#### PREVENTIVE CARE

### **CONTRACEPTION – Oral, Transdermal Patch, Vaginal Ring and Injectable**

### STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

#### **AUTHORITY and PURPOSE:**

- Per ORS 689.689, a pharmacist may prescribe and administer injectable hormonal contraceptives and prescribe and dispense self-administered hormonal contraceptives.
- Per ORS 689.645, a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
- Following all elements outlined in <u>OAR 855-115-0330</u> and <u>OAR 855-115-0335</u>, a pharmacist licensed and located in Oregon may prescribe oral, vaginal ring, transdermal patch or injectable hormonal contraceptives for the prevention of pregnancy.

#### STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized Contraception Patient Intake Form (pg. 2-3)
- Utilize the standardized Contraception Assessment and Treatment Care Pathway Form (pg. 4-8)
- Utilize the standardized Contraception Prescription Template optional (pg. 9)
- Utilize the standardized Contraception Provider Notification Form (pg. 10)
- Utilize the standardized Contraception Patient Visit Summary Form (pg. 11)

### PHARMACIST TRAINING/EDUCATION:

 Completed a Board-approved and Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to the prescribing of contraceptives by a pharmacist.

### **REFERENCES:**

- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2016). US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016. Retrieved from <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf</a>
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2020). Summary Chart of US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2020. Retrieved from <a href="https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-">https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-</a>
  - eligibility-criteria 508tagged.pdf
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2016). US Selected Practice Recommendations (US SPR) for Contraceptive Use, 2016. Retrieved from <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf</a>

### **RESOURCES:**

- CDC US MEC & US SPR App
- National Family Planning and Reproductive Health Association. (2020). Self-Administration of Injectable Contraception Retrieved from <a href="https://www.nationalfamilyplanning.org/file/documents---service-delivery-tools/NFPRHA----Depo-SQ-Resource-guide---FINAL-FOR-DISTRIBUTION.pdf">https://www.nationalfamilyplanning.org/file/documents---service-delivery-tools/NFPRHA----Depo-SQ-Resource-guide---FINAL-FOR-DISTRIBUTION.pdf</a>

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- Following all elements outlined in <u>OAR 855-020-0110</u>, a pharmacist licensed and located in Oregon may prescribe oral, vaginal ring, transdermal patch or injectable hormonal contraceptives for the prevention of pregnancy.

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- Utilize the standardized Contraception Assessment and Treatment Care Pathway Form (pg. 4-8)
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- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2020). Summary Chart of US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2020. Retrieved from https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical
  - eligibility-criteria 508tagged.pdf
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2016). US Selected Practice Recommendations (US SPR) for Contraceptive Use, 2016. Retrieved from <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf</a>

### **RESOURCES:**

- CDC US MEC & US SPR App
- National Family Planning and Reproductive Health Association. (2020). Self-Administration of Injectable Contraception Retrieved from <a href="https://www.nationalfamilyplanning.org/file/documents---service-delivery-tools/NFPRHA----">https://www.nationalfamilyplanning.org/file/documents---service-delivery-tools/NFPRHA----</a>

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Depo-SQ-Resource-guide---FINAL-FOR-DISTRIBUTION.pdf

### **Contraception Self-Screening Patient Intake Form**

(CONFIDENTIAL-Protected Health Information)

