Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Pages 1,2Color coded in the left column to match the corresponding question of the Oregon Self-Screening Risk Assessment Questionnaire.

Pages 3,4Arranged alphabetically by disease state

Key	:	
1	No restriction (method can be used)	
2	Advantages generally outweigh theoretical or proven risks	
3	Theoretical or proven risks usually outweigh the advantages	
4	Unacceptable health risk (method not to be used)	

Updated June 2012. This summary sheet only contains a subset of the recommendations from the USMEC. For complete guidance, see: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm

> Corresponding to the order of the Oregon Self-Screening Contraception Risk Assessment Questionnaire:

Condition	Sub-condition	Combined pill, patch		only pin		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating		
a. Age		Menarche to >40=		Menarche 18-4		Yes Yes
a. Age		<u>2</u> 40=	-2	>45		Yes
	a) Age < 35	2		1		Yes
b. Smoking	b) Age ≥ 35, < 15 cigarettes/day	3		1		Yes
	c) Age ≥ 35, ≥15 cigarettes/day	4		1	Į.	Yes
c. Pregnancy	(Not Eligible for contraception)	NA*	•	N.	1 *	NA*
	a) < 21 days	4		1		Yes
1 D	b) 21 days to 42 days:					
d. Postpartum (see also Breastfeeding)	(i) with other risk factors for VTE	3*		1		Yes
(see also breastieeulig)	(ii) without other risk factors for VTE	2		1		Yes
	c) > 42 days	1		1	ļ.	Yes
e. Breastfeeding	a) < 1 month postpartum	3*		2	*	Yes
(see also Postpartum)	b) 1 month or more postpartum	2*		1	*	Yes
	a) History of gestational DM only	1		1	l l	Yes
	b) Non-vascular disease					
	b) Other abnormalities:					
f. Diabetes mellitus	(i) non-insulin dependent	2		2	2	Yes
(DM)	(ii) insulin dependent‡	2		2	2	Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*		2	2	Yes
	d) Other vascular disease or diabetes of >20	3/4	*	2	,	Yes
	years' duration‡	3/4	•	4		
	a) Non-migrainous	1*	2*	1*	1*	Yes
	b) Migraine:					
g. Headaches	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age ≥35	3*	4*	1*	2*	Yes
	iii) with aura, any age	4*	4*	2*	3*	Yes
	a) Adequately controlled hypertension	3*		1	*	Yes
	b) Elevated blood pressure levels (properly					
h. Hypertension	taken measurements):					
in ily per tenoren	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4		2		Yes
	c) Vascular disease	4		2		Yes
i. History of high						Yes
blood pressure		2		1	L	
during pregnancy						
j. Hyperlipidemias		2/3	*	2*		Yes
	a) Normal or mildly impaired cardiac					
	function:					
k. Peripartum	(i) < 6 months	4		1		Yes Yes
cardiomyopathy‡	(ii) ≥ 6 months	3		1		Yes
	b) Moderately or severely impaired cardiac	4		2		ies
1 Multiple piels	function (such as older age smoking diabetes and					Yes
l. Multiple risk	(such as older age, smoking, diabetes and hypertension)					163
factors for arterial cardiovascular	ny per tension j	3/4*		2	*	
disease	Commont and history of					Yes
m. Ischemic heart	Current and history of	4		2 3		res
disease‡	a) Un complicate d					Yes
n. Valvular heart	a) Uncomplicated	2		1		Yes
disease	b) Complicated‡	4		1		Yes
o. Stroke‡	History of cerebrovascular accident	4		2	3	
p. Thrombogenic						Yes
		4*		2	*	

I = initiation of contraceptive method; C = continuation of contraceptive method; NA = Not applicable
* Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm

[‡] Condition that exposes a woman to increased risk as a result of unintended pregnancy.

