



Eric J. Holcomb Governor Lindsay M. Weaver, MD, FACEP State Health Commissioner

CSO-23-11

Statewide Standing Order for Hormonal Contraceptives

Purpose: IC 16-19-4-12 requires the State Health Commissioner to issue a statewide standing order (the Standing Order) which allows a pharmacist to prescribe and dispense hormonal contraceptives until the Indiana Board of Pharmacy (the Board) enacts regulations concerning the practice.

Eligible Providers: Pharmacists licensed pursuant to IC 25-26-13 who have completed training on hormonal contraceptives approved by the Board.

Eligible Recipients: Patients who are at least 18 years of age who the Eligible Provider determines may receive hormonal contraception in accordance with the Standing Order and the Protocol for Pharmacists Dispensing Hormonal Contraceptive Patches and Self-Administered Hormonal Contraception under Standing Order (the Protocol).

Hormonal contraception: Hormonal contraception includes:

- (1) A hormonal contraception patch a transdermal patch applied to the skin of a woman, by the woman or by the pharmacist, that releases a drug composed of a combination of hormones that is approved by the Food & Drug Administration (FDA) to prevent pregnancy.
- (2) Self-administered hormonal contraception a drug that is composed of a hormone or a combination of hormones that is approved by the FDA to prevent pregnancy and that the woman to whom the drug is prescribed may administer to herself.

This term excludes a drug, substance, or device that contains a progesterone receptor antagonist.

Procedure: When a patient requests a medication for contraception, or when a pharmacist in his or her professional judgment decides to ask about pregnancy prevention, the pharmacist, in accordance with the Protocol:

- 1) Shall conduct an assessment and provide a referral to the patient's primary care provider or other reproductive health care provider.
- 2) May dispense hormonal contraception for a period not more than six months and may not issue a prescription to the woman after twelve months unless the patient has been seen a physician, advance practice nurse, or physician assistant in the previous twelve months.

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- 3) Shall provide a written record of the contraceptive prescribed.
- 4) Shall provide counseling about the therapy.
- 5) Shall document the patient's screening and the prescription records in the pharmacy records in accordance with IC 16-39-7-1.
- 6) Refer a patient to the appropriate health care provider.

Geographic Region: This Standing Order is applicable statewide.

Standing Orders Authorization: This Standing Order is being issued pursuant to IC 16-19-4-12.

This Standing Order shall be reviewed annually by the state department of health and revised as needed. This Standing Order is effective September 1, 2023 until the Board adopts rules concerning prescribing and dispensing hormonal contraception.

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Eric J. Holcomb Governor Lindsay M. Weaver, MD, FACEP State Health Commissioner

Indiana Protocol for Pharmacists Dispensing Hormonal Contraceptive Patches and Self-Administered Hormonal Contraception under Statewide Standing Order

(CSO-23-11, Issued September 1, 2023)

Pursuant to Indiana Code 16-19-4-12, the State Health Commissioner issued a Statewide Standing Order for Hormonal Contraceptive Patches and Self-Administered Hormonal Contraception (the Statewide Standing Order) which authorizes qualified pharmacists to dispense Food and Drug Administration (FDA)- approved medications with an indication for pregnancy prevention and that may be self-administered by the person to whom it is prescribed, in accordance with this Protocol. This Protocol is to be used in conjunction with the Statewide Standing Order.

A. PURPOSE

This protocol specifies the criteria and procedures to assist pharmacists in providing safe and effective hormonal contraception therapy in Indiana.

B. QUALIFICATIONS

To operate under the Statewide Standing Order, the pharmacist must:

- 1. Have an active Indiana pharmacist license pursuant to Indiana Code 25-26-13;
- 2. Have received education and training in pregnancy prevention and hormonal contraceptives; and
- 3. Be acting in good faith and exercising reasonable care.