Date _	/	Date of Birth/		
•	Name	Name		
	ssigned at Birth (circle) M / F	Gender Identification (circle) M /	' F / Other	
	uns (circle) She/Her/Hers, He/Him/His, They/Them/Their,	, Ze/Hir/Hirs, Other		
	Address			
Phone	Email	Address		
		e ( ) Fax ( )		
•		ance Provider Name		
-		, please list		
•		, please list		
	round Information:	h a .a.h. a a .:	- V N	
1.	Have you previously had a contraceptive prescribed to yo		□ Yes □ No	
2	If yes, when was the last time a pharmacist prescribed a d			
2.	What was the date of your last reproductive or sexual he pharmacist?	aith chinical visit with a non-	/	
Contra	aception History:			
3.	Have you ever been told by a healthcare professional not	to take hormones?	□ Yes □ No	
	-If yes, what was the reason?			
4.	Have you ever taken birth control pills, or used a birth co	, , , ,	□ Yes □ No	
5.	Did you ever experience a bad reaction to using hormona - If yes, what kind of reaction occurred?	al birth control?	□ Yes □ No	
6.	Are you currently using any method of birth control including pills, patch, ring or shot/injection?			
7.	- If yes, which one do you use?			
Dragna	ncy Screen:			
8.	Did you have a baby less than 6 months ago, are you full	y or nearly-fully breast feeding AND	□ Yes □ No	
<b>O</b> .	have you had no menstrual period since the delivery?	y of fically fally breast recalling, rive	103 110	
9.	Have you had a baby in the last 4 weeks?		□ Yes □ No	
10.	Did you have a miscarriage or abortion in the last 7 days	?	□ Yes □ No	
11.	Did your last menstrual period start within the past 7 day		□ Yes □ No	
12.	Have you abstained from sexual intercourse since your la		□ Yes □ No	
13.	Have you been using a reliable contraceptive method co		□ Yes □ No	
	<u> </u>	,		
	cal Health & History:		1 1	
14.	What was the first day of your last menstrual period?	arrias vau?		
15.	Have you given high within the part 21 days? If you have		□ Yes □ No	
16. 17.	Have you given birth within the past 21 days? If yes, how	iong ago:	□ Yes □ No	
18.				
	Do you have dishetes?		□ Yes □ No	
19. 20.	Do you have diabetes?  Do you get migraine headaches?		□ Yes □ No	
20.	If yes, have you ever had the kind of headaches that start	t with warning signs or symptoms	□ Yes □ No	
	such as flashes of light, blind spots, or tingling in your har			
	completely away before the headache starts?	id of face that comes and goes	□ IV/A	
21.	Are you being treated for inflammatory bowel disease?		□ Yes □ No	
22/	Do you have high blood pressure, hypertension, or high of	cholesterol? (Please indicate ves even	□ Yes □ No	
	if it is controlled by medication)	molesteror: Tricase mulcate yes, even	□ 163 □ INO	
23.	Have you ever had a heart attack or stroke, or been told	you had any heart disease?	□ Yes □ No	

### **Contraception Self-Screening Patient Intake Form**

(CONFIDENTIAL-Protected Health Information)

		□ Yes □ No			
24.	,				
25.	, , , , , , , , , , , , , , , , , , , ,				
	clot?				
26.	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?	□ Yes □ No			
27	Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.)	□ Yes □ No			
28.	Have you had bariatric surgery or stomach reduction surgery?	□ Yes □ No			
29.	Do you have or have you ever had breast cancer?	□ Yes □ No			
30.	Have you had an organ transplant?	□ Yes □ No			
31.	Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease,	□ Yes □ No			
01.	or do you have jaundice (yellow skin or eyes)?	1 103 2 110			
32.	Do you have lupus, rheumatoid arthritis, or any blood disorders?	□ Yes □ No			
33.	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human	□ Yes □ No			
33.	immunodeficiency virus (HIV)?				
	- If yes, list them here:				
34.	Do you have any other medical problems or take any medications, including herbs or	□ Yes □ No			
34.	supplements?				
	- If yes, list them here:				
	- II yes, list them here				
	·				
Patier	nt SignatureDate_				
To Be (	Completed by a Pharmacist:				
1 DI-	and Draces we Deading / we well to				
T. BIC	ood Pressure Reading/ mmHg				
2a Ifo	contraception was prescribed/dispensed, please complete the following:				
ווט	Ug:				
	Directions:				
	Quantity:				
	Refills:				
He	althcare Provider (if known) contacted/notified of therapy  Date/	-			
2b. If c	ontraception was administered, please complete the following:				
Dri	ug:				
	Directions:				
	Quantity:				
Dro	oduct/Lot: Expiration://				
Inj	ection Sites:				
	□ Depo-Provera CI - IM □ R deltoid or □ L deltoid				
☐ Depo-SubQ Provera- SQ in ☐ R anterior thigh or ☐ L anterior thigh or ☐ abdomen					
ΔА	Administration Time::AM/PM				
	althcare Provider (if known) contacted/notified of therapy  Date/	-			
If conti	raception was not prescribed/dispensed/administered, please indicate reason(s) for referral:				
טטוי כ.	Dollar.				
KrH 318	gnature Date				

