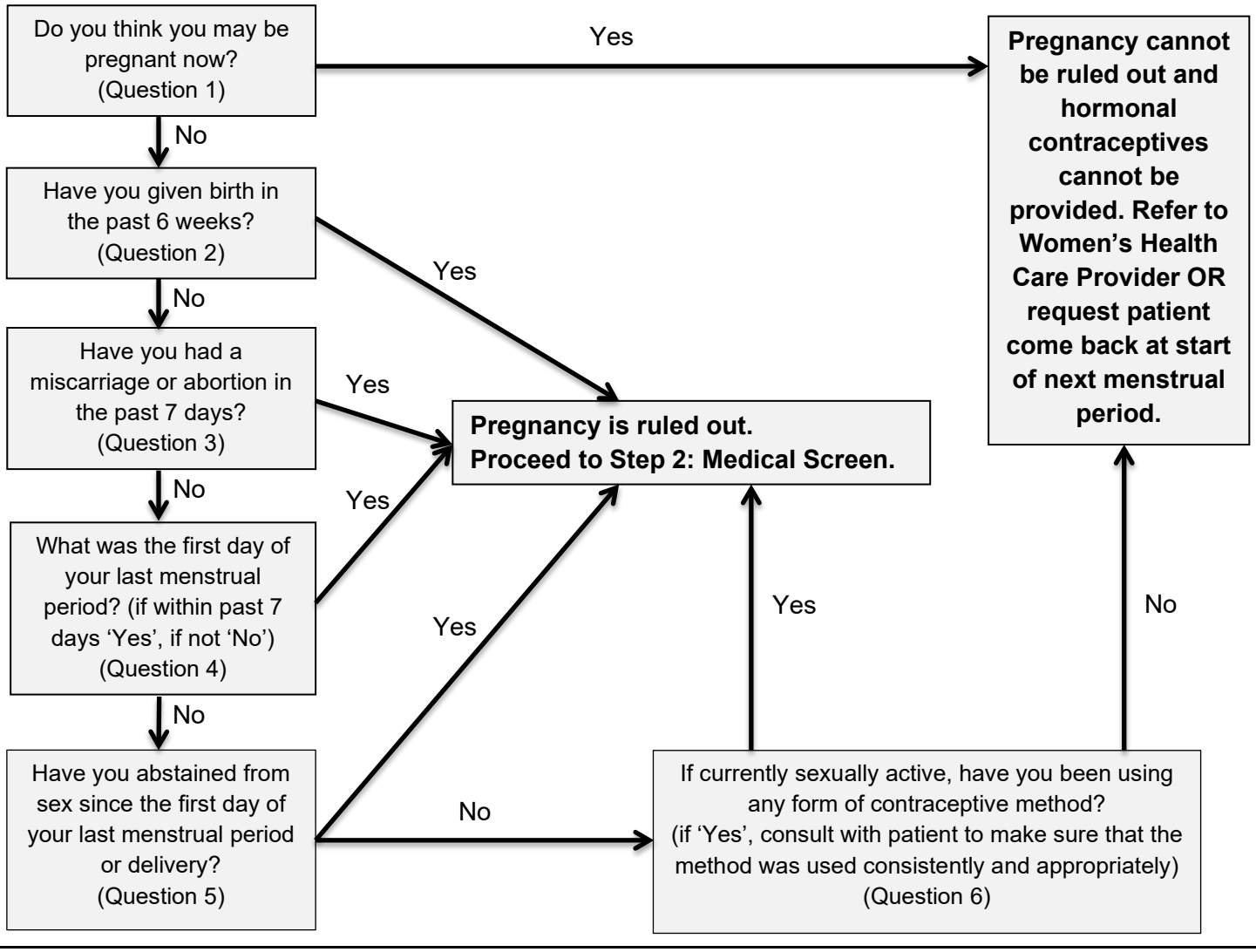
Tennessee Pharmacist-Provided Hormonal Contraceptives Algorithm

Step 1: Pregnancy Screen (Use Questions 1-6 on the Patient Self-Screening Questionnaire)



Step 2: Medical Screen (Use Questions 7-16 on the Patient Self-Screening Questionnaire)