C. PRODUCTS COVERED

Notwithstanding any other provision of law, a pharmacist may dispense any FDA-approved medication that contains a hormone or combination of hormones with an indication for pregnancy prevention that may be self-administered by the person to whom it is prescribed. A drug, substance, or device that contains a progesterone receptor antagonist is excluded.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



D. PROCEDURES

When a patient requests a medication for contraception, or when a pharmacist in his or her professional judgment decides to ask about pregnancy prevention and offer to initiate contraception counseling and treatment, the pharmacist shall complete the following steps, which may be reviewed and revised as necessary by the Indiana State Department of Health or when the Statewide Standing Order is reissued:

1. Determination of Eligibility:

- a. The pharmacist may offer self-administered hormonal contraceptives to those who are eligible based on the following:
 - i. Aged 18 years or older; and
 - ii. Have received no more than a total of a 12-month supply of a hormonal contraceptive from a pharmacist previously without evaluation by a provider (e.g.; primary care provider, women's health provider, etc.).

2. Assessment:

The pharmacist shall ensure that the pharmacy provides appropriate space to prevent the spread of infection and ensure confidentiality. Refer to Standard Procedures Algorithm (Appendix A). The pharmacist should utilize the U.S. Selected Practice Recommendations for Contraceptive Use and U.S. Medical Eligibility Criteria for Contraceptive Use to guide the assessment and plan for the patient.

- a. For each new patient requesting contraception, and at least every six months for each returning patient, obtain a completed self-screening risk assessment questionnaire (see Appendix B for a checklist of conditions for which to screen and Appendix C for an example of a questionnaire) from the patient before dispensing the self-administered hormonal contraceptive. If the results of the assessment indicate that it is unsafe to dispense a self-administered hormonal contraceptive, based on the U.S. Medical Eligibility Criteria for Contraceptive Use, the pharmacist shall refer the patient to a practitioner, and may not continue to dispense a self-administered hormonal contraceptive to the patient.
- b. For each new patient requesting contraception, and at least every six months for each returning patient, assess the patient's blood pressure before dispensing the self-administered hormonal contraceptive. If the systolic blood pressure is > 140 or diastolic blood pressure > 90 mmHg, the pharmacist may prescribe a progestin-only self-administered hormonal contraceptive, as per the Summary



Chart of US Medical Eligibility Criteria for Contraceptive Use (USMEC). If the results of the blood pressure assessment indicate that it is unsafe to prescribe or dispense an estrogen-containing self-administered hormonal contraceptive, the pharmacist shall refer the patient to a practitioner, and may not continue to dispense an estrogen-containing self-administered hormonal contraceptive to the patient.

- c. Upon prescribing a self-administered hormonal contraceptive, the pharmacist shall refer the patient to a primary care practitioner or women's health care practitioner.
- d. If the pharmacist works at a site that has a physician, advance practice registered nurse, or physician assistant who is available to deliver patient care and is capable of prescribing the hormonal contraceptive patch or self- administered hormonal contraceptive, the prescribing pharmacist may suggest that the patient see the provider.
- e. If the pharmacist deems the hormonal contraceptive medication inappropriate to dispense based on the self-assessment tool and as indicated by the USMEC, the patient should be given an electronic or written copy of the encounter, with the reason why the medication could not be dispensed. Referral should be made to the patient's primary care provider, or other reproductive health care provider or local family planning clinic if the patient is not established elsewhere.

3. Dispensing Eligible Products:

- a. The pharmacist may prescribe and dispense any FDA-approved hormonal contraceptive that meets the criteria in this protocol and standard procedures algorithm for individuals identified as Category 1 or 2 from the current USMEC (Appendix D).
- b. The pharmacist may prescribe and dispense a self-administered hormonal contraceptive for a period of time not to exceed six months initially. A second sixmonth supply may be prescribed if the patient is reassessed.
- c. The pharmacist may not continue to dispense a self-administered hormonal contraceptive to the patient for more than 12 months after the date of the initial prescriptions without evidence that the patient has consulted with a provider during the preceding 12 months.
- d. The pharmacist shall provide a written record of the contraceptive prescribed and advise the patient to consult with a primary care practitioner or women's health care practitioner. This record may be an electronic or paper copy.