Algorithm A: Oral, Vaginal and Transdermal Contraception with Combined Hormonal Contraceptives (CHC) and Progestin Only Pills (POP). RPH must utilize Summary <u>US MEC</u> (v. 2020) & Full <u>US MEC</u> (v. 2016) to make determinations below. In Full US MEC, Appendix D contains classifications for CHCs and Appendix C contains classifications for POPs.

	, •	uestions #1-2. Each patient must complete a new Patient Intake	
1	Form a minimum of every twelve months.		
	-Never prescribed contraception by RPH -or-	-Never prescribed contraception by RPH -or-	
	-Previously prescribed contraception by RPH <b>-and-</b> had clinical visit with a healthcare provider, other than a	-Previously prescribed contraception by RPH <b>-and-</b> has not had clinical visit with a healthcare provider, other	
	pharmacist, for reproductive or sexual health in past 3	than a pharmacist, for reproductive or sexual health in past	
	years	3 years	
Ē	No Exclusion Criteria	Any Exclusion Criteria	Refer
Ē	2) Pregnancy Screen- Review Patient Intake Form #8-13		r ef
	- If YES to AT LEAST ONE <u>and</u> is free of pregnancy	- If NO to ALL of these questions, pregnancy can NOT be	<u> </u>
	symptoms	ruled out	l —
L	+	<b>1</b>	╏╸
L	Patient is not pregnant	Patient is possibly pregnant	Refer <b>→</b>
		Form #14-34 (and med list in pharmacy record). Evaluate medical	
	interactions with contraceptives.	utilizing the US MEC and any current references for drug-drug	
	- If ALL boxes are labeled 1 or 2 (green) on the US MEC for	-If ANY boxes are labeled 3 or 4 (pink/red) on the US MEC	
	the type of contraception that RPH plans to prescribe (e.g.,	or a significant drug-drug or drug-disease interaction exists	
	CHC, POP)	for the type of contraception that RPH plans to prescribe	l
	, ,	(e.g., CHC, POP)	Ⅱ _
Ī	No Contraindicated Condition(s) or Medication(s)	Any Contraindicated Condition(s) or Medication(s)	Refer
Ē	4) Blood Pressure Screen:		1   -
	•	ent the pharmacist's measurement of the patient's current blood	
	pressure. Note: RPH may choose to take a second reading if		PO
Ē	. CHC + BP < 140/90 -or-	CHC + BP ≥ 140/90	.   O
	POP + Any BP	CHC I BI 2 140/30	
Ē	5) Evaluate patient contraception history, preference, and	current therapy for selection of treatment.	POP or DMPA
Ē	Not currently on birth control	Currently on birth control	'
F	6a) Choose Contraception	6b) Choose Contraception	İ
	• <i>Initiate</i> contraception based on patient preferences,	Continue current form of pills, ring or patch, if no	
	adherence, and history for new therapy	change is necessary -or-	
	duner ender, and motory for new energy	• Alter therapy based on patient concerns, such as side	
		effects patient may be experiencing; or refer, if	
		appropriate	
Ī	• Prescribe and dispense up to 12 months of desired cont	traception product. This must be done as soon as practicable	
	after the pharmacist issues the prescription and must in		
		rse for 3 months for the first dispensing and 12 months for subsequent	4
		I .	
	dispensing of the same contraceptive.	<del> </del>	] ] ]
	7) Provide Counseling	actions (Dations Intoles Cours #15). Defended for further analysis a	<u> </u> 
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries</li> </ul>	patient (Patient Intake Form #15) – Refer for further evaluation	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries provided the state of the state o</li></ul>	luation	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries and the second pressure - Refer for further evaluations.</li> <li>Discuss the management and expectations of side effects.</li> </ul>	luation ts (bleeding irregularities, etc.)	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries and Address any high blood pressure - Refer for further eva</li> <li>Discuss the management and expectations of side effect</li> <li>Discuss initiation strategy for initial treatment/change in</li> </ul>	luation ts (bleeding irregularities, etc.) n treatment (as applicable). For quick start - instruct patient they	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries in Address any high blood pressure - Refer for further evaluations of side effect Discuss the management and expectations of side effect Discuss initiation strategy for initial treatment/change in can begin contraceptive today; use backup method for the contraceptive today;</li> </ul>	luation ts (bleeding irregularities, etc.) treatment (as applicable). For quick start - instruct patient they days	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries in Address any high blood pressure - Refer for further evange in Discuss the management and expectations of side effect of Discuss initiation strategy for initial treatment/change in can begin contraceptive today; use backup method for Discuss adherence and opportunities for follow-up visits:</li> </ul>	luation ts (bleeding irregularities, etc.) n treatment (as applicable). For quick start - instruct patient they days	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries in Address any high blood pressure - Refer for further evance because the management and expectations of side effect of Discuss initiation strategy for initial treatment/change in can begin contraceptive today; use backup method for Discuss adherence and opportunities for follow-up visits</li> <li>Encourage routine health screenings and STI prevention</li> </ul>	luation ts (bleeding irregularities, etc.) n treatment (as applicable). For quick start - instruct patient they 7 days s	
	<ul> <li>7) Provide Counseling</li> <li>Address any unexplained vaginal bleeding that worries in Address any high blood pressure - Refer for further evange in Discuss the management and expectations of side effect of Discuss initiation strategy for initial treatment/change in can begin contraceptive today; use backup method for Discuss adherence and opportunities for follow-up visits:</li> </ul>	luation ts (bleeding irregularities, etc.) n treatment (as applicable). For quick start - instruct patient they 7 days s	

