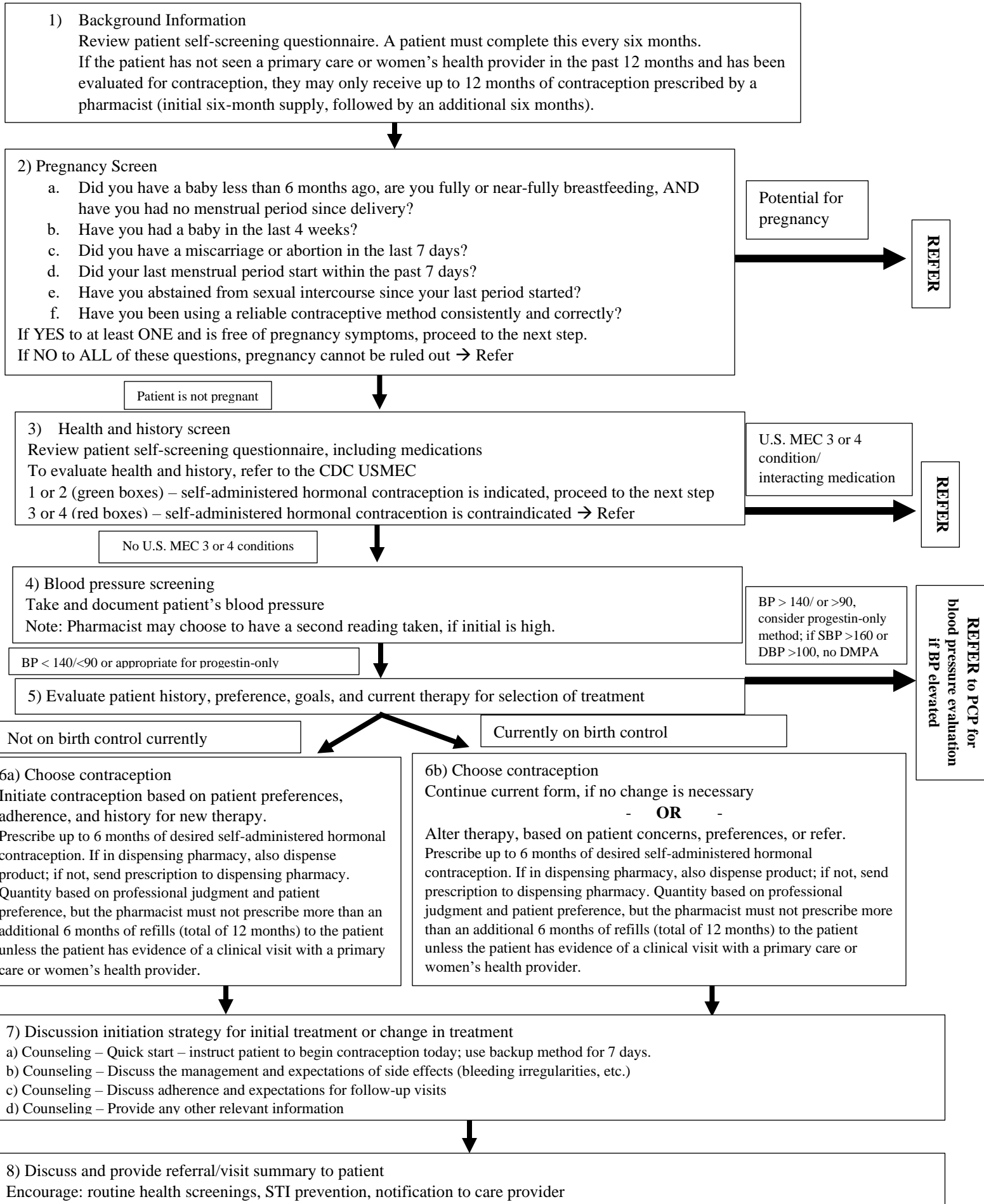


Appendix A. Standard Procedures Algorithm for Prescribing of Contraceptives



1) Background Information

Review patient self-screening questionnaire. A patient must complete this every six months. If the patient has not seen a primary care or women's health provider in the past 12 months and has been evaluated for contraception, they may only receive up to 12 months of contraception prescribed by a pharmacist (initial six-month supply, followed by an additional six months).

2) Pregnancy Screen

- a. Did you have a baby less than 6 months ago, are you fully or near-fully breastfeeding, AND have you had no menstrual period since delivery?
- b. Have you had a baby in the last 4 weeks?
- c. Did you have a miscarriage or abortion in the last 7 days?
- d. Did your last menstrual period start within the past 7 days?
- e. Have you abstained from sexual intercourse since your last period started?
- f. Have you been using a reliable contraceptive method consistently and correctly?

If YES to at least ONE and is free of pregnancy symptoms, proceed to the next step.  
If NO to ALL of these questions, pregnancy cannot be ruled out → Refer

Potential for pregnancy

REFER

Patient is not pregnant

3) Health and history screen

Review patient self-screening questionnaire, including medications  
To evaluate health and history, refer to the CDC USMEC  
1 or 2 (green boxes) – self-administered hormonal contraception is indicated, proceed to the next step  
3 or 4 (red boxes) – self-administered hormonal contraception is contraindicated → Refer

U.S. MEC 3 or 4 condition/  
interacting medication

REFER

No U.S. MEC 3 or 4 conditions

4) Blood pressure screening

Take and document patient's blood pressure  
Note: Pharmacist may choose to have a second reading taken, if initial is high.

BP > 140/ or >90,  
consider progestin-only  
method; if SBP >160 or  
DBP >100, no DMPA

REFER to PCP for  
blood pressure evaluation  
if BP elevated

BP < 140/<90 or appropriate for progestin-only

5) Evaluate patient history, preference, goals, and current therapy for selection of treatment

Not on birth control currently

Currently on birth control

6a) Choose contraception

Initiate contraception based on patient preferences, adherence, and history for new therapy.  
Prescribe up to 6 months of desired self-administered hormonal contraception. If in dispensing pharmacy, also dispense product; if not, send prescription to dispensing pharmacy.  
Quantity based on professional judgment and patient preference, but the pharmacist must not prescribe more than an additional 6 months of refills (total of 12 months) to the patient unless the patient has evidence of a clinical visit with a primary care or women's health provider.

6b) Choose contraception

Continue current form, if no change is necessary  
- OR -  
Alter therapy, based on patient concerns, preferences, or refer.  
Prescribe up to 6 months of desired self-administered hormonal contraception. If in dispensing pharmacy, also dispense product; if not, send prescription to dispensing pharmacy. Quantity based on professional judgment and patient preference, but the pharmacist must not prescribe more than an additional 6 months of refills (total of 12 months) to the patient unless the patient has evidence of a clinical visit with a primary care or women's health provider.

7) Discussion initiation strategy for initial treatment or change in treatment

- a) Counseling – Quick start – instruct patient to begin contraception today; use backup method for 7 days.
- b) Counseling – Discuss the management and expectations of side effects (bleeding irregularities, etc.)
- c) Counseling – Discuss adherence and expectations for follow-up visits
- d) Counseling – Provide any other relevant information

8) Discuss and provide referral/visit summary to patient

Encourage: routine health screenings, STI prevention, notification to care provider