4. Counseling:

- a. Once the appropriate self-administered hormonal contraceptive has been determined, the pharmacist shall provide the patient with counseling about the therapy. Counseling may include, but is not limited to:
 - i. The name and description of the medicine.
 - ii. The route, dosage form, dosage, and route of administration.
 - iii. Special directions and precautions.
 - iv. Common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur.
 - v. Techniques for self-monitoring drug therapy.
 - vi. Proper storage.
 - vii. Prescription refill information.
 - viii. Action to be taken in the event of a missed dose.
 - ix. The need for backup contraception.
 - x. When to seek emergency medical attention.
- b. Additional counseling by the pharmacist may include, but is not limited to:
 - i. The importance of seeing the patient's practitioner annually to obtain recommended tests and screening.
 - ii. The effectiveness and availability of long-acting reversible contraceptives as an alternative to hormonal contraceptive patches or self-administered hormonal contraceptives.
 - iii. That hormonal contraceptive patches and self-administered hormonal contraceptives do not protect against sexually transmitted infections (STIs).
- c. A patient experiencing side effects should be referred to a primary care or women's health provider for further evaluation and treatment.

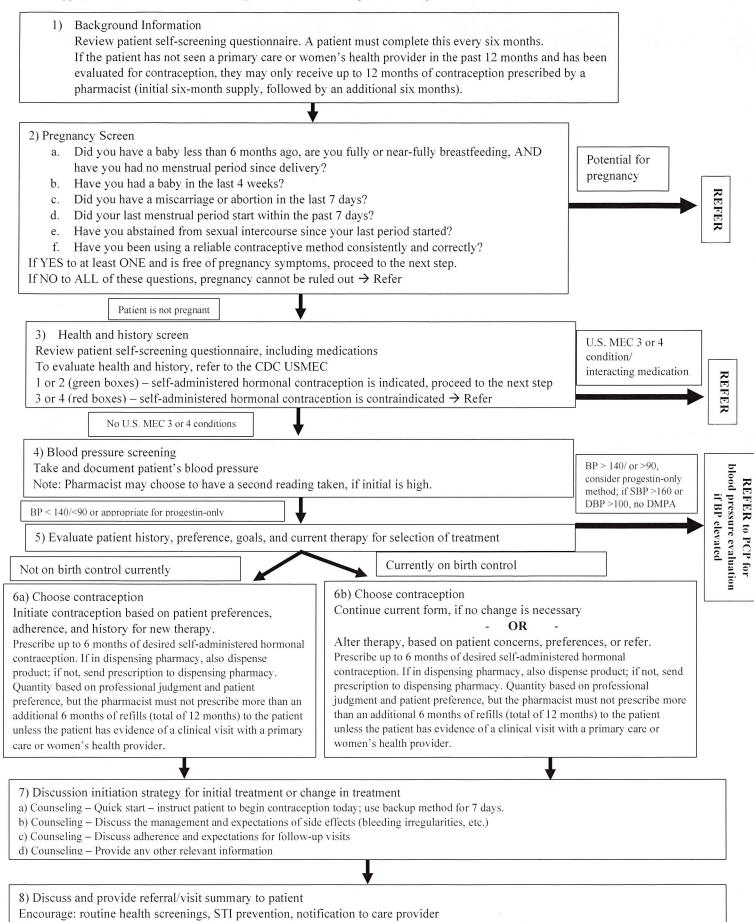
E. NOTIFICATION

The pharmacist must provide the patient with a record of the drug(s) prescribed and dispensed and inform the patient to follow-up with their primary care provider or women's health provider.



F. DOCUMENTATION

- 1. Documentation of the assessment and plan of a patient shall be maintained in the records for seven years in accordance with Indiana Code 16-39-7-1.
- 2. A copy shall be made available to the patient and/or patient's provider upon request.



