgestrel is considered contraindicated during pregnancy due to its lack of effectiveness.^{11,17} The response to this question may indicate that a substantial portion of the population may have limited knowledge about the safety of this product.

Table 3: Pharmacists' likelihood of stocking and selling OTC Plan B

Response	n (%)
<i>Do you currently stock and sell prescription Plan B? (n=46)</i>	
Yes	19 (41.3)
No	27 (58.7)
<i>In the future, do you plan on stocking and selling OTC Plan B? (n=44)</i>	
Yes	18 (40.9)
No	20 (45.5)
Not sure	6 (13.6)
<i>Why do you plan on stocking and selling OTC Plan B? (select all that apply) (n=18)</i>	
My supervising company mandates the sale of OTC Plan B.	8 (44.4)
Customer satisfaction. Many patients will want to purchase Plan B OTC.	6 (33.3)
No opinion. It is just another drug changing to OTC; therefore I will sell it as well.	5 (27.8)
Other	3 (16.7)
Although my supervising company mandates the sale of OTC Plan B, I will not personally sell the product.	1 (5.6)
Sales of OTC Plan B will likely produce great profits for the pharmacy.	0 (0.0)
<i>Why will you not personally sell the OTC product in your pharmacy? (select all that apply) (n=20)</i>	
I believe that OTC Plan B will be misused	5 (25)
Personal/religious beliefs	3 (15)
I cannot appropriately counsel each patient	2 (10)
Other	4 (20)

Table 4: Pharmacists' anticipated actions to counsel patients about OTC Plan B

Response	n (%)
<i>What do you believe is the appropriate frequency of counseling patients purchasing OTC Plan B? (n=28)</i>	
Every patient should be counseled when purchasing the product	22 (78.6)
Only patients with questions need to be counseled	5 (17.9)
Counseling is not needed as it is an OTC product	1 (3.6)
Only first-time purchasers of OTC Plan B need to be counseled	0 (0.0)
<i>Do you plan on counseling every patient purchasing OTC Plan B? (n=26)</i>	
Yes	16 (61.5)
No	4 (15.4)
Not sure	6 (23.1)
<i>If 'yes', how do you plan on ensuring every patient who purchases OTC Plan B is counseled? (select all that apply) (n=16)</i>	
Staff should not sell OTC Plan B until the patient is <i>offered</i> counseling	6 (37.5)
Staff should not sell OTC Plan B until the patient is <i>provided</i> counseling	5 (31.3)
Patients will be provided handouts (pamphlets or brochures) about Plan B	5 (31.3)
<i>For patients who purchase OTC Plan B, do you plan on documenting that counseling was provided or offered? (n=25)</i>	
Yes	10 (40)
No	9 (36)
Not sure	6 (24)
<i>If 'yes', then how do you plan on documenting that every patient who purchases OTC Plan B is counseled? (select all that apply) (n=10)</i>	
Before purchase, patients will be asked to sign a log book to document offer to counsel	6 (60%)
A notation will be added to the patient's electronic record within the pharmacy	4 (40%)
Other	1 (10)

Table 5: Pharmacists' anticipated social changes due to Plan B relabeling

Response	n (%)
<i>What change in sales do you anticipate will occur due to Plan B changing from Rx to OTC? (n=45)</i>	
No change	24 (53.3)
Increase	21 (46.7)
Decrease	0 (0.0)
<i>Do you expect any of the following to change because Plan B is now available OTC rather than Rx-only? (select all that apply) (n=43)</i>	
Increase in unprotected sex	25 (58.1)
Increase in transmission rate of STDs	19 (44.2)
Decrease use of condoms	18 (41.9)
Decrease use of oral contraceptives	16 (37.2)
Decrease in late term abortions	15 (34.8)
Increase incidence of progesterone-induced birth defects	9 (20.9)
Other	8 (18.6)

Although this is the first study of its type conducted in Alabama, others conducted prior to the labeling change have found similar results. Van Riper et al assessed pharmacists' knowledge, attitudes, and comfort level about EC who practiced in South Dakota through a survey.¹⁸ The 14-item survey was mailed to 810 registered pharmacists in the state; 501 surveys were analyzed. Only 6% of pharmacists agreed that EC should be available OTC, 84% disagreed, and 10% were uncertain. Thirty-four percent of pharmacists working in pharmacies that carried EC reported being comfortable counseling about EC, 24% were not comfortable, and 42% reporting that their comfort level depended on the situation. The author concluded that pharmacists must strengthen their knowledge about EC for women to receive accurate medical information and to be able to access all contraceptive services.¹⁸