Condition	Sub-condition	Combined pi		Progestin- only pill	Other Contraception Options Indicated for Patient
	a) History of DVT/PE, not on anticoagulant	Initiating	Continuing	Initiating Continuing	<u>g</u>
	therapy				Voc
	i) higher risk for recurrent DVT/PE ii) lower risk for recurrent DVT/PE	4 3		2 2	Yes Yes
	b) Acute DVT/PE	4		2	Yes
q. Deep venous	c) DVT/PE and established on anticoagulant				
thrombosis (DVT) &	therapy for at least 3 months	.*		2	Yes
Pulmonary embolism	i) higher risk for recurrent DVT/PE ii) lower risk for recurrent DVT/PE	4* 3*		2 2	Yes
(PE)	d) Family history (first-degree relatives)	2		1	Yes
	e) Major surgery				
	(i) with prolonged immobilization	4		2	Yes
	(ii) without prolonged immobilization	2		1	Yes Yes
r History of bariatric	f) Minor surgery without immobilization a) Restrictive procedures	1 1		1	Yes
surgerv‡	b) Malabsorptive procedures	COCs: 3		3	Yes
5-71	a) Undiagnosed mass	2*		2*	Yes
	b) Benign breast disease	1		1	Yes
s. Breast disease	c) Family history of cancer	1		1	Yes
& Breast Cancer	d) Breast cancer:‡				Yes
2. Cast Guileer	i) current ii) past and no evidence of current disease	4		4	Yes
	for 5 years	3		3	
t. Viral hepatitis	a) Acute or flare	3/4*	2	1	Yes
	b) Carrier/Chronic	1	1	1	Yes
u. Cirrhosis	a) Mild (compensated) b) Severe‡ (decompensated)	1		<u>1</u> 3	Yes
	a) Benign:	·		J	
v. Liver tumors	i) Focal nodular hyperplasia	2		2	Yes
	ii) Hepatocellular adenoma‡ b) Malignant‡	4		3	Yes Yes
	a) Symptomatic:	4		,	103
Callbladdau	(i) treated by cholecystectomy	2		2	Yes
w. Gallbladder disease	(ii) medically treated	3		2	Yes
	(iii) current	3		2	Yes Yes
x. History of	b) Asymptomatic a) Pregnancy-related	2		2	Yes
Cholestasis	b) Past COC-related	3		2	Yes
	a) Positive (or unknown) antiphospholipid	4		3	Yes
y. Systemic lupus	antibodies b) Severe thrombocytopenia	_			Yes
erythematosus‡	c) Immunosuppressive treatment	2		2 2	Yes
	d) None of the above	2		2	Yes
z. Rheumatoid	a) On immunosuppressive therapy	2		1	Yes
arthritis aa. Blood Conditions	b) Not on immunosuppressive therapy	2		1	Yes Yes
aa. Blood Conditions &	a) Thalassemia b) Sickle Cell Disease‡	2		1	Yes
Anemias	c) Iron-deficiency anemia	1		1	Yes
bb. Epilepsy‡	(see also Drug Interactions)	1*		1*	Yes
cc. Tuberculosis‡	a) Non-pelvic	1*		1*	Yes Yes
(see also Drug Interactions)	b) Pelvic High risk	1*		1* 1	Yes
	HIV infected				Yes
dd. HIV	(see also Drug Interactions)‡	1*		1*	
	AIDS (see also Drug Interactions) ‡	1*		1*	Yes
	Clinically well on therapy		If on treatment, see	Orug Interactions.	
	a) Nucleoside reverse transcriptase inhibitors	1*		1	Yes
ee. Antiretroviral	b) Non-nucleoside reverse transcriptase	2*		2*	Yes
therapy	inhibitors c) Ritonavir-boosted protease inhibitors	3*		3*	Yes
	a) Certain anticonvulsants				Yes
ff. Anticonvulsant	(phenytoin, carbamazepine, barbiturates,	3*		3*	
therapy	primidone, topiramate, oxcarbazepine)				V
	b) Lamotrigine	3*		1	Yes
	j		the state of the s		VAC
gg Antimicrobial	a) Broad spectrum antibiotics	1		1	Yes Yes
gg. Antimicrobial therapy	j	1 1 1		1 1 1	