Oregon Board of Pharmacy
Page 1 of 5 Standardized Assessment & Treatment Care Pathway

Algorithm B: Injectable Contraception- Depot Medroxyprogesterone (DMPA). RPH must utilize Summary <u>US MEC</u> (v. 2020) & Full <u>US MEC</u> (v. 2016) to make determinations below. In Full US MEC, Appendix C contains classifications for DMPA.

		i		
1) Background Information – Review Patient Intake Form (Que	estionnaire) #1-2. Each patient must complete a new Patient			
Intake Form a minimum of every twelve months.		4 <b></b> .		
-Never prescribed contraception by RPH <b>-or-</b>	-Never prescribed contraception by RPH -or-	Refer		
-Previously prescribed contraception by RPH <b>-and-</b>	-Previously prescribed contraception by RPH <b>-and-</b>	er		
had clinical visit with a healthcare provider, other than a	has not had clinical visit with a healthcare provider, other			
pharmacist, for reproductive or sexual health in past 3	than a pharmacist, for reproductive or sexual health in past			
years	3 years			
No Exclusion Criteria	Any Exclusion Criteria	٠		
2) Pregnancy Screen- Review questionnaire #8-13				
<ul> <li>If YES to AT LEAST ONE <u>and</u> is free of pregnancy</li> </ul>	- If NO to ALL of these questions, pregnancy can NOT be	l		
symptoms	ruled out			
Patient is not pregnant	Patient is possibly pregnant	Refe		
3) Medical and Medication History - Review Patient Intake Form #14-34 (and med list in pharmacy record). Evaluate medical health & history utilizing the US MEC. Any unexplained vaginal bleeding that worries patient (Patient Intake Form #15) – requires a referral. Evaluate medications utilizing the US MEC and any current references for drug-drug interactions with contraceptives.  - If ALL boxes are labeled 1 or 2 (green) on the US MEC for the type of contraception that RPH plans to prescribe (e.g., CHC, POP)  No Contraindicated Condition(s) or Medication(s)  Any Contraindicated Condition(s) or Medication(s)				
4) Blood Pressure Screen: Assess the patient's self-reported blood pressure or document the pharmacist's measurement of				
the patient's current blood pressure. Note: RPH may choose to take a second reading if initial report or measurement is ≥				
160/100.				
BP < 160/100	BP ≥ 160/100	consider POP		
5) Discuss DMPA therapy and provide counseling		der		
Discuss the management and expectations of side effects	(bleeding irregularities, etc.)			
Discuss plans for follow-up visits, particularly for every 3-month administration of DMPA.				
<ul> <li>Stress importance of returning for next injection within 11-13 weeks of previous injection.</li> </ul>				
<ul> <li>Provide patient with specific calendar date range for</li> </ul>	or next injection.			
0 11 11 60404 0 /1 1 61				