Name:	Date of Birth:	/	/
Today's I	Date:/ Phone Number: _		
Email:	Date of Last Prov	vider Visit	:
Primary (Care/Women's Health Provider:		
Provider'	s Contact Information:		
General I	Screening Questions for Birth Control Information:		
1	What was the first day of your last menstrual period?	/_	_/
2	What is your age?		
3	What is your weight?		
4	Do you think you might be pregnant now?	Yes □	No □
5	Have you ever used the following medications? Please check all that apply: Birth control pills Birth control shot Birth control patch Birth control ring Birth control implant/rod Intrauterine device (IUD) Condoms Emergency contraception /Plan B	Yes □	No 🗆
a	Did you ever experience a bad reaction (side effect) to using hormonal birth control? If yes, please list what kind of reaction occurred:	Yes □	No □
b	Are you currently using any method of hirth control including pills, patch, ring, or shot/injection? If yes, please list which method you use:	Yes □	No 🗆
7	Have you ever been told by a medical professional not to take birth control or other hormones?	Yes □	No □
Medical		0.00	
8	Have you given birth within the past 6 months? If yes, date of delivery:	Yes □	No □
9	Are you currently breastfeeding?	Yes □	No □
10	Do you have diabetes?	Yes □	No □
11	Do you get migraine headaches?	Yes □	No □
a	If so, have you ever had the kind of headaches that start with warning signs (aura) or symptoms such as flashes of light, blind spots, or tingling in your hands or face that come before the headache starts?	Yes □	No 🗆
12	Do you have either of the following? (Please check yes, even if it is controlled by medication) □ High blood pressure/hypertension □ High cholesterol?	Yes □	No 🗆
13	Have you ever had a heart attack or stroke, or been told you had any heart disease?	Yes □	No □
14	Have you ever had a blood clot (for example, a deep vein thrombosis or pulmonary embolism)?	Yes □	No □
15	Have you ever been told by a medical professional that you are at higher risk of developing a blood clot? Examples might include antiphospholipid antibody syndrome, Factor V Leiden, or a prothrombin mutation.	Yes □	No 🗆
16	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks? If yes, please explain: Type of Surgery://	Yes □	No 🗆
17	Have you had bariatric surgery (weight loss) or stomach reduction surgery?	Yes □	No □
	1	NUMBER OF STREET	

	D) Discos de al Lalama			
	Do you have any of the following conditions? □ Breast Cancer	☐ Gall bladder disease	☐ Multiple Sclerosis		
	□ Lupus	□ Blood disorders	1 Multiple Scielosis		
18	□ Rheumatoid arthritis	□ Solid Organ Transplant		Yes □	No E
	☐ Inflammatory Bowel Disease (IBD)	1 3011d Organ Transplant			
	☐ Hepatitis, liver disease, liver cancer	, or jaundice (yellow skin or eyes)			
	Do you have any other medical problems?				
a	- If yes, list medical problems here:			Yes □	No [
19	Do you take medication for seizures, tubercul	osis (TB), fungal infections, or human im	munodeficiency virus	Yes □	No ⊏
	(HIV)? If yes, list them here:			103 🗆	110 L
20	Do you take any medications, including herbs	s or supplements?		Yes □	No E
	Do you have allergies or bad reaction to medic		<u> </u>		
21	Do you have allergies of bad feaction to medic	ation? If yes, prease explain here.		Yes □	No □
22	Do you smoke cigarettes, use chewing tobacco	a giggrattes or other piactine products?		Yes □	No 🗆
	What goals do you have regarding birth c		ani a da a maranta marana a a a a a a a a a a a a a a a a a	103 🗆	
23	what goals do you have regarding bittire	ontrol (examples, help with painful p	eriods, prevent pregnancy):		
For the Pha	rmacist: If a patient has a potential contraindication	or answers "Yes" to any of the Medical Histo	ory questions, please consult the USME	C.	
To be comp	leted during appointment:			<u></u>	
Data of app	pintment:/				
Blood press	ure: mmHg	Can reasonably rule out pr	regnancy? Yes □No □		
Prescriptio	on(s) issued:				
Duar ilda	otified. No manidan nefemal made =				
rrovider n	otified: No provider, referral made □ Yes □ Provider/Practice:				
	Notified via: □ Fax □ Phone □ Email □ Ma	nil □ Other:			
	Date notified: /				

Pharmacist completing appointment:

Appendix B. Screening Checklist, based on type of self-administered contraception (adapted from the U.S. Medical Eligibility Criteria for Contraceptive Use)

	abined hormonal contraception (patch, pill, ring) is desired:
	u have any of the following?
	taking antiretrovirals for pre-exposure prophylaxis or HIV treatment
	taking certain anticonvulsants/antiepileptics: phenytoin, carbamazepine, barbiturates,
	primidone, topiramate, oxcarbazepine, lamotrigine
	taking rifampin
	current or past breast cancer
	≤ 6 weeks postpartum
	severe liver cirrhosis
	history of DVT/PE
	upcoming major surgery with prolonged immobilization
	diabetes of >20 years duration &/or with kidney disease, eye disease, neuropathy, or vascular disease
	current gallbladder disease with symptoms
	history of gallbladder disease due to combined hormonal contraception
	migraines with aura
	history of bariatric malabsorptive procedure
	hypertension, with systolic blood pressure \geq 160 or diastolic blood pressure \geq 100 mm Hg or
	vascular disease
	ischemic heart disease
	known thrombogenic mutations
	hepatocellular adenoma or hepatoma
	Multiple risk factors for atherosclerotic cardiovascular disease (e.g., older age, smoking,
	diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)
	multiple sclerosis with prolonged immobility
	peripartum cardiomyopathy
	Age ≥ 35 & smoker
	solid organ transplant with complications
	History of stroke
	Current or past superficial venous thrombosis
	valvular heart disease with complications
	acute or flare of viral hepatitis
	Lupus with antiphospholipid antibodies or if unknown antibody status
	estin-only pills are desired:
Do yoi	ı have any of the following?
	taking certain anticonvulsants/antiepileptics: phenytoin, carbamazepine, barbiturates,
	primidone, topiramate, oxcarbazepine
	taking rifampin
	current or past breast cancer
	severe liver cirrhosis
	hepatocellular adenoma or hepatoma
	current or past breast cancer
	Lupus with antiphospholipid antibodies or if unknown antibody status

If depot	medroxyprogesterone acetate is desired:
Do you	have any of the following?
	Unexplained abnormal vaginal bleeding
	History of stroke
	hepatocellular adenoma or hepatoma
	hypertension, with systolic blood pressure ≥160 or diastolic blood pressure ≥ 100 mm Hg or
,	vascular disease
	diabetes of >20 years duration &/or with kidney disease, eye disease, neuropathy, or vascular
(disease
	current or past breast cancer
	severe liver cirrhosis
	Lupus with antiphospholipid antibodies or if unknown antibody status

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

A COC
Centers for Disease Control and Prevention National Center for Chron Disease Prevention and Health Promotion

Condition	Sub-Condition	Cu-IUD	LNG-IUD	Implant I C	DMPA I C	POP C	- CHC
Age		Menarche to <20 yrs: 2	Menarche to <20 yrs:2	Menarche to <18 yrs:1	Menarche to <18 yrs:2	Menarche to <18 yrs:1	Menarche to <40 yrs:1
		≥20 yrs:1	≥20 yrs: 1	18-45 yrs: 1	1000	18-45 yrs: 1	≥40 yrs: 2
				>45 yrs: 1		>45 yrs:1	
Anatomical	a) Distorted uterine cavity	4	4				
abnormalities	b) Other abnormalities	2	2				
Anemias	a) Thalassemia	2		1			
	b) Sickle cell disease [‡]	2		1		1	2
	c) Iron-deficiency anemia	2					1
Benign ovarian tumors	(including cysts)	-					_
Breast disease	a) Undiagnosed mass	1	2	*2	2*	2*	2*
	b) Benign breast disease	_	-	1	_	-	_
	c) Family history of cancer	ı				-	_
	d) Breast cancer [†]						
	i) Current	1	4	ţ	4	4	4
	ii) Past and no evidence of current	-	ω	3	ω	ω	ω
Breastfeeding	a) <21 days postpartium) *) *	>*	1
	b) 21 to <30 days postpartum						
	i) With other risk factors for VTE			2*	2*	2*	3*
	ii) Without other risk factors for VTE			2*	2*	2*	3*
	c) 30-42 days postpartum						
	i) With other risk factors for VTE			*	1*	- *	پ
	ii) Without other risk factors for VTE			1*	1*	1*	2*
	d) >42 days postpartum			1*	1*	1*	2*
Cervical cancer	Awaiting treatment	4 2	4 2	2	2	1	2
Cervical ectropion				1			1
Cervical intraepithelial		-	2	2	2	1	2
Cirrhosis	a) Mild (compensated)	-	_				-
	b) Severe [†] (decompensated)		3	8	3	3	4
Cystic fibrosis [†]		1*	1*	1*	2*	1*	1*
Deep venous thrombosis (DVT)/Pulmonary	 a) History of DVT/PE, not receiving anticoagulant therapy 						
embolism (PE)			2	2	2	2	4
	ii) Lower risk for recurrent DVT/PE	1	2	2	2	2	3
	b) Acute DVT/PE	2	2	2	2	2	4
	 c) DVT/PE and established anticoagulant therapy for at least 3 months 						
	i) Higher risk for recurrent DVT/PE	2	2	2	2	2	4*
	ii) Lower risk for recurrent DVT/PE	2	2	2	2	2	*
	d) Family history (first-degree relatives)						2
	e) Major surgery						
	 i) With prolonged immobilization 	1	2	2	2	2	4
	ii) Without prolonged immobilization		1	1	1	1	2
	f) Minor surgery without immobilization	1		1	1	No. of the last of	
	., sar gar, sar					Control of the Contro	THE PROPERTY.