Condition	Sub-condition	Combined pill, patch		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Anemais	a) Thalassemia	1		1	l	Yes
	b) Sickle cell disease‡	2		1		Yes
	c) Iron-deficiency anemia	1		1		
Benign ovarian tumors	(including cysts)	1		1		Yes
	a) Undiagnosed mass	2*		2		Yes
	b) Benign breast disease	1		1		Yes
Breast disease/ Breast	c) Family history of cancer	1		1		Yes
Cancer	d) Breast cancer‡					
	i) current	4		4	1	Yes
	ii) past and no evidence of current disease for 5 years	3		3		Yes
Breastfeeding	a) < 1 month postpartum	3*		2		Yes
(see also Postpartum)	b) 1 month or more postpartum	2*	•	1	*	Yes
Cervical cancer	Awaiting treatment	2				Yes
Cervical cancer	Awaiting treatment	2				Yes
Cervical intraepithelial				1		Yes
neoplasia		2		1	L	res
-	a) Mild (compensated)	1		1		Yes
Cirrhosis	b) Severe‡ (decompensated)	4				Yes
	a) History of DVT/PE, not on anticoagulant therapy	4				103
	i) higher risk for recurrent DVT/PE	4			2	Yes
	ii) lower risk for recurrent DVT/PE	3			2	Yes
	b) Acute DVT/PE	<u> </u>			2	Yes
	c) DVT/PE and established on anticoagulant therapy for at	4		4		103
Deep venous thrombosis	least 3 months					
(DVT) / &	i) higher risk for recurrent DVT/PE	4*			2	Yes
x Pulmonary	ii) lower risk for recurrent DVT/PE	3*			2	Yes
embolism (PE)	d) Family history (first-degree relatives)	2				Yes
. ,	e) Major surgery					
	(i) with prolonged immobilization	4		2)	Yes
	(ii) with prolonged immobilization	2		1		Yes
	f) Minor surgery without immobilization	1				Yes
Depressive disorders	i) Miliof Surgery Without Illimobilization	1*		1 1*		Yes
•	a) History of gestational DM only	1		1		Yes
Diabetes mellitus (DM)	b) Non-vascular disease	1				103
	(i) non-insulin dependent	2		5	2	Yes
	(ii) insulin dependent‡	2		2		Yes
Diabetes mellitus (cont.)	c) Nephropathy/ retinopathy/ neuropathy‡	3/4		2		Yes
	d) Other vascular disease or diabetes of >20 years'	3/4			2	Yes
	duration‡	3/5	•	4	•	105
Endometrial cancer‡		1		1		Yes
Endometrial hyperplasia		1		1		Yes
Endometriosis		1		1 1*		Yes
Epilepsy‡	(see also Drug Interactions)	1*				Yes
	a) Symptomatic					
	(i) treated by cholecystectomy	2		2	2	Yes
Gallbladder disease	(ii) medically treated	3		2	2	Yes
	(iii) current	3		2	2	Yes
	b) Asymptomatic	2		2	2	Yes
Gestational trophoblastic	a) Decreasing or undetectable ß-hCG levels	1		1		Yes
disease	b) Persistently elevated ß-hCG levels or malignant disease‡	1		1		Yes
	a) Non-migrainous	1*	2*	1*	1*	Yes
	b) Migraine					
Headaches	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age ≥35	3*	4*	1*	2*	Yes
	iii) with aura, any age	4*	4*	2*	3*	Yes
	a) Restrictive procedures	1			l	Yes
History of bariatric	b) Malabsorptive procedures	COC		3		Yes
surgery‡		P/R				
	a) Pregnancy-related	2		1		Yes
History of cholestasis	b) Past COC-related	3		2		Yes
History of high	2, 1 22 000 routed	2			<u> </u>	Yes
blood pressure						103
during pregnancy						
History of pelvic surgery		1		1	 [Yes
	High risk	1			<u> </u>	Yes
	HIV infected	1*		1		Yes
HIV	(see also Drug Interactions)‡	1		1		
1117	AIDS	1*	•	1	*	Yes
	(see also Drug Interactions) ‡					
	Clinically well on therapy			tment, see Drug Interactions.		
Hyperlipidemias	247	2/3		2		Yes
	a) Adequately controlled hypertension	3*		1	•	Yes
	b) Elevated blood pressure levels					***
Hypertension	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4			2	Yes
	c) Vascular disease	4			2	Yes
nflammatory bowel	(Ulcerative colitis, Crohn's disease)	2/3	3*	2	2	Yes
lisease	Cumont and history of					V-
	Current and history of	4		2	3	Yes
schemic heart disease‡	a) Benign	•				