- Caution with use of DMPA > 2 years (due to loss of bone mineral density). For therapy > 2 years, consultation with healthcare provider is indicated.
- Encourage routine health screenings and STI prevention

#### Initial dose of DMPA IM or SQ

Follow-up (every) 3-month dose of DMPA IM or SQ

## 6a) Prescribe and administer (IM or SQ) or dispense (SQ) DMPA to the patient.

- Instruct patient that if this injection is not within 7 days of start of their period, then abstain or use backup method for 7 days.
- If administering DMPA IM or SQ, observe, monitor, report, and otherwise take appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device. -or-
- If dispensing DMPA SQ for self-administration, the
  first self-administration must be observed by RPH or
  by appropriately trained and authorized HCP after
  providing the patient with educational materials that
  include step-by-step instructions for self-injection, as
  well as guidance on the proper disposal of needles.
  The patient may complete self-administration at
  home after the initial observation. SEE NEXT PAGE ->

## 6b) *Continue* current form of contraception, DMPA, if no change is necessary.

- Confirm that date of last injection or dispensing was within 11-15 weeks.
  - If > 15 weeks ago, then pharmacist must rule out pregnancy (repeat Step 2, and document), and instruct patient to abstain or use backup method for 7 days.
  - If between 11-15 weeks ago, administer or dispense the medication.
  - Do not administer or dispense if < 11 weeks ago.

#### -or-

Alter therapy based on patient concerns (see Algorithm A), such as side effects patient may be experiencing; or refer, if appropriate.

**SEE NEXT PAGE ->** 

**Prescribe and administer** up to 3 months **or dispense** up to 12 months of desired contraception product. This must be done as soon as practicable after the pharmacist issues the prescription and must include any relevant educational materials. ORS 743A.066 requires prescription drug benefit programs to reimburse for 3 months for the first dispensing and 12 months for subsequent dispensing of the same contraceptive.

7) *Discuss* and *provide* visit summary to patient and *refer* the patient to the patient's primary care practitioner or women's health care practitioner per ORS 689.689(2)(b)(C).

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

This summary sheet only contains a subset of the recommendations from the USMEC. It is color coded in the left column to match the corresponding question of the Contraception Patient Intake Form For complete guidance, see: Summary <u>US MEC</u> (v. 2020) & Full <u>US MEC</u> (v. 2016)

Note: Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condom reduces the risk of STDs and HIV

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)	

