



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Utah Department of Health
Executive Director's Office

Nate Checketts, M.P.A.
Executive Director

Heather R. Borski, M.P.H., M.C.H.E.S.
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Deputy Director

Utah Statewide Standing Order Pharmacist Dispensing of Hormonal Contraception

Purpose:

The purpose of this standing order is to help women avoid unplanned pregnancies by providing access to self-administered hormonal contraception medication. Unplanned pregnancy is common. In Utah, 1 in 5 births are from an unplanned pregnancy. Unplanned pregnancies may result from lack of contraceptive use or using contraception inconsistently or incorrectly. They have associated risks, such as poor prenatal care utilization and higher preterm birth rates, and can result in significant state expenditures.

Access to family planning services can reduce unplanned pregnancy and its associated risks and costs. As part of making self-administered hormonal contraception more readily available, this standing order strives to assure that women who wish to receive hormonal contraception from their pharmacist are appropriate candidates for the method chosen and that women receive education regarding the risks and side effects of hormonal contraceptives and information supporting successful use.

Authority:

Pursuant to Utah Code § 26-64 (the Family Planning Access Act) and R433-200, this standing order authorizes a pharmacist or pharmacy intern licensed under Utah Code § 58-17b (the Pharmacy Practice Act) to dispense self-administered hormonal contraception according to the requirements of this standing order.

A pharmacist or pharmacy intern furnishing self-administered hormonal contraception shall follow the enrollment, dispensing, educational, record maintenance, and reporting requirements specified in this standing order.

Enrollment:

Pharmacists and pharmacy interns who plan to initiate the dispensing of hormonal contraception under this standing order are required to successfully complete a training that has been approved by the Pharmacy Licensing Board/Division of Occupational and Professional Licensing. Once training is completed, pharmacists will enroll with the Utah Department of Health at <https://mihp.utah.gov/birthcontrol>. Pharmacists will be required to re-enroll with the Utah Department of Health every 2 years.



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If a pharmacist enrolled with the Utah Department of Health adds or removes a pharmacy location within the state, they must update their enrollment information.

Dispensing Guidelines:

Any woman who is age 18 or older may receive self-administered hormonal contraception under this standing order, subject to completing the self-assessment tool approved by the Utah Department of Health and the Division of Occupational and Professional Licensing.

(https://dopl.utah.gov/pharm/hormonal_contraception_questionnaire.pdf,
https://dopl.utah.gov/pharm/hormonal_contraceptive_Questionnaire_Spanish.pdf)

If the pharmacist's or pharmacy intern's evaluation of the assessment tool shows that it is unsafe to dispense a self-administered hormonal contraceptive to a patient, the pharmacist or pharmacy intern may not dispense the contraceptive and shall refer the patient to a primary care or women's health care provider.

If the assessment shows that it is safe to dispense hormonal contraception to the woman, the pharmacist or pharmacy intern is authorized to provide a self-administered hormonal contraceptive drug to the woman. A self-administered hormonal contraceptive means a self-administered hormonal contraceptive that is approved by the United States Food and Drug Administration to prevent pregnancy and includes the following methods:

- Oral hormonal contraceptive;
- Hormonal vaginal ring; and
- Hormonal contraceptive patch.

A self-administered hormonal contraceptive does *not* include any drug intended to induce an abortion (as defined by Utah Code § 76-7-301).

Initial Dispensing

The pharmacist or pharmacy intern may initially dispense a self-administered hormonal contraceptive for twelve months. Advise the patient to return at any time to discuss side effects or other problems or if she wants to change the contraceptive method. If the woman wishes to continue use of the contraceptive, an enrolled pharmacist or pharmacy intern must perform evaluations and follow-ups as described below.