Oregon Board of Pharmacy- 2015

Delating	Condition	Sub-condition	Combined pill, patch		Progestin-only pill		Other Contraception Options Indicated for Patient
Description of the property			Initiating	Continuing	Initiating	Continuing	
Mathematical Control (Fig. 1997) Mathematical Programming Control (Mathematical Programming Control (Mat						3	
Mothgreen for factors for content factors and pypertension 1,00 27 1 1 1 1 1 1 1 1 1	Malaria	b) Malignant‡				ქ 1	
Openity	Multiple risk factors for arterial cardiovascular	(such as older age, smoking, diabetes and hypertension)					
Description		a) ≥30 kg/m² body mass index (BMI)		2	:	1	Yes
Particology pregnance	· ·	b) Menarche to < 18 years and ≥ 30 kg/m² BMI					
Party Department	Ovarian cancer‡	-) MII:					
Passet components	Parity						
Post inflammatory	Past ectopic pregnancy	b) i arous					
District or observation District or obse							
O Service of controls 1							
Perpartum	uisease						
Postportum		*		1		1	165
Disconstruction	Peripartum			4		1	Yes
Pestabortion District immetree 1º 1º 1º 1º 1º 1º 1º	cardiomyopathy‡			3			
Disconditional Disconditional processes Disconditional Disconditional processes Discondition				*			
Commendate prost-septic alertonic 1	Postabortion	*					
Postpartrum (in Free State							
Postpartum (in threatfeeding or one-breakfeeding or one-breakfee				4		1	Yes
(Goe also Breastfeeding)	Postpartum			o.i.			V
Separatum (in		17		9			
Fostpartum (in breastfeeding women, breastfeeding or one-breastfeeding women, including post-resident on the street of the property of the placenta to < 4 weeks				L			
breastFeeding women, including post-version of the foliable of the programs section of the control of the programs of the pro	Postpartum (in			*		•	
Including post-cearcan		b) 10 minutes after delivery of the placenta to < 4 weeks					
Pregnancy							
Rheumatoid arthritis		d) Puerperal sepsis					
Schistosomiasis	Pregnancy						
Schistosomiasis	Rheumatoid arthritis						
Schistosomiasis Severe dysmenorrhea							
Sexually transmitted	Schistosomiasis	b) Fibrosis of the liver‡		1		1	Yes
Sexually transmitted Diet Tits (excluding HIV and hepatitis) 1	Severe dysmenorrhea						
Description				1		1	Yes
vaginosis	Sexually transmitted			1		1	Yes
d) Increased risk of STIs 1 1 Yes 2 3) Age 35 5 30 30 30 1 Yes 5 30 30 30 30 30 30 30	infections (STIs)			1	:	1	Yes
Smoking				1		1	Ves
Smoking							
Solid organ transplantation	Smoking	b) Age ≥ 35, < 15 cigarettes/day		3		1	Yes
transplantation b) Uncomplicated 2° 2 Yes				4			
Stroke History of cerebrovascular accident 1		7 1		4			
Superficial						3	
penous thrombosis b) Superficial thrombophlebitis a) Positive (or unknown) antiphospholipid antibodies s) Systemic lupus erythematosus‡ c) Immonsuppressive treatment 2 2 2 2 Yes color of the above 2 2 Yes color of the above 3 Yes color of the above 4 2 Yes color of the above 4 Yes color of the above 4 Yes color of the above 4 Yes color of the above 5 Yes color of the above 5 Yes color of the above 6 Yes color of the above 7 Yes color of the above 7 Yes color of the above 8 Yes color of the above 9 Yes color of the above 1 1 Yes Color of the above 1 1 Yes Color of the above 9 Yes Color o	•	-		1		1	
Display		b) Superficial thrombophlebitis		2			Yes
C Immunosuppressive treatment 2 2 2 Yes		, , , , , ,					
d) None of the above 2 2 Yes							
Thrombogenic mutations	c. y arcmatosus+	* **			1		
Thyroid disorders Simple goiter/ hyperthyroid/hypothyroid. Tuberculosis‡ (see Drug Interactions) Unexplained vaginal bleeding Uterine fibroids Valvular heart disease Vaginal bleeding patterns Viral hepatitis Antiretroviral therapy Antimicrobial therapy Antimicrobial therapy Antimicrobial therapy Antimicrobial therapy Simple goiter/ hyperthyroid/hypothyroid. 1	Thrombogenic mutations‡	,					
See Drug Interactions Unexplained vaginal bleeding Delvic 1* 1* Yes	Thyroid disorders			1		1	Yes