If 'Yes' to **ANY** of Questions 7-16 from questionnaire → ***Refer to USMEC in Step 6, then see information below***
If 'No' to **ALL** of Questions 7-16 → ***Proceed to Step 3: Medication Screen***

After referring to USMEC:
If patient falls into USMEC category 1 or 2 → ***Proceed to Step 3: Medication Screen***
If patient falls into USMEC category 3 or 4 → ***Refer to Women's Health Care Provider***

Step 3: Medication Screen (Use Questions 17-18 on the Patient Self-Screening Questionnaire)

If 'Yes' to **ANY** of Questions 17-18 from questionnaire → ***Refer to USMEC* in Step 6, then see information below**
If 'No' to **ALL** of Questions 17-18 from questionnaire → **Proceed to Step 4: Blood Pressure Screen**
Note: Pharmacist may determine the need to run a drug-drug interaction check

After referring to USMEC:
If patient falls into USMEC category 1 or 2 → ***Proceed to Step 4: Blood Pressure Screen***
If patient falls into USMEC category 3 or 4 → ***Refer to Women's Health Care Provider***

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Step 4: Blood Pressure Screen

If Blood Pressure < 140/90 → ***Proceed to Step 5: Selection of Hormonal Contraceptive***
If Blood Pressure is ≥ 140/90 → ***Refer to Women's Health Care Provider***

Step 5: Selection of Hormonal Contraceptive (Use Questions 19-24 from Patient Self-Screening Questionnaire)

Use Questions 19-24 from questionnaire as a guide while also evaluating other patient history, patient preference, and current/past therapy (as appropriate) for selection of hormonal contraceptive.

Not Currently Taking Hormonal Contraceptive OR If Change in Hormonal Contraceptive IS Needed*
Initiate Hormonal Contraceptive - Selection considerations include patient preference, adherence to therapy, history for new therapy, and other factors, as appropriate.

If NO Change in Hormonal Contraceptive Is Needed*
Continue current form of hormonal contraceptive (i.e., pills, patch, ring or injection)

***Provide up to 12 months of selected hormonal contraceptive** (Quantity considerations should include pharmacist's professional judgment and patient preference).

Step 6: Refer to USMEC

Please refer to the Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (USMEC) produced by the Centers for Disease Control and Prevention. Use the chart to determine patients eligibility using the below categories.

Categories of Medical Eligibility Criteria for Contraceptive Use (Contraceptives may be prescribed if categories 1 or 2. Contraceptives may NOT be prescribed, and should be referred, for categories 3 or 4.)
1 - No restriction for the use of the contraceptive method for a woman with that medical condition
2 - Advantages of using the method generally outweigh the theoretical or proven risks
3 - Theoretical or proven risks of the method usually outweigh the advantages – or that there are no other methods that are available or acceptable to the women with that medical condition
4 - Unacceptable health risk if the contraceptive method is used by a woman with that medical condition

Further Clinical Considerations:
- *Post-partum/breastfeeding women:* Refer to USMEC to ensure the appropriate hormonal contraceptive is selected
- *Contraceptive Patch:* Do not use in women weighing greater than 90 kilograms
- *Progestin-only pills:* Take at same time each day. Must use back-up for 48 hours if miss dose by 3 hours.
- *Vaginal ring:* Must use back-up for 7 days if out for more than 3 hours

Education Points For Patient During Provision of Hormonal Contraception Should Include:
- Discussion of initiation strategy for initial treatment/change in treatment (as applicable)
- Quick start: instruct patient she can begin contraceptive today; use backup method for 7 days
- Discussion of the management and expectations of side effects (bleeding irregularities, etc)
- Discussion about importance of adherence and expectations for follow-up visits

Additional Considerations When Providing a Hormonal Contraceptive to Patients:
- Provide the patient with documentation about the hormonal contraceptive that was provided
- Provide the patient with the contact information of women's health care provider and advise the patient to consult practitioner since this service should not hinder a periodic women's exam
- Provide the patient with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the importance of medical follow-up, and other appropriate information
- Either dispense the hormonal contraceptive, or refer the patient to a pharmacy that may dispense the hormonal contraceptive, as soon as practicable after the determination that the patient should receive the medication
- Notify the collaborating prescriber within 3 business days following provision of the hormonal contraceptive