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Continued Dispensing Schedule

Required Reviews for Continuing Dispensing	
	Re-evaluate for side effects and other concerns presented by patient
12 mo. after initial dispensing	Required
24 mo. after initial dispensing	Required
36 mo. after initial dispensing*	Required
48 mo. after initial dispensing*	Required
	Required every 12 months after 48 months
*With evidence that patient has consulted with a primary care or women's health care provider in the last 24 months	
<i>NOTE: When a patient changes methods of contraception, this is considered a new initial dispensing and the timetable for review starts over.</i>	

If an enrolled pharmacist or pharmacy intern determines that self-administered hormonal contraceptive is not safe or the patient does not provide evidence of consulting with a practitioner as required, the pharmacist or pharmacy intern may not continue to dispense the self-administered hormonal contraceptive to the patient.

Pharmacist documentation of the twelve-month follow up may include:

- A refill of the same method;
- A new dispensing of a different method;
- Documentation of pharmacist contact and discussion with the patient; and
- Documentation that there was no follow-up from the patient (unable to reach or no refill requested).

If an enrolled pharmacist leaves the pharmacy or is not available at the time of the patient visit, another enrolled pharmacist may conduct the follow up and document in the patient record as above. If there are no other enrolled pharmacists on site, then no dispensing may occur.

Educational Materials:

Every patient receiving a self-administered hormonal contraceptive must receive the following written information from their pharmacist or pharmacy intern at the time of initial dispensing:

- All UDOH-approved fact sheets, which include but are not limited to:



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- The importance of seeing the patient's primary care provider or women's health care provider to obtain recommended tests and screening; and
- The effectiveness and availability of long-acting reversible contraceptives as an alternative to self-administered hormonal contraceptives; and
- A copy of the record of the encounter that includes the patient's completed self-assessment tool and a description of the contraceptives dispensed, or the basis for not dispensing a contraceptive.

The pharmacist or pharmacy intern dispensing the contraceptive must also provide counseling to the patient regarding:

- Appropriate administration and storage of the self-administered hormonal contraceptive;
- Potential side effects and risks of the contraceptive;
- The need for backup contraception;
- When to seek emergency medical attention; and
- The risk of contracting a sexually transmitted infection or disease, and ways to reduce the risk of contraction.

Records:

Persons authorized by this standing order to dispense a self-administered hormonal contraceptive shall make and retain, for seven years, a record of each woman seeking such a medication, which shall contain the following information:

- The name and age of each individual seeking a contraceptive medication;
- The NDC of each contraceptive method dispensed;
- The date(s) that each contraceptive method was dispensed;
- A copy of the patient's completed self-assessment tool;
- Documentation of information and counseling provided to individuals receiving a self-administered hormonal contraceptive; and
- If it is unsafe to dispense a self-administered hormonal contraceptive, record whether the patient was referred to a primary care or women's health care provider.

Records shall be retained at the pharmacy where the patient received care.



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Reporting:

Each enrolled pharmacist and pharmacist intern shall provide the information required in the Contraceptive Standing Order Reporting Form to the Utah Department of Health. The information is to be submitted annually based on the date of enrollment, within 10 business days of the end of each enrollment year. If no dispensing has occurred in the prior year, a report is still required. Failure to report may result in disenrollment. Enrolled pharmacists will receive notification of their need to report via email.

Information to be reported annually includes:

- The date a self-administered hormonal contraceptive drug was dispensed;
- The type of contraceptive dispensed;
- The brand name of contraceptive dispensed;
- The age of the patient; and
- The ZIP code of the patient.

Immunity:

In accordance with Utah Code § 26-64-105, Michelle Hofmann, MD, Deputy Director, Utah Department of Health, is not liable for any civil damages for acts or omissions resulting from the dispensing of self-administered hormonal contraceptive under this standing order or Utah Code § 26-64.

Effective Period for this Order:

The standing order will be reviewed as new information becomes available and will be updated at least every 2 years (or sooner, as needed).

[Michelle Hofmann \(Mar 8, 2022 20:28 MST\)](#)

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Date