



Emergency Contraception Care Guidelines

Plan B and Option 2 are listed as NAPRA Schedule 3 (III) drugs. Levonorgestrel can be sold as a Schedule 3(III) product in concentrations of 0.75mg per oral dosage unit to be taken as a single dose of 1.5mg, and is packaged and labelled for emergency contraception in package sizes containing no more than 1.5mg of levonorgestrel. While a patient may be able to self-select an emergency contraception product, the pharmacist must be available and accessible to assist the patient or designate. The following document provides information to clarify the role of the pharmacist in the provision of Emergency Contraception medication.

The following is important information when providing Emergency Contraception Care:

- Pharmacists providing the product and care must be knowledgeable about Emergency Contraception including the prevention and transmission of sexually transmitted diseases, when referral to another health professional or law enforcement agency is necessary and the issues around the use of the product by a minor;
- Patient confidentiality is required for all discussions with the patient where personal information and/or personal health information is included. Consultations between a pharmacist and an individual should be conducted in an area where confidentiality can be ensured;
- Pharmacists should request only the minimum amount of health information necessary to satisfy their professional responsibility to provide care and ensure the appropriateness of the medication. An individual has the right to remain anonymous and to decline to answer personally sensitive questions.
- A pharmacist or pharmacy that refuses to sell emergency contraception as a matter of conscience needs to plan and participate in a process to enable patients to access the medication;
- Documentation of an individual receiving Emergency Contraception is required only when the individual wishes to have a third party pay for the medication, or when the individual wants the information recorded on their patient profile. Once health information is documented about an individual, it becomes personal health information and governed by privacy legislation, which requires the minimum amount of information be collected;
- Plan B is considered an eligible benefit without a prescription by Pharmacare and Family Services Drug Program. Currently, Option 2 is not listed as a drug benefit. In order to adjudicate a claim via the Drug Programs Information Network (DPIN) for Plan B, the pharmacist would use their Prescriber Identification Number (license number with prefix "X"). The patient must also provide their Personal Health Information Number for claim adjudication. For further clarification, pharmacists may contact the DPIN Help Desk at 204-786-8000.
- Pharmacist must follow the applicable Practice Direction - Sale of NAPRA Schedule 3 Drugs.

- In March 2014, Health Canada has asked companies to add new warnings to emergency contraception product packages of advising that these pills are less effective in women weighing 165 to 176 pounds (75-80 kg), and are not effective in women over 176 pounds (80 kg). Please see the [Position Statement and Clinical Practice Guidelines from May 2, 2014 from the Society of Obstetricians and Gynaecologists of Canada](#) regarding this warning.



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2 May 2014

POSITION STATEMENT

In response to Health Canada's recommendation on the effectiveness of the levonorgestrel emergency contraceptive pill and weight, it is the SOGC's position that:

Women requesting emergency contraception should be advised that scientific evidence shows that for any weight category, insertion of a copper intrauterine device for emergency contraception is more effective than any emergency contraceptive pill. According to a 2011 study, levonorgestrel-only emergency contraception may be less effective in women with a body mass index of 25 to 29 and ineffective in women with a body mass index of 30 and over. This is the basis for the recent Health Canada recommendation to add new warnings to product packages advising that these pills are less effective in women weighing 165 to 176 pounds (75-80 kg) and are not effective in women over 176 pounds (80 kg). However, further research is needed to confirm these findings. Until further evidence is available, women with a body mass index of 30 and over who do not have access to or do not want a Copper intrauterine device for emergency contraception should not be discouraged from using levonorgestrel-only emergency contraception, since it may still provide some benefit.

[View Health Canada's notice](#)

This SOGC position statement has been endorsed by the Canadian Pharmacists Association.