Comprehending Contraception: With Prescriptive Power Comes Great Responsibility

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Disclosures

• *Laura Borgelt, PharmD, FCCP, BCPS*, declares receiving honoraria as a speaker from PharmCon Inc. for continuing education for pharmacists.

• *Autumn Stewart-Lynch, PharmD, BCACP*, declares receiving honoraria from Pfizer, Inc. for advisement on a project unrelated to the current topic and her spouse is an employee of Pfizer, Inc.

• The views or opinions presented in this presentation are solely those of the presenters and do not necessarily represent those of our employers.
CPE Information

• Target Audience: Pharmacists
• ACPE#: 0202-0000-19-024-L01-P
• Activity Type: Application-based
Learning Objectives

At the completion of this application-based activity, participants will be able to:

1. Discuss the evolving roles of community pharmacists in managing women’s contraceptive care.

2. Interpret and apply through case scenarios the Centers for Disease Control and Prevention’s evidence-based recommendations for contraceptive safety and management when prescribing or dispensing contraceptives.

3. Discuss updates to the management of contraceptive products, including long-acting reversible contraception, combined hormonal contraceptives, and progestin-only methods and apply those updates to patient cases.

4. Demonstrate pharmacist communication strategies regarding patient use of contraceptives.

5. Identify resources for additional information for patients receiving contraceptives and health care providers.

6. Discuss the significance of recent standardized protocols that allow pharmacists to prescribe or furnish hormonal contraceptives without a prescription from another provider.
You practice in a state where pharmacist prescribed hormonal contraception is permitted and desire to offer this service at your pharmacy. Which one of the following steps will you need to BEGIN doing for a patient receiving combined hormonal contraceptives prescribed at your pharmacy?

A. Provide instructions for safe and effective use for all new contraceptive prescriptions
B. Obtain a blood pressure measurement as you collect the patient’s information
C. Assess the patient’s adherence to therapy with each refill
D. Use the teach-back method to assess the patient’s understanding
According to the United States Medical Eligibility Criteria, which of the following is a contraindication to using the contraceptive vaginal ring in a 37 year-old woman?

A. Smoking one pack of cigarettes per day
B. Had a baby 8 weeks ago and is breastfeeding
C. Last two blood pressure readings were 138/88mmHg and 134/80 mmHg
D. Daily use of oral tetracycline for acne
According to the United States Medical Eligibility Criteria, which of the following is a contraindication to using the contraceptive vaginal ring in a 37 year-old woman?

A. Daily use of oral tetracycline for acne
B. Last two blood pressure readings were 148/88mmHg and 154/90mmHg
C. Had a baby 8 weeks ago and is breastfeeding
D. Smoking one pack of cigarettes per day
When assisting a woman in the selection of a contraceptive method, which one of the following approaches is best?

A. Collaborative approach with shared decision making
B. Directed approach based on patient’s requested method
C. Persuasive approach based on safety and efficacy of methods
D. No specific method as long as open ended questions are used
Which one of the following tools would be helpful to guide a pharmacist interested in developing a consistent and structured approach to a pharmacist directed contraceptive prescribing service?

A. Pharmacists’ Patient Care Process
B. US Medical Eligibility Criteria
C. US Selected Practice Recommendations
D. US Quality Family Planning
Which one of the following is a potential benefit to pharmacist provided contraception?

A. Increase access to contraceptives for all sexually active teens
B. Increase access to long acting reversible contraception
C. Expedite efforts to move contraceptives to OTC status
D. Increase contraceptive access in patients with health disparities
Introduction

• A land of opportunity for pharmacists

• One-minute write

Photo credit: https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm#tab-4
Contraceptive Efficacy

EFFECTIVENESS OF FAMILY PLANNING METHODS

Most Effective
Implant
Intrauterine Device (IUD)

Permanent Sterilization
Female (Abdominal, Laparoscopic, and Hysteroscopic)
Male (Vasectomy)

Reversible
Injectable
Pill
Patch
Ring
Diaphragm

Condoms should always be used to reduce the risk of sexually transmitted infections.

Fertility Awareness-Based Methods
Abstain or use condoms on fertile days.

Other Methods of Contraception:
1. Lactational Amenorrhea Method (LAM), a highly effective, temporary method of contraception, and
2. Emergency Contraception, emergency contraception pills or a regimen IUD, after unprotected intercourse substantially reduces the risk of pregnancy.