### Corresponding to the Contraception Patient Intake Form:

Condition	Sub-condition	Combined pill, patch (CHC)	Progestin-only Pill (POP)	DMPA (Inj)	Other Contraception Options Indicated for Patient
		Initiating Continuing	Initiating Continuing	Initiating Continuing	
		Menarche to <40=1	Menarche to <18=1	Menarche to <18=2	Yes
a. Age		<u>&gt;</u> 40=2	18-45=1	18-45=1	Yes
			>45=1	>45=2	Yes
	a) Age < 35	2	1	1	Yes
b. Smoking	b) Age <u>&gt;</u> 35, < 15 cigarettes/day	3	1	1	Yes
	c) Age <u>&gt;</u> 35, <u>&gt;</u> 15 cigarettes/day	4	1	1	Yes
c. Pregnancy	(Not Eligible for contraception)	NA*	NA*	NA	NA*
d. Vaginal Bleeding	Unexplained or worrisome vaginal bleeding	2	2	3	Yes
	a) < 21 days	4	1	1	Yes
e. Postpartum	b) 21 days to 42 days:				
(see also Breastfeeding)	(i) with other risk factors for VTE	3*	1	1	Yes
(	(ii) without other risk factors for VTE	2	1	1	Yes
	c) > 42 days	1	1	1	Yes
	a) < 1 month postpartum	3/4*	2*	2*	Yes
f. Breastfeeding	b) 30 days to 42 days				
(see also Postpartum)	(i) with other risk factors for VTE	3*	2*	2*	Yes
(000 000 1 000 0000)	(ii) without other risk factors for VTE	2*	1*	1*	Yes
	c)> 42 days postpartum	2*	1*	1*	Yes
	a) History of gestational DM only	1	1	1	Yes
	b) Non-vascular disease		1		1
	(i) non-insulin dependent	2	2	2	Yes
g. Diabetes mellitus (DM)	(ii) insulin dependent‡	2	2	2	Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*	2	3	Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*	2	3	Yes
	a) Non-migrainous	1*	1	1	Yes
h. Headaches	b) Migraine:				
ii. neadaciies	i) without aura (includes menstrual migraines)	2*	1	1	Yes
	iii) with aura	4*	1	1	Yes
i. Inflammatory Bowel Disease	a) Mild; no risk factors	2	2	2	
i. iiiiaiiiiiatory bowei bisease	b) IBD with increased risk for VTE	3			
	a) Adequately controlled hypertension	3*	1*	2*	Yes
	b) Elevated blood pressure levels (properly taken				
j. Hypertension	measurements):				
j. Hypertension	(i) systolic 140-159 or diastolic 90-99	3*	1*	2*	Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4*	2*	3*	Yes
	c) Vascular disease	4*	2*	3*	Yes
k. History of high					
blood pressure		2	1	1	Yes
during pregnancy					
	a) Normal or mildly impaired cardiac function:				T
I. Peripartum	(i) < 6 months	4	1	1	Yes
cardiomyopathy‡	(ii) ≥ 6 months	3	1	1	Yes
are Bandalada al L.C. a	b) Moderately or severely impaired cardiac function	4	2	2	Yes
m. Multiple risk factors for	(such as older age, smoking, diabetes, hypertension,	3/4*	2*	2*	Yes
arterial CVD	low HDL, high LDL, or high triglyceride levels)  Current and history of	4	2	3*	Ves
n. Ischemic heart disease‡	·	2	2 3	3	Yes
o. Valvular heart disease	a) Uncomplicated		1	1	Yes
n Chroliot	b) Complicated‡	4			Yes
p. Stroke‡ q. Known Thrombogenic	History of cerebrovascular accident	4	2 3	3	Yes
mutations‡		4*	2*	2*	Yes
* Please see the complete guidance for	C = continuation of contraceptive method; NA = Not applicable a clarification to this classification: Full <u>US MEC</u> (v. 2016) ncreased risk as a result of unintended pregnancy.				