oetes	a) History of gestational disease	- 1 0	- C		1 C	- C	1 C	- C
etes	a) History of gestational disease							
	Discoular discoular discours			_	Company of the			
	i) Non-insulin dependent		2		2	2	2	2
	ii) Insulin dependent		2		2	2	2	2
	c) Nephropathy/retinopathy/neuropathy	1	2		2	3	2	3/4*
	 d) Other vascular disease or diabetes of > 20 years' duration[‡] 	-	2		2	ω	2	3/4*
menorrhea	Severe	2				-		
ometrial cancer [†]		4 2	4 2	2		-		
ometrial hyperplasia		1				-	The second	
ometriosis		2	1			•		
epsy [†]	(see also Drug Interactions)	1			1*	*	1*	1*
bladder disease	a) Symptomatic							
	i) Treated by cholecystectomy		2		2	2	2	2
	ii) Medically treated	1	2		2	2	2	3
	iii) Current	1	2		2	2	2	ω
	b) Asymptomatic	1	2		2	2	2	2
tational trophoblastic ase [†]	 a) Suspected GTD (immediate postevacuation) 							
	i) Uterine size first trimester	1*	1*		1*	1*	1*	1*
	ii) Uterine size second trimester	2*	2*		1*	1*	1*	1*
	b) Confirmed GTD							
	i) Undetectable/non-pregnant ß-hCG levels	1*	7	1*	*	1*	1*	1*
	ii) Decreasing ß-hCG levels	2* 1*	2*	*	1*	1*	1*	1*
	iii) Persistently elevated ß-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2* 1*	2*	*	*	1 *	-	1*
	iv) Persistently elevated ß-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4* 2*	4*	2*	1*	1*	1*	1*
daches	a) Nonmigraine (mild or severe)				1			1*
	b) Migraine							
	nigraine)	-	-		1	1	1	2*
	ii) With aura	1	1			1	1	4*
ory of bariatric	a) Restrictive procedures	1			1	-		
lery:	b) Malabsorptive procedures	-	_		-	_	3	COCs: 3
ory of cholestasis	a) Pregnancy related	1	1		1			2
	b) Past COC related	1	2		2	2	2	ω
ory of high blood sure during Jnancy					-	-	1	2
ory of Pelvic surgery		-			-	1		
	a) High risk for HIV	1*	*	*				
	b) HIV infection				*	1*	1*	*1
	i) Clinically well receiving ARV therapy ii) Not clinically well or not receiving ARV	-	-		If on tre	atment, see	If on treatment, see Drug Interactions	actions
	therapy [†]	2 1	2		If on tre	atment, see	If on treatment, see Drug Interactions	actions