Adapted from US Health: Family Planning and Reproductive Health, Office of Population Affairs, Centers for Disease Control and Prevention, 2011. Knowledge is Health project.

Contraceptive Efficacy

In One Year...

IUD or Implant
Oral contraceptives
Male condoms

No method
Hormonal Contraception Options

**Combined Hormonal Contraception**
- Pills
- Vaginal Ring
- Patch

**Progestin-Only Contraception**
- Injection
- Intrauterine Devices (IUDs)
- Pills
- Implant

https://www.girlshealth.gov/body/sexuality/bc_types.html
Non-Hormonal Contraception Options

Copper IUD

Sponge

Male condom

Female condom

Spermicide

Abstinence

Fertility awareness

Withdrawal

Vasectomy

Tubal ligation

Essure®

Lactational Amenorrhea

Diaphragm

Cervical Cap

https://www.girlshealth.gov/body/sexuality/bc_types.html
Combined Hormonal Contraceptives (CHCs)

**Estrogen**
- Ethinyl estradiol
- Estradiol valerate
- Mestranol

**Progestin**
- Norethindrone
- Norethindrone acetate
- Ethynodiol diacetate
- Norgestrel
- Levonorgestrel
- Desogestrel, etonogestrel
- Norgestimate, norelgestromin
- Drospirenone
- Dienogest

Uses: Hormonal Contraceptives

- Prevention of pregnancy
- Menstrual cycle improvement
- Menstrual pain
- Improvement of acne and hirsutism (combined only)
- Reduction of ovarian and endometrial cancers
  - Note: MAY decrease colon and increase risk of breast and cervical cancer and benign liver tumors
- Decreased risk of iron deficiency anemia
- Suppression of endometriosis
- Transition therapy for perimenopause
**Combined Oral Contraceptives**

Take one tablet daily by mouth at the same time every day.

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**ORAL CONTRACEPTIVES (Part 1 of 2)**

<table>
<thead>
<tr>
<th>TYPE Progestin/estrogen</th>
<th>Brand</th>
<th>Progestin (mg)</th>
<th>Estrogen (mcg)</th>
<th>Active tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBINATION EXTENDED CYCLE</td>
<td>Camrese</td>
<td>0.15</td>
<td>30</td>
<td>84 light blue-green 7 yellow</td>
</tr>
<tr>
<td></td>
<td>Camrese Lo</td>
<td>0.1</td>
<td>20</td>
<td>84 orange 7 yellow</td>
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<tr>
<td></td>
<td>Introvale</td>
<td>0.15</td>
<td>30</td>
<td>peach</td>
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<tr>
<td></td>
<td>Jolessa</td>
<td>0.15</td>
<td>30</td>
<td>pink</td>
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<tr>
<td></td>
<td>LoSeasonique</td>
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<td>20</td>
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<tr>
<td></td>
<td>Quartette</td>
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<td>20</td>
<td>42 light pink 21 pink 21 purple 7 yellow</td>
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<tr>
<td></td>
<td>Seasonale</td>
<td>0.15</td>
<td>30</td>
<td>pink</td>
</tr>
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<td></td>
<td>Seasonique</td>
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<td>30</td>
<td>84 light blue-green 7 yellow</td>
</tr>
<tr>
<td></td>
<td>Balziva</td>
<td>0.4</td>
<td>35</td>
<td>light peach</td>
</tr>
<tr>
<td></td>
<td>Brevicon</td>
<td>0.5</td>
<td>35</td>
<td>blue</td>
</tr>
<tr>
<td></td>
<td>Femcon Fe</td>
<td>0.4</td>
<td>35</td>
<td>white</td>
</tr>
<tr>
<td></td>
<td>Generess Fe</td>
<td>0.8</td>
<td>25</td>
<td>light green</td>
</tr>
<tr>
<td></td>
<td>Junei 21 1/20</td>
<td>1*</td>
<td>20</td>
<td>yellow</td>
</tr>
<tr>
<td></td>
<td>Junei Fe 1/20</td>
<td>1*</td>
<td>20</td>
<td>pink</td>
</tr>
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<td>Lo Loestrin Fe</td>
<td>1*</td>
<td>10</td>
<td>24 blue 2 white</td>
</tr>
<tr>
<td></td>
<td>Microgestin 1/20</td>
<td>1*</td>
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<td>white</td>
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</table>

