COLLEGE OF PHARMACISTS OF MANITOBA

Emergency Contraception Assessment Guidance

Emergency contraception (EC) can be a sensitive topic for many patients. It is critical for pharmacists to maintain a compassionate tone and ensure patient privacy in all such conversations.

While levonorgestrel 1.5 mg (i.e. Plan B) EC is a NAPRA Schedule III product, meaning it is available for patient self-selection within a pharmacy, under the Manitoba Enhanced Pharmacare Program (MEPP), a prescription is required for coverage of EC pills. Pharmacists can prescribe all Schedule III products, including EC listed on Schedule III. Section 119 of the Pharmaceutical Regulation, M.R. 185/2013 outlines that pharmacists may only prescribe following an assessment, and in accordance with applicable Practice Directions. This includes the Practice Direction: Prescribing and Practice Direction: Prescribing and Dispensing

To ensure patients are comfortable during the assessment for EC, pharmacists are strongly advised to consider the following:

Obtain the Minimum Required Health Information: Pharmacists should request only the amount of health information necessary to provide quality, safe care and ensure the appropriateness of the medication. A focused assessment can be effective and maintain patient comfort with the process. It can be helpful to acknowledge upfront that the assessment may touch on sensitive questions but that you will only ask them if they are required to ensure the patient's health, safety, and well-being.

Explain Required Sensitive Questions: Even while obtaining the minimum required health information, a patient could be caught off guard by some of the questions that may be asked during an EC assessment. At the outset of the assessment, it is helpful to share that you are screening for relevant factors that may limit the effectiveness of particular forms of EC, requiring patient referral to other EC.

It may be helpful to explain that the reason underlying specific assessment questions is to assure patient comfort, educate, and screen for any concerns. Providing the patient with background explanatory information can help them understand why certain details are important. Examples may include:

- Instead of asking for the date or time of the patient's last unprotected intercourse, it may be helpful to explain that certain forms of EC are only effective if taken in a specific timeframe since the unprotected intercourse.
- Instead of asking the patient about their weight, height, or BMI, it may be helpful to explain to the patient that certain forms of EC are less effective for individuals over a certain weight or BMI.

- Instead of asking about sexually transmitted and blood-borne infections (STBBI), it may be helpful to explain to the patient that EC is not an effective protection against STBBI.

Allowing the patient an opportunity to respond to this information can invite them to share these details in their own way. It can also help patients understand why these details about their health and experiences are important for the assessment of EC appropriateness. In certain situations, some patients may be more forthcoming in providing sexual health information. Using your professional judgement in these cases is strongly recommended. Issues are more likely to arise from ***how*** a question is asked, such as insensitive, blunt language, uncompassionate tone, and lacking explanation, rather than from the fact that a question is being asked at all.

Maintain Patient Privacy: Patient privacy is critical in all interactions; however, given the sensitivity of topics that may arise during an EC assessment, an extra level of privacy is required. It may be helpful to utilize a private patient counselling room or other separate space where the patient may feel more comfortable engaging in the assessment. However, in other cases, this may draw undue attention. Consider your surroundings and other individuals in the area. Before asking the patient questions, pharmacists should express that anything discussed during the consultation is private and confidential.

If a patient would like to access emergency contraception anonymously without a prescription, the Manitoba Government's FAQ provides the following direction:

> "Clients who prefer to access emergency contraceptive pills anonymously without a prescription continue to have the options of purchasing the medication over the counter at their own cost (no reimbursement available) or attending a community health clinic or teen clinic in their region (e.g., Women's Health Clinic, Youville, Mount Carmel Clinic) to obtain the medication at no cost."

*Note: Pharmacists have a duty to report if they become aware of a sexual offence involving a minor.

Engage in Trauma-Informed Care and Avoid Assumptions: Pharmacists must approach every patient interaction with an open-mind, free of stigma and discrimination. Therefore, it is critical to avoid assumptions regarding the patient's engagement in sexual activity. It is also important to avoid assumptions with respect to 2SLGBTQ+ and gender diverse patients (e.g. assuming pronouns and/or gender identity). Pharmacists are encouraged to review the following resources:

- CPhM Resources on Providing Care to Transgender and Gender Diverse Patients,
- 2025 Mandatory Module: Advancing Equity in Pharmacy: Supporting Gender Diversity and 2SLGBTQ+ Patients,
- American Society for Emergency Contraception Fact Sheet: Emergency Contraception for Transgender and Non-Binary Patients.

Given the nature of the product some patients may present to the pharmacy with anxiety, agitation, fear, and frustration. It is important to display compassion in every interaction, free from stigma or assumptions about the patient's situation. This involves engaging in trauma-informed care with patients.

Pharmacists may wish to review the resource on Trauma-Informed Care Through an Indigenous Lens by the Indigenous Continuing Education Centre.

Develop a Plan in Cases of Conscientious Objection and Other Access Barriers: A pharmacist or pharmacy that refuses to provide emergency contraception as a matter of conscience needs to plan and participate in a process to enable patients to access the medication. Please see the Practice Direction: Conscientious Objection, **which must be followed in all such cases**.

CPhM understands that certain drug products, including EC, may not always be routinely stocked by all pharmacies for various reasons, including drug supply issues and stock considerations. In such cases, pharmacists are expected to communicate clearly and take the appropriate steps to support patient access. In all cases, it is helpful to communicate timelines with the patient to help ensure prompt access, especially due to the time-sensitive nature of EC. Respectful and clear communication with patients and other healthcare professionals is critical to avoiding misunderstandings and fulfilling the pharmacist's duty of care to the patient.

For additional guidance on EC, pharmacists may wish to consult the MedSask Guidelines. There is a fee to access these; however, pharmacists may have access to these through pharmacy employers or professional associations.

Information on MEPP Claims Submission Procedure can be found here.

If you have any questions, please submit via email to info@cphm.ca.