Abbreviations: ARV = antiertoviral. C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-UD=copper-containing intrauteme device; DMRN = depot methoxyprogesterone acetate; Initiation of contraceptive method; UNG-UD=evonorgestrel releasing intrauteme device; DMRN = depot methoxyprogesterone acetate; Initiation of contraceptive method; UNG-UD=evonorgestrel releasing intrauteme device; AM—not applicable; DPO=progestricnoshy pill; Prepartiching; Striselective seconomic repulse inhibitor; E Condition that exposes a voranta to increased risk as a result of pregnancy; "Please see the complete guidance for a charification to this classification; https://www.rdc.gov/ieproductive/teathis/contraception/contraception_guidance.htm.

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

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

E E	C P	- POP	PA C	DMPA	ant	impiant C	c ig	LNG-IUD	C B
Disease Prevention and Health Promotion	Disease Prevention Health Promotion		1	5					

ic se [‡]	ension enaction
(Ulcerative colitis, Crohn's disease) Current and history of a) Benign i) Focal nodular hyperplasia ii) Hepatocellular adenoma† b) Malignant¹ (hepatoma)	Sub-Condition a) Adequately controlled hypertension b) Elevated blood pressure levels (properly taken measurements) i) Systolic 140-159 or diastolic 90-99 ii) Systolic ≥160 or diastolic ≥100 [†] c) Vascular disease (Ukerative colitis, Crohn's disease)
	1 C T C T T T T T T T
2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1 C 1 1 C 2* 2* 2* 1
2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Implant
₩ ₩ ₩ ₩	DMPA 1 C 2* 3* 3*
3 3 2 2 2 3	POP 1 1 1 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2/3* 4 4 4	GHC I CHC 3*