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Photo: https://www.cdc.gov/reproductive-health/contraception/index.htm

http://www.empr.comclinical-charts/oral-contraceptives/article/123837/
Vaginal Ring

• 15 mcg ethinyl estradiol and 120 mcg etonogestrel per day
• 13 mcg ethinyl estradiol and 150 mcg segesterone acetate per day
• Ring inserted and kept in place for 3 weeks
• The fourth week is a “ring-free” week
• New ring inserted one week after last ring removed

Photo: https://www.fda.gov/forconsumers/byaudience/forwomen/freepublications/ucm522453.htm
Contraceptive Patch

- 20 mcg ethinyl estradiol and 150 mcg norelgestromin
- Four-week cycle
- New patch applied each week for 3 weeks, then 1 week patch-free
- Start new patch same day each week
- Note: reduced efficacy with weight >198 lbs

Photo: https://www.cdc.gov/reproductive_health/contraception/index.htm
Use of CHCs

• Cyclic use (examples)
  • 21 active days – 7 inactive days
  • 24 active days – 4 inactive days

• Extended or continuous use
  • Active pills continuously (daily)
    • Take 21 days, begin new pack immediately (discard last 7 inactive)
    • Some pill packs designed for extended use and will not contain placebo/inactive pill
  • Transdermal patch continuously (weekly)
  • Vaginal ring continuously (monthly)
  • Use monophasic CHC
## Initiating CHCs

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>When to start (if the provider is reasonably certain that the woman is not pregnant)</th>
<th>Additional contraception (i.e., back up) needed</th>
<th>Examinations or tests needed before initiation¹</th>
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<tbody>
<tr>
<td>Copper-containing IUD</td>
<td>Anytime</td>
<td>Not needed</td>
<td>Bimanual examination and cervical inspection²</td>
</tr>
<tr>
<td>Levonorgestrel-releasing IUD</td>
<td>Anytime</td>
<td>If &gt;7 days after menses started, use back-up method or abstain for 7 days.</td>
<td>Bimanual examination and cervical inspection²</td>
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<tr>
<td>Implant</td>
<td>Anytime</td>
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<tr>
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<td>Anytime</td>
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¹ Blood pressure measurement may be done at enrollment if not previously done, if the provider deems it necessary.

https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html
Progestin-only Contraceptives

- Progestin-only pills (various)
- Injectable (depot medroxyprogesterone)
- Implant (etonogestrel)
- Intrauterine device (levonorgestrel)
  - Note: COPPER intrauterine device is NON-HORMONAL
Progestin-Only Pills

• Contain only progestin (no estrogen)
  • Inhibit ovulation in ~50% of cycles
  • 48 hours of use necessary for cervical mucus effects
• Contraindications (Category 4)
  • Current breast cancer
• Taking at same time each day important
  • Dose considered missed if >3 hours late
    • Take asap, continue taking daily; backup/abstain x 2 days; emergency contraception (EC) if unprotected intercourse
• Primarily used postpartum – breastfeeding
• Periods may be irregular or potentially no periods at all
## Initiating Progestin-only Pills

### Table: When to Start Using Specific Contraceptive Methods

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Injection: Depot Medroxyprogesterone Acetate (DMPA)

• Depo-Provera®: 1 cc crystalline suspension of 150 mg depot medroxyprogesterone acetate injected IM into deltoid or gluteus maximus muscle every 12 weeks (range 11-13 weeks)
  • Can be given up to 2 weeks late (15 weeks) without requiring additional contraception

• Depo-subQ Provera ®: 0.65 cc injection of 104 mg depot medroxyprogesterone acetate injected SQ every 12 weeks
  • Can be given up to 2 weeks late (14 weeks) without requiring additional contraception
## When to Start Using Specific Contraceptive Methods

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Accessed Nov 13, 2018
Implant: Etonogestrel

• Single rod contraceptive implant (4 cm length, 2 mm diameter)
• Contains 68 mg of etonogestrel (radiopaque)
• Over 99% effective for up to 3 years
• Inserted under skin of upper arm
• Contraindication: current breast cancer
• Irregular/unpredictable or absent bleeding
• Rapid return to fertility upon removal

Photo: https://www.fda.gov/forconsumers/byaudienc e/forwomen/freepublications/ucm522453.htm
## Initiating Progestin-only Implant

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</table>

¹ denotes additional requirements before initiation. ² Indicates examination and cervical inspection.