CONTINUES NEXT PAGE →

Condition	Sub-condition	Combined pill, patch	Progestin-only Pill	DMPA	Other Contracepti
Condition	Sub-condition	(CHC)	(POP)	(Inj)	Options Indicate for Patient
	A) History of DVT/DE and a service of the service	Initiating Continuing	Initiating Continuing	Initiating Continuing	g
	a) History of DVT/PE, not on anticoag therapy i) higher risk for recurrent DVT/PE	4	2	2	Yes
	ii) lower risk for recurrent DVT/PE	3	2	2	Yes
	b) Acute DVT/PE	4	2	2	Yes
	c) DVT/PE and established on anticoagulant therapy for	4	2	2	163
. Deep venous thrombosis	at least 3 months				
(DVT)	i) higher risk for recurrent DVT/PE	4*	2	2	Yes
& Dulmanaman and aliana (DE)	ii) lower risk for recurrent DVT/PE	3*	2	2	Yes
Pulmonary embolism (PE)	d) Family history (first-degree relatives)	2	1	1	Yes
	e) Major surgery				
	(i) with prolonged immobilization	4	2	2	Yes
	(ii) without prolonged immobilization	2	1	1	Yes
	f) Minor surgery without immobilization	1	1	1	Yes
s. Superficial venous	a) Varicose veins	1	1	1	
disorders	b) Superficial venous thrombosis (acute or history)	3*	1	1	
II. Multiple Sclerosis	a) With prolonged immobility	3	1	2	Yes
•	b)Without prolonged immobility	1	1	2	Yes
t. History of bariatric	a) Restrictive procedures	1	1	1	Yes
surgery‡	b) Malabsorptive procedures	COCs: 3 P/R: 1	3	1	Yes
	a) Undiagnosed mass	2*	2*	2*	Yes
u. Breast Disease	b) Benign breast disease	1	1	1	Yes
&	c) Family history of cancer d) Breast cancer:‡	1	1	1	Yes
Breast Cancer	i) current	4	4	4	Yes
	,				
	ii) past/no evidence current disease x 5yr	3	3	3	Yes
v. Solid Organ Transplant	a) Complicated – graft failure, rejection, etc.	4	2	2	Yes
<u> </u>	b) Uncomplicated	2*	2	2	Yes
w. Viral hepatitis	a) Acute or flare	3/4* 2 C 1 1	1	1	Yes
	b) Carrier/Chronic a) Mild (compensated)	1	1	1	Yes Yes
x. Cirrhosis	b) Severe‡ (decompensated)	4	3	3	Yes
	a) Benign:	4	3	3	163
	i) Focal nodular hyperplasia	2	2	2	Yes
y. Liver tumors	ii) Hepatocellular adenoma‡	4	3	3	Yes
	b) Malignant‡ (hepatoma)	4	3	3	Yes
	a) Symptomatic:		-		
	(i) treated by cholecystectomy	2	2	2	Yes
z. Gallbladder disease	(ii) medically treated	3	2	2	Yes
	(iii) current	3	2	2	Yes
	b) Asymptomatic	2	2	2	Yes
aa. History of Cholestasis	a) Pregnancy-related	2	1	1	Yes
aa. History of Cholestasis	b) Past COC-related	3	2	2	Yes
	a) Positive (or unknown) antiphospholipid antibodies	4*	3*	3* 3*	Yes
bb. Systemic lupus	b) Severe thrombocytopenia	2*	2*	3* 2*	Yes
erythematosus‡	c) Immunosuppressive treatment	2*	2*	2* 2*	Yes
	d) None of the above	2*	2*	2* 2*	Yes
	a) On immunosuppressive therapy	2	1	2*	Yes
cc. Rheumatoid arthritis	(i) Long-term corticosteroid therapy			3	Yes
	b) Not on immunosuppressive therapy	2	1	2	Yes
dd. Blood Conditions	a) Thalassemia	1	1	1	Yes
& Anomico	b) Sickle Cell Disease‡	2	1	1	Yes
Anemias	c) Iron-deficiency anemia	1	1	1	Yes
ee. Epilepsy‡	(see also Drug Interactions)	1* 1*	1* 1*	1* 1*	Yes
ff. Tuberculosis‡	a) Non-pelvic	1*	1*	1*	Yes
see also Drug Interactions)	b) Pelvic a) High risk for HIV	1	1	1*	Yes Yes
gg. HIV	b) HIV infection	1*	1*	1*	Yes
55· 111 V	(i) On ARV therapy		reatment, see Drug Intera		Yes
nh. Antiretroviral therapy	a) Fosamprenavir (FPV)	3	2	2	Yes
II other ARVs are a 1 or 2)	(i) Fosamprenavir + Ritonavir (FPV/r)	2	2	1	Yes
	a) Certain anticonvulsants (phenytoin, carbamazepine,				
i. Anticonvulsant therapy	barbiturates, primidone, topiramate, oxcarbazepine)	3*	3*	1*	Yes
	b) Lamotrigine	3*	1	1	Yes
	a) Broad spectrum antibiotics	1	1	1	Yes
jj. Antimicrobial	b) Antifungals	1	1	1	Yes
therapy	c) Antiparasitics	1	1	1	Yes
	d) Rifampin or rifabutin therapy	3*	3*	1*	Yes

