

Emergency Contraceptive Pill (ECP) Collaborative Agreement Protocol

Purpose: To provide access to emergency contraception medication within the required time frame and to ensure the patient receives adequate information to successfully complete therapy.

As a licensed health care provider authorized to prescribe medications in the State of Montana, I authorize the following registered pharmacist(s), _____ to prescribe the indicated oral contraceptive pills according to the following protocol and in accordance with the laws and regulations of the State of Montana. The pharmacist(s) who participates in the protocol must have completed training covering the procedures listed below and the management of the sensitive communications often encountered in emergency contraception. All ECP services will be confidential.

Protocol/Procedure:

History/Consent

Obtain an informed consent for the provision of emergency contraceptive pills (“Informed Consent/ Treatment For Emergency Contraception”).

Obtain the following history to determine eligibility for ECPs

The date of the last normal menstrual period to rule out pregnancy;

The date and time of the patient’s last unprotected intercourse

Assessment:

Eligible for ECPS if patient’s last unprotected intercourse has been within 72 hours and her last normal menstrual period has been within 1 month.

Ineligible for ECPs if patient’s last unprotected intercourse has been more than 72 hours and/or her last normal menstrual period has been more than 1 month ago.

Potential sexual assault or abuse of a minor

Treatment/Plan

If eligible for ECPS:

Prescribe Plan B 1 tablet p.o. now and in 12 hours

Refer to family planning clinic or private physician if no normal menses in 3 weeks and for regular contraceptive care.

If ineligible for ECPs: Refer to family planning clinic or private physician

If sexual assault or abuse of a minor is suspected report or cause a report to be made to Child Protective Services

Education/ Information

Provide information concerning dosing, risks, benefits, potential side effects, effectiveness rates

Provide FDA package insert

Provide information pamphlets about contraceptive methods and sexually transmitted disease information and condoms as provided by the prescriber and as appropriate for the patient.

Other:

Each prescription authorized by the pharmacist will be documented in a patient profile as required by law. A quarterly report of ECP prescribing as agreed upon by the pharmacists and licensed health care providers will be provided to the licensed health care provider(s) authorizing this agreement.

Length of time for agreement

After the practitioner and pharmacist have signed this agreement, a copy of the signed agreement and protocol will be sent to the Montana Board of Pharmacy via US Mail. This agreement will last for 12 months from the date of signing. This agreement may be renewed prior to its expiration only by initiating a new agreement in writing. Either the practitioner or pharmacist may cancel this agreement

at any time by written notification to the other party to this agreement. Such notification shall be sent by registered United States Mail-receipt requested, to the address of the party to be notified as stated on this agreement. The agreement shall end immediately upon receipt.

All changes to or cancellation of this agreement shall be communicated to the Montana State Board of Pharmacy in writing in a prompt manner.

This agreement and the protocol authorized by this agreement constitute the entire understanding between the practitioner and the pharmacist and set forth all obligations and duties owed the parties to this agreement.

Registered Pharmacist _____ License # _____ Date _____
Authorizing prescriber: _____ License #: _____ Date _____

Donna Beall, Pharm.D.
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The University of Montana – Missoula
May 23, 2003