Accessed Nov 13, 2018
# Levonorgestrel and Copper IUDs in the U.S.

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Ingredient and release rate</th>
<th>Duration of effectiveness (&lt;1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirena®</td>
<td>Levonorgestrel 20 mcg/day</td>
<td>5 years (7 years)</td>
</tr>
<tr>
<td>Kyleena®</td>
<td>Levonorgestrel 17.5 mcg/day after 24 days then 7.4 mcg/day after 5 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Liletta®</td>
<td>Levonorgestrel 19.5 mcg/day initially and declines to approximately 17 mcg/day at 1 year, 14.8 mcg/day at 2 years, 12.9 mcg/day at 3 years and 11.3 mcg/day at 4 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Skyla®</td>
<td>Levonorgestrel 14 mcg/day after 24 days and declines to 5 mcg/day after 3 years</td>
<td>3 years</td>
</tr>
<tr>
<td>ParaGard®</td>
<td>Copper with ~176 mg of wire coiled along the vertical stem and a 68.7 mg collar on each side of the horizontal arm</td>
<td>10 years (12 years)</td>
</tr>
</tbody>
</table>

### When to Start Using Specific Contraceptive Methods

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>When to Start (If the provider is reasonably certain that the woman is not pregnant)</th>
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</tr>
</tbody>
</table>

¹ Examinations or tests may vary based on individual patient history and health status. ² These exams may be performed during a routine pelvic examination. ³ These exams may include a Papanicolaou (Pap) test or human papillomavirus (HPV) test, depending on the patient's age and risk factors.

# Contraceptive Method

<table>
<thead>
<tr>
<th>Method</th>
<th>Return to Fertility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copper-containing IUD</td>
<td>Immediate</td>
</tr>
<tr>
<td>Levonorgestrel-releasing IUD</td>
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<tr>
<td>Implant</td>
<td>Immediate</td>
</tr>
<tr>
<td>Injectable</td>
<td>Delayed</td>
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<tr>
<td>Combined hormonal contraceptive</td>
<td>Immediate</td>
</tr>
<tr>
<td>Progestin-only contraceptive</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

After Evaluating Efficacy....

SAFETY

U.S. Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016
MMWR Recomm Reports 2016;65(No. RR-3);1-104

Available at:
https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
Recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.

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

[https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html)
### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Cu-HED</th>
<th>LNG-HED</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CJC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
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**Definitions:**
- Cu-HED: Copper intrauterine device
- LNG-HED: Levonorgestrel intrauterine device
- Implant: Progestin-implant contraceptive system
- DMPA: Depo-provera injection
- POP: Oral contraceptive pill
- CJC: Contraceptive jelly
- Cu-HED: Copper intrauterine device
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[https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html)
### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

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#### Notes

- Medical Eligibility codes: 1 = Medical Product or Therapy; 2 = Medical Condition; 3 = Medical Decision; 4 = Medical Exemption
- Conditions and variables are listed in the summary chart provided by the CDC.
### Headaches

**a) Nonmigraine (mild or severe)**

**b) Migraine**

- **i) Without aura (includes menstrual migraine)**
- **ii) With aura**

#### Conditions and Sub-Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
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### Diocesana

1. **History of nonmigraine headache**
2. **History of migraine with aura**
3. **History of vascular headaches**
4. **History of depression**

### Footnotes

- [1] No restriction (method can be used).
- [2] Theoretical or proven risks usually outweigh the advantages.
- [4] Unacceptable levels of risk (method not to be used).