A second US-based study sought to survey pharmacists in West Texas about their experiences, beliefs, and knowledge before and after a educational presentation about EC.¹⁹ Sixty-four pharmacists completed a survey prior to and after listening to a 40-minute presentation on the current literature about EC. None of the respondents carried any form of EC in their pharmacy or had ever filled a prescription for EC. Before the presentation, 7 of the 64 participants reported unwillingness to fill a valid prescription for EC nor would they sell it OTC. Half of the participants who would not provide EC OTC cited religious objections. Eighty-one percent of those surveyed reported that EC did not conflict with their religious views and that they would fill EC prescriptions. Twenty-one percent believe that EC is a method of abortion with 72% believing that it is not a form of abortion. The presentation did not significantly change their beliefs except in regards to an increased willingness to provide EC ($p=0.04$). This study was limited by the fact that EC (at the time of the study) was not widely available in West Texas. This could have indicated that pharmacists were generally uninformed about EC. In fact, many knowledge questions in the survey were not answered. This study, as with the South Dakota study, indicates that there is a general lack of knowledge about the safety and efficacy of EC. Although our study did not specifically investigate pharmacists' knowledge of Plan B, we anticipate that our surveyed population may experience some of these same knowledge deficits as demonstrated in South Dakota and Texas.

Three other studies were conducted in Europe where Plan B has been available via OTC since 2001. Aneblom et al conducted a study in Sweden amongst pharmacy staff and nurse-midwives which indicated that, although both groups looked favorably upon reclassification of EC to OTC, insufficient counseling is typically provided by pharmacy personnel to EC-seeking patients. Explanations for the poor quality of pharmacy counseling may be resolved through additional training about EC and sexual health.²⁰ Marston et al conducted a study in Great Britain and found that selling EC OTC did not increase its use or change its patterns of use. This study also concluded that changing status of Plan B to OTC did not lead to use of Plan B as regular birth control.¹⁴ A similar study conducted in British Columbia by Soon et al, where EC has been available by OTC since 2000, concluded that the total annual number of EC doses used by women more than doubled by the second year following the labeling change. The authors of this study attributed these results to the fact that the new status provided patients with easier access to product purchase.²¹

The present study conducted in Alabama provides additional insight into US pharmacists' attitudes towards relabeling Plan B as OTC following its deregulation in status. Our study differs from the above studies in that we sought to determine attitudes through several detail-oriented questions. This provided insight regarding pharmacists' concerns with the labeling change. We also inquired if and how pharmacists planned to counsel patients purchasing OTC Plan B. While our study also sought to assess anticipated changes, future studies in the US will need to be conducted to assess true changes in sales and increased rates of STDs, if any, that occur after Plan B has been available OTC for a length of time.

Limitations

Limitations include the small population size studied. This could have resulted from an inability to obtain an adequate email list of pharmacists registered in the state of Alabama. Additionally, the low response rate (15.3%) may be comprised by those with strong opinions for or against this controversial topic. The majority of those who completed the survey reported working in urban areas, possibly over representing these areas. In attempts to make our survey brief, general knowledge questions about Plan B were not asked.

Conclusions

Our results indicate the majority of surveyed Alabama pharmacists do not agree with the change in labeling status of Plan B to OTC. Primary reasons for concern include using Plan B in place of regular birth control and its safety as an OTC product. National studies are needed to determine pharmacists' knowledge about appropriate use and Plan B counseling practices. The new dual status of Plan B puts the community pharmacist in the role as a direct healthcare provider for patients purchasing the product. This has the potential to place pharmacists in the forefront of providing active pharmaceutical care in a community setting. These study results should encourage development of EC-focused continuing education for community pharmacists with emphasis on effective product counseling. It will be important, regardless of pharmacists' opinions, that appropriate education is provided to all patients who wish to purchase Plan B. Larger national studies are still needed to further evaluate community pharmacists' knowledge and attitudes about dispensing and selling Plan B, as well as counseling practices.

