

HORMONAL CONTRACEPTION

BACKGROUND

Hormonal contraception is widely used for pregnancy prevention and menstrual regulation, yet access often requires a GP prescription, creating barriers related to availability, cost, and geography. [25] In 2025, over **213,000 unintended pregnancies** are projected nationally, underscoring the need for timely access to effective contraception. [26-28] Contraceptive care involves eligibility assessment, blood pressure monitoring, counselling, and review, with an estimated **1.28 million contraceptive-related appointments** annually among women of reproductive age. [29, 30]

While pharmacist resupply of oral contraception is currently available in many jurisdictions, access remains fragmented. More consistent prescribing rights would position community pharmacy as **an accessible entry point for initiation and continuation of hormonal contraception, particularly for underserved populations**. Pharmacists would conduct clinical assessments, initiate or resupply suitable options in accordance with therapeutic and clinical guidelines, provide counselling on correct use, and refer patients with contraindications or complex needs to a medical practitioner, supporting safe, collaborative care. [31]

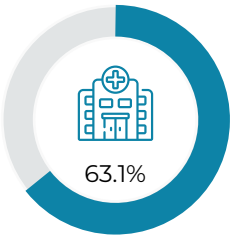
METHODS

Direct savings quantified include reduced resource utilisation costs associated with unintended pregnancies, including hospital care, procedural and related medical services, and avoided GP consultations for contraceptive prescribing, including additional GP capacity for complex care. Population estimates for women of reproductive age were sourced from ABS demographic data, [26] pregnancy rates informed by an Organon report from 2022 [27] and incidence of fertility problems sourced from Women’s Health Australia. [32] Contraceptive-related GP utilisation was derived from Services Australia MBS data [30] and published literature, [29] with GP costs applied from MBS items 23 and 36. The impact of pharmacist prescribing on avoided pregnancies, sexual activity data and future pregnancy intentions were informed by published literature. [33-35]

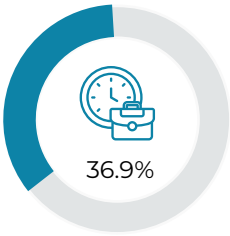
Indirect savings included travel, childcare, lost wages, and other costs associated with unintended pregnancies, [27] as well as productivity losses from avoided GP visits, valued using ABS data. [13, 14] Wellbeing benefits arising from avoided unintended pregnancies were excluded from the primary analysis, as these benefits accrue beyond the model’s one-year time horizon.

\$94,539,829

SUMMARY OF BENEFIT



DIRECT IMPACT
\$59,685,399



INDIRECT IMPACT
\$34,854,430

RESULTS

Expanding pharmacist prescribing for hormonal contraception would decrease demand on general practice by shifting initiation, resupply, and routine contraceptive reviews into community pharmacy. This reallocation of care is estimated to replace around **730,000 GP consultations** each year, delivering meaningful system savings and improved primary care capacity.

 The government savings of avoided GP appointments amount to **\$32.1 million** per year.

 The out-of-pocket savings of avoided GP appointments amount to **\$23.0 million** per year.

Enabling pharmacist prescribing for hormonal contraception would free GP time by transferring routine contraceptive initiation and resupply to community pharmacy. This redistribution of care **supports greater availability of GP appointments for patients with complex or chronic health needs**, improving overall primary care capacity.

 The value associated with increased time for complex cases amount to **\$1.1 million**.

Pharmacist prescribing of hormonal contraception reduces direct healthcare and resource utilisation costs by preventing unintended pregnancies. Improved access to timely initiation and continuation of effective contraception is estimated to avoid approximately **194 unintended pregnancies** per year, reducing associated costs related to abortions, miscarriages, stillbirths and live births. [27, 32-35] This translates into measurable direct savings to the healthcare system through avoided pregnancy-related service utilisation.

 The direct savings associated with avoided unintended pregnancies amount to **\$3.6 million** per year.

Pharmacist prescribing of hormonal contraception also reduces indirect societal costs associated with unintended pregnancies. Avoided pregnancies translate into savings associated with travel and accommodation, childcare expenses, lost wages and absenteeism, as well as adoption-related costs, government childcare subsidies, income support, and parental leave payments. [27, 32-35] These reductions represent broader economic benefits to families and the public sector beyond direct healthcare savings.

 The indirect savings associated with avoided unintended pregnancies amount to **\$5.1 million** per year.

Shifting routine hormonal contraception consultations from general practice to community pharmacy reduces the need for time taken off work to attend GP appointments. Fewer in-person consultations translate into meaningful productivity gains, generating substantial annual savings through reduced workforce absenteeism.

 The savings associated with increased productivity amount to **\$29.7 million** annually.

PBS-LISTED	Brand	Supply details	Max price to patient
	Bella, Brooke, Rosie, Yana, Yaz	3 months	\$25.00
	Logynon, Trifeme	3 months	\$25.00
	Elanor, Evelyn, Femme Tav	3 months	\$22.47
	Triquilar	3 months	\$38.56
PRIVATE	Brand	Supply details	Max price to patient
	Monofeme	4 months	\$7.99 – \$14.79
	Qlaira	3 months	\$89.99 – \$107
	Zoely	3 months	\$99.99
	Seasonique	3 months	\$75 – \$80