1	Condition	Sub-Condition	Cu-IUD		LNG-IUD	lmplant	DMPA	POP	Œ
todd a) On immunosuppressive therapy 2 1 2 1 2 1 1 1 2 2 1 2 3 1					- C	1 C	0	0	0
b) Not on inmunosuppressive therapy 1	Rheumatoid	a) On immunosuppressive therapy	2		2 1		2/3*		2
ominissis a) Uncomplicated bilibosis of the live/infection of planoscal infection. Bilibosis of the live/infection of gonoscocal infection in gonoscocal infection of gonoscocal infection of gonoscocal infection of gonoscocal infection in gonoscocal infec	arthritis	b) Not on immunosuppressive therapy	-		1		2		2
Di Fibrosis of the Nevir (STIDs) Di Fibrosis of the Nevir (STIDs) Di Fibrosis of the Nevir (STIDs) Di Agginitis (caludar) triodomonas vaginalis 2 2 2 2 2 1 1 1 1 1	Schistosomiasis	a) Uncomplicated			-				1
Action Activated Activated Activation Activatio		b) Fibrosis of the liver [‡]			1		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三		1
b) Vagnitis (including trichomonax wagninalis 2 2 2 2 2 2 1 1 1 1	Sexually transmitted diseases (STDs)	 a) Current purulent cervicitis or chlamydial infection or gonococcal infection 					1		
c) Other factors relating to SIDs 2* 2 2* 2 1 1 1 1 1 2 2 3 3 3 2 2 2 2 3 3		 b) Vaginitis (including trichomonas vaginalis and bacterial vaginosis) 				-	-	-	1
Bal Age < 35		c) Other factors relating to STDs	60						•
b) Age ≥35, <15 cigarettes/day	Smoking	a) Age <35					-		2
Cl. Age 235, 215 cigarettes/day 1		b) Age ≥35, <15 cigarettes/day			-				3
agan al Complicated 3 2 3 2 2 2 2 2 2 2		c) Age ≥35, ≥15 cigarettes/day	1		-		1		4
Intation* b) Uncomplicated 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Solid organ	a) Complicated			100 d 100 d	2	2	2	4
History of cerebrovascular accident 1	transplantation*	b) Uncomplicated	2		2	2	2	2	2*
al venous al varicose veins sia venous thrombosis b. Superficial venous thrombosis cacute or history) al Positive (or unknown) antiphospholipid 1* 1* 3* 3* 3* 3* 3* 3*	Stroke [†]	History of cerebrovascular accident			2		w		4
S b Superficial venous thrombosis 1 1 1 3 3 3 3 3 3 3	Superficial venous	a) Varicose veins							1
Clupus antibodies Antibodie	disorders	b) Superficial venous thrombosis (acute or history)	-		-		L	-	ω *
Discrete thrombocytopenia 3* 2* 2* 2* 3* 2* 2* 2*	Systemic lupus erythematosus [‡]	a) Positive (or unknown) antiphospholipid antibodies		*	ω *	ω *			4*
Climmunosuppressive therapy		b) Severe thrombocytopenia	1201	2*	2*	2*	01070	2*	2*
All None of the above 1x 1x 2x 2x 2x 2x 2x 2x		c) Immunosuppressive therapy	50	1*	2*	2*	Joi de	2*	2*
Idisorders Simple goiter/ hyperthyroid/hypothyroid 1 1 1 1 1 1 1 1 1		d) None of the above		1*	2*	2*		2*	2*
All Okarjelvic All	Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid					1		
A	Tuberculosis†	a) Nonpelvic				1*	1*	1*	1*
Problem Prob	Unexplained vaginal	(suspicious for serious condition) before						-	×.
Property Property	bleeding	evaluation	NEVAS			ω*	3*	2*	2*
heart a) Uncomplicated 1 1 1 1 1 2 2 2 2 1 1 1 2 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 2 1 1 2 2 2 2 2 1 1 2 2 2 2 2 1 1 2 2 2 2 2 1 2 3 2 3	Uterine fibroids		2		2		L	1	
bleeding pattern bl. Complicated	Valvular heart	a) Uncomplicated							2
bleeding patterns; a) Irregular pattern without heavy bleeding b) Heavy or prolonged bleeding 2* 1* 2* 2* 2* 2* 2* 2* 3* 3* 3* 3* 3* 3* 3* 3* 3* 3* 3* 3* 3*		b) Complicated [‡]				1			4
Difference Dif		a) Irregular pattern without heavy bleeding	-			2	2	2	1
Acute or flare		b) heavy or prolonged bleeding	2*		6.0	2*	2*	2*	1*
teractions wirials used for on (PEB) or on (PEB) or not of HIV Fosamprenavir (FPV) 1/2* 1* 1/2* 1* 2*	Viral hepatitis	a) Acute or flare b) Carrier/Chronic				-			Marie History
ovirals used for lon (PFEP) or Into FINITY Fosamprenavir (FPV) 1/2* 1* 1/2* 1* 2* 2* 2* vulsant therapy vulsant therapy a) Certain anticonvulsants (phenytoin, carbanazepine, barbiturates, primidone, topicnanate, oxcarbazepine) 1	Drug Interactions								
nt of HIV All other ARVs are 1 or 2 for all methods. vulsant therapy a) Certain anticonvulsants (phenyroin, Carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) b) Lamotrigine b) Lamotrigine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Antiretrovirals used for prevention (PrEP) or		THE PERSON NAMED IN	COLUMN TO SERVICE		*	*) *	 *
Colonial alternation Colonial alternation	Anticonvulsant therapy	All other ARVs are 1 or 2 for all methods.							
b) Lamotrigine a) Broad spectrum antibiotics 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Anticonvulsant therapy	 a) Lertain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, toniramate, oxcarbazenine) 	-		-	2*	1*	ω *	ω *
obial a) Broad spectrum antibiotics 1		b) Lamotrigine	-				1		w
b) Antifungals 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Antimicrobial	a) Broad spectrum antibiotics	_		-			-	1
c) Antiparasitics 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	therapy	b) Antifungals	-		1		1	1	l l
d) Rifampin or iffabutin therapy 1 1 2* 1* 3* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		c) Antiparasitics	1		1		1		
	CODIC	d) Rifampin or rifabutin therapy	. 1		1	2*	1*	ω _*	ω _*
	St John's wort					,		, -	

Updated in 2020. This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see https://www.cdc.gov//epinoducibsehealth/contraception_guidance_html. Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condomenduces the risk of STDs and HIV.