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Appendix A

Survey for Pharmacists
The FDA recently approved labeling change of Plan B.
Please answer the questions below about Plan B.

1. Do you agree with the decision to change Plan B from prescription-only (Rx) to OTC?
Yes No Not sure

If "yes" proceed to questions #1a.

If "no" proceed to questions #1b.

If "not sure" proceed to questions #2.

- 1a. Why do you agree with Plan B changing from Rx to OTC status? (select all that apply) (n=15)

- Decreased unwanted pregnancy
- Easier access for women who need to purchase Plan B
- Prevent the need for abortion
- Other: _____

- 1b. Why do you disagree with Plan B changing from Rx to OTC status? (select all that apply)

- For safety reasons, Plan B should remain as a prescription-only product
- Difficulty in providing counsel to each patient who wishes to purchase Plan B
- Increased use of Plan B as regular birth control
- Increased rates of unprotected sex
- Increased rates of STDs
- Other: _____

2. Do you currently stock and sell prescription Plan B? Yes No

3. In the future, do you plan on stocking and selling OTC Plan B? Yes No Not sure

If "yes" proceed to questions #4 - #7.

If "no" proceed to questions #8.

If "not sure" proceed to questions #8.

4. Why do you plan on stocking and selling OTC Plan B? (select all that apply)

- My supervising company mandates the sale of OTC Plan B.
- Although my supervising company mandates the sale of OTC Plan B, I will not personally sell the product.
- Sales of OTC Plan B will likely produce great profits for the pharmacy.
- Customer satisfaction. Many patients will want to purchase Plan B OTC.
- No opinion: It is just another drug changing to OTC, therefore I will sell it as well.
- Other: _____

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Counseling Patients about OTC Plan B

5. What do you believe is the appropriate frequency of counseling patients purchasing OTC Plan B?
- Every patient should be counseled when purchasing the product.
 - Only first-time purchasers of OTC Plan B need to be counseled.
 - Only patients with questions need to be counseled.
 - Counseling is not needed as it is an OTC product.

6. Do you plan on counseling each patient purchasing OTC Plan B? Yes No Not sure

6a. If "yes", then how do you plan on ensuring every patient who purchase OTC Plan B is counseled (select all that apply)?

- Staff should not sell Plan B until patient is **offered** counseling.
- Staff should not sell Plan B until patient is **provided** counseling.
- Patients will be provided handouts (pamphlets, brochures) about Plan B.

7. For patients who purchase OTC Plan B, do you plan on documenting that counseling was provided or offered? Yes No Not Sure

7a. If "yes", how will you document counseling of OTC Plan B was provided or offered (select all that apply)?

- Before purchase, patients will be asked to sign a log book to document offer to counsel.
- A notation will be added to the patient's electronic record within the pharmacy.
- Other: _____

Please continue to question #9.

8. Please check all the reasons why you plan NOT stocking and selling OTC Plan B.

- Too much shelving space required.
- Morally / ethically wrong.
- Will only continue to stock prescription-only Plan B
- Likely a high shrink (high theft) item.
- Unable to provide education for every patient.
- Not likely to be a high selling item

Other: _____

8a. Why did you indicate that you will not personally sell the product in your pharmacy?

- Personal/religious beliefs
- I cannot appropriately counsel each patient
- I believe that Plan B will be misused.
- Other: _____

Anticipated Social Changes

9. What change in sales do you anticipate will occur due to Plan B changing from Rx to OTC?

- Increase in sales
- Decrease in sales
- No change in sales

10. Do you expect any of the following to change because Plan B is now available OTC?

(select all that apply)

- Increase in unprotected sex
- Increase in transmission rate of STDs (sexually transmitted diseases)
- Increase incidence of progesterone-induced birth effects
- Decrease late-term abortions
- Decrease use of condoms
- Decrease use of oral contraceptives
- Other: _____

Please answer the following questions pertaining to your pharmacy and location.

11. Are you a PIC (Pharmacist in Charge)?

- Yes
- No

12. At which type of pharmacy do you practice:

- Chain pharmacy (ex: CVS, Walgreen's, Rite-Aid, etc.)
- Independent
- Franchise

13. Is your pharmacy located in a rural or Urban area?

- Rural (less than 500 persons per square)
- Urban (greater or equal to 500 persons per square mile)