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https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Co-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
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<td>c) Age ≥35, ≥15 cigarettes/day</td>
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### Contraceptive Methods

- **Cu-IUD**: Copper intrauterine device
- **LNG-IUD**: Levonorgestrel intrauterine device
- **Implant**: Hormonal implant
- **DMPA**: Depo-Provera (medroxyprogesterone acetate injection)
- **POP**: Oral contraceptive pill
- **CHC**: Conjugated estrogen/medroxyprogesterone acetate combination pill

### Medical Eligibility Criteria

1. **Hypertension**
   - Arteriosclerotic or controlled hypertension
   - Preeclampsia
   - Systolic ≥140 mmHg or diastolic ≥90 mmHg
   - Systolic ≥160 mmHg or diastolic ≥105 mmHg
   - Vascular disease
   - Inflammatory bowel disease
   - Perforated appendicitis
   - Known thromboembolic disease
   - Liver disease
   - Multiple risk factors for atherosclerotic cardiovascular disease
   - HIV infection
   - Cancer

2. **Smoking**
   - a) Age <35
   - b) Age ≥35, <15 cigarettes/day
   - c) Age ≥35, ≥15 cigarettes/day

3. **Peripartum cardiomyopathy**
   - Normal or mildly impaired cardiac function
   - Moderate or severely impaired cardiac function
   - Postpartum
   - Preeclampsia (non-breastfeeding)
   - Breastfeeding or non-breastfeeding women, including breast density

4. **Drug Interactions**
   - Antiretroviral therapy
     - All-inclusive (AZT, 3TC, ABC, D4T, NFV, ATV, PI)
   - Non-inclusive (EFV, NVP, NRTIs, CCR5 inhibitors)

5. **STDs**
   - Gonorrhea
   - Chlamydia
   - Syphilis
   - Herpes
   - Hepatitis B
   - Lyme disease
   - HIV

6. **HIV infection**
   - 1 or 2 for all methods.

7. **Pregnancy**
   - a) On gonadotropin-releasing hormone agonist
   - b) On gonadotropin-releasing hormone antagonist

8. **Sclerosing mastitis**
   - a) At least 10 kg weight reduction
   - b) At least 25 kg weight reduction

9. **Vaginal bleeding patterns**
   - a) Abnormal
   - b) Regular with or without heavy bleeding

10. **Vulvovaginal candidiasis**
    - a) None
    - b) Acute or Chronic

11. **Nipple discharge**
    - a) No nipple discharge
    - b) Nipple discharge

12. **Semen quality**
    - a) Normal
    - b) Impaired

13. **Drugs**
    - a) Anticoagulants
    - b) Antiplatelet agents

14. **Other**
    - a) Kidney failure
    - b) Cyst

### Notes

- **Depo Provera**: The summary table does not include oocytes that are likely to ovulate the next day. A 1/2-3/2 cycles should be used for all methods.
- **Depo-Provera**: The summary table does not include oocytes that are likely to ovulate the next day. A 1/2-3/2 cycles should be used for all methods.
- **Long-acting reversible contraception (LARC) devices** are not recommended for women with a history of pulmonary thromboembolism or cancer.
- **HIV-positive women**: The summary table includes oocytes that are likely to ovulate the next day.
- **HIV-negative women**: The summary table includes oocytes that are likely to ovulate the next day.

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https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

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<th>POP</th>
<th>CHC</th>
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<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3/4*</td>
</tr>
<tr>
<td>Recent or unexplained weight loss</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Liver tumors</td>
<td>a) Benign</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>b) Hepatitis</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Multiple risk factors for atherosclerotic cardiovascular disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3/4</td>
<td></td>
</tr>
<tr>
<td>Multiple ascites</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>a) Body mass index (BMI) ≥ 30 kg/m²</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>b) Metabolically healthy and BMI &lt; 30</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

### Antimicrobial Therapy

- **a) Broad spectrum antibiotics**
- **b) Antifungals**
- **c) Antiparasitics**
- **d) Rifampin or rifabutin therapy**

### Flecainide use

- **Antiretroviral therapy**
  - **a) Certain antiretrovirals (efavirenz, nevirapine, rilpivirine, tenofovir, atazanavir, darunavir)**
  - **b) Lamivudine**
  - **c) Brivudin or lamivudine**
  - **d) Efavirenz or nevirapine**
  - **e) Other antiretrovirals**