Unexplained vaginal bleeding (suspicious for serious condition) before evaluation 2* 2* Yes Uterine fibroids Valvular heart disease a) Uncomplicated 2 1 1 Yes a) Irregular pattern without heavy bleeding a) Irregular pattern without heavy bleeding 1 2 Yes a) Irregular pattern without heavy bleeding 1 2 Yes Yes b) Heavy or prolonged bleeding 3 1 Yes Yes a) Acute or flare b) Carrier/Chronic 1 1 1 1 Yes a) Nucleoside reverse transcriptase inhibitors 2* Yes Yes b) Non-nucleoside reverse transcriptase inhibitors 2* Yes Yes c) Ritonavir-boosted protease inhibitors 2* 2* Yes Yes a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine 3* 1 Yes Antimicrobial therapy Antimicrobial therapy Antimicrobial therapy Antimicrobial therapy By Pelvic 1* 1* 1* 1* Yes 1		a) Non-pelvic		1*	1	*	Yes
Suspicious for serious condition Defore evaluation Defore ev	Unexplained vaginal	b) Pelvic		1*	1	*	Yes
Valvular heart disease a) Uncomplicated 2		(suspicious for serious condition) before evaluation					
Vaginal bleeding patterns b) Complicated‡ a) Irregular pattern without heavy bleeding b) Heavy or prolonged bleeding b) Heavy or prolonged bleeding c) Acute or flare b) Carrier/Chronic c) Antiretroviral therapy Antiretroviral therapy Anticonvulsant therapy Antimicrobial therapy Antimicrobial therapy b) Complicated‡ a) Irregular pattern without heavy bleeding c) Heavy or prolonged bleeding c) Heavy or Pres c) Heavy or P		a) Uncomplicated					
Viral hepatitis a) Irregular pattern without heavy bleeding b) Heavy or prolonged bleeding a) Acute or flare b) Carrier/Chronic a) Nucleoside reverse transcriptase inhibitors b) Non-nucleoside reverse transcriptase inhibitors c) Ritonavir-boosted protease inhibitors b) Non-nucleoside reverse transcriptase inhibitors c) Ritonavir-boosted protease inhibitors a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine a) Broad spectrum antibiotics b) Antifungals c) Antiparasitics a) Irregular pattern without heavy bleeding 1							
Viral hepatitis	vaginai bieeding patterns	a) Irregular pattern without heavy bleeding					Yes
b) Carrier/Chronic 1 1 1 1 1 Yes Antiretroviral therapy Antiretroviral therapy Anticonvulsant therapy Antimicrobial therapy Antimicrobial therapy b) Carrier/Chronic 1 1 1 1 1 Yes 1 Yes 1 Yes 2* 2* Yes 2* Yes 3* 3* Yes 3* 3* Yes 4 Ses 3 Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine 3* 1 Yes 3 Broad spectrum antibiotics 1 1 Yes 4 Antimicrobial therapy Antimicrobial the	Vinal hangtiti-	, , , , ,					
Antiretroviral therapy a) Nucleoside reverse transcriptase inhibitors b) Non-nucleoside reverse transcriptase inhibitors c) Ritonavir-boosted protease inhibitors 2* 2* 4 Yes c) Ritonavir-boosted protease inhibitors 3* 3* 3* 4 Yes c) Ritonavir-boosted protease inhibitors 3* 3* 4 Yes c) Ritonavir-boosted protease inhibitors 3* 5 Yes c) Ritonavir-boosted protease inhibitors 3* 5 Yes c) Ritonavir-boosted protease inhibitors 3* 6 Yes c) Ritonavir-boosted protease inhibitors 3* 7 Yes c) Ritonavir-boosted protease inhibitors 3* 8	virai nepatitis						
Antiretroviral therapy b) Non-nucleoside reverse transcriptase inhibitors c) Ritonavir-boosted protease inhibitors 3* 3* 3* 4 Yes a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine a) Broad spectrum antibiotics b) Antimicrobial therapy Antimicrobial therapy a) Broad spectrum antibiotics b) Antifungals c) Antiparasitics b) Antiparasitics c) Antiparasitics b) Non-nucleoside reverse transcriptase inhibitors 3* 3* 3* 3* 3* 4* Yes Yes Yes Yes 1 Yes				•			
Anticonvulsant therapy a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine a) Broad spectrum antibiotics b) Antimicrobial therapy b) Antifungals c) Antiparasitics 1 1 Yes 1 Yes 1 Yes	Antiretroviral therapy						
Anticonvulsant therapy (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine 3* 1 Yes a) Broad spectrum antibiotics 1 1 Yes b) Antifungals 1 1 Yes c) Antiparasitics 1 1 Yes							
b) Lamotrigine 3* 1 Yes	Anticonvulsant therapy	(phenytoin, carbamazepine, barbiturates, primidone,		3*	3	}*	Yes
Antimicrobial therapy b hotifungals 1 1 Yes		b) Lamotrigine		3*		1	
Antimicrobial therapy c) Antiparasitics 1 Yes							
	Antimicrobial therapy	,					
d) Rifampicin or rifabutin therapy 3* 3* Yes							Yes Yes