<sup>\*</sup> Please see the complete guidance for a clarification to this classification: Full US MEC (V. 2016)

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

### **Contraception Prescription**

Optional-May be used by pharmacy if desired

Patient Name:	Date of birth:	
Address:		
City/State/Zip Code:	Phone number:	
	,	
Rx		
Drug:		
<ul><li>Directions:</li></ul>		_
• Quantity:		
• Refills:		
Written Date:		
	Prescriber Signature:	
	Pharmacy Phone:	

# Provider Notification Contraception

Pharmacy Name:	Pharmacist Name:
Pharmacy Address:	
	Pharmacy Fax:
Dear Provider	(name), () (FAX)
Your patient	(name)/ (DOB) was:
issued and dispens	
•	Directions: Quantity:
	Refills:
	nems
issued and adminis  O Drug: _  ■  NOT prescribed,	administered contraception at our Pharmacy on/ noted above. The prescription stered consisted of:  Directions: Quantity: Refills: refisced or administered contraception at our Pharmacy noted above, because:  nnot be ruled out.
Notes:	
☐ The patient in	dicated they have a health condition than requires further evaluation.
Notes:	
☐ The patient in	dicated they take medication(s) or supplements that may interfere with contraception.
□ Their blood pr	ressure reading was/:
	mmHg and I am unable to prescribe any combined hormonal contraceptive (estrogen +
	one) pill, patch, or ring
□ ≥160/10	0 mmHg and I am unable to prescribe any injectable (progesterone only)
□ The patient di sexual health in	id not have a clinical visit with a healthcare provider, other than a pharmacist, for reproductive or past 3 years.

The prescription was issued pursuant to the Board of Pharmacy <u>protocol</u> authorized under <u>OAR 855-115-0345</u>.

- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2016). US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016. Retrieved from <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf</a>
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2020).
   Summary Chart of US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2020. Retrieved from <a href="https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria">https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria</a> 508tagged.pdf
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2016). US Selected Practice Recommendations (US SPR) for Contraceptive Use, 2016. Retrieved from <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf</a>

# Pharmacist Referral and Visit Summary CONTRACEPTION – Oral, Transdermal Patch, Vaginal Ring or Injectable

Pharmacy Name:	Pharmacist Name:
Pharmacy Address:	
Pharmacy Phone:	Pharmacy Fax:
☐ Today you were prescribed (and ☐ a	administered) the following hormonal contraception:
Notes:	
If you have a question, my name is	·
Please review this information with	your healthcare provider.
	or
☐ I am not able to prescribe hormona	I contraception to you today, because:
☐ Pregnancy cannot be ruled out.	
Notes:	
☐ You have a health condition than	requires further evaluation.
Notes:	
☐ You take medication(s) or supple	ments that may interfere with contraception.
Notes:	
☐ Your blood pressure reading is	
□ ≥140/90 mmHg and I am una	able to prescribe any combined hormonal contraceptive (estrogen +
progesterone) pill, patch, or rir	ng
□ ≥160/100 mmHg and I am ur	nable to prescribe any injectable (progesterone only)
Each checked box requires add	litional evaluation by another healthcare provider. Please share this
information with your provide	r.
☐ You have not had a clinical visit w sexual health in past 3 years.	rith a healthcare provider, other than a pharmacist, for reproductive or