**CSC326090**

[https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html)
Using the brief vignette worksheet, provide a recommendation for at least one appropriate contraceptive in each patient scenario (there may be more than one “right” answer)
A 30-year old woman has just delivered her second child. She is ready to be discharged from the hospital and wants contraception. She plans to breastfeed.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>a) &lt;21 days postpartum</td>
<td>2*</td>
<td>2*</td>
<td>2*</td>
<td>4*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) 21 to &lt;30 days postpartum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) With other risk factors for VTE</td>
<td>2*</td>
<td>2*</td>
<td>2*</td>
<td>3*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) Without other risk factors for VTE</td>
<td>2*</td>
<td>2*</td>
<td>2*</td>
<td>3*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 30-42 days postpartum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) With other risk factors for VTE</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>3*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) Without other risk factors for VTE</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>2*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) &gt;42 days postpartum</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>2*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postpartum (in breastfeeding or non-breastfeeding women, including cesarean delivery)</td>
<td>a) &lt;10 minutes after delivery of the placenta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) Nonbreastfeeding</td>
<td>1*</td>
<td>2*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) 10 minutes after delivery of the placenta to &lt;4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) ≥4 weeks</td>
<td>1*</td>
<td>1*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) Postpartum sepsis</td>
<td>4*</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your contraceptive recommendation(s):
A 20 year-old woman with acne and endometriosis would like contraception. She currently uses topical clindamycin and naproxen for these conditions.

Your contraceptive recommendation(s):
BRIEF VIGNETTE

A 23 year-old woman with a history of seizures and migraine headaches (without aura) is seeking your advice regarding a contraceptive method. Upon review of her medication profile, she takes sumatriptan and phenytoin.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
<td>I</td>
<td>C</td>
<td>I</td>
<td>C</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>a) Nonmigraine (mild or severe)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1*</td>
</tr>
<tr>
<td></td>
<td>b) Migraine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Without aura (includes menstrual migraine)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2*</td>
</tr>
<tr>
<td></td>
<td>ii) With aura</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>4*</td>
</tr>
<tr>
<td>Anticonvulsant therapy</td>
<td></td>
<td>I</td>
<td></td>
<td>2*</td>
<td>1*</td>
<td>3*</td>
<td>3*</td>
</tr>
<tr>
<td></td>
<td>a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)</td>
<td>1</td>
<td>1</td>
<td>2*</td>
<td>1*</td>
<td>3*</td>
<td>3*</td>
</tr>
<tr>
<td></td>
<td>b) Lamotrigine</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3*</td>
</tr>
</tbody>
</table>

Your contraceptive recommendation(s):
BRIEF VIGNETTE

A 42 year-old obese woman has a history of hypertension and takes lisinopril. Her blood pressure has been well-controlled for the last 6 months.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>a) Adequately controlled hypertension</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>2*</td>
<td>1*</td>
<td>3*</td>
</tr>
<tr>
<td></td>
<td>b) Elevated blood pressure levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(properly taken measurements)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Systolic 140-159 or diastolic 90-99</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>2*</td>
<td>1*</td>
<td>3*</td>
</tr>
<tr>
<td></td>
<td>ii) Systolic ≥160 or diastolic ≥100†</td>
<td>1*</td>
<td>2*</td>
<td>2*</td>
<td>3*</td>
<td>2*</td>
<td>4*</td>
</tr>
<tr>
<td></td>
<td>c) Vascular disease</td>
<td>1*</td>
<td>2*</td>
<td>2*</td>
<td>3*</td>
<td>2*</td>
<td>4*</td>
</tr>
</tbody>
</table>

*Note in MEC clarification/comment/evidence: For all categories of hypertension, classifications are based on the assumption that no other risk factors for cardiovascular disease exist. When multiple risk factors do exist, risk for cardiovascular disease might increase substantially. A single reading of blood pressure level is not sufficient to classify a woman as hypertensive. Theoretical concern exists about the effect of LNG on lipids. Use of Cu-IUDs has no restrictions. Women adequately treated for hypertension are at lower risk for acute myocardial infarction and stroke than are untreated women. Although no data exist, POC users with adequately controlled and monitored hypertension should be at lower risk for acute myocardial infarction and stroke than are untreated hypertensive POC users. Evidence: Limited evidence suggests that among women with hypertension, those who used POPs or progestin-only injectables had a small increased risk for cardiovascular events compared with women who did not use these methods (75). Comment: Concern exists about hypoestrogenic effects and reduced HDL levels, particularly among users of DMPA. However, little concern exists about these effects with regard to POPs. The effects of DMPA might persist for some time after discontinuation. Although no data exist, CHC users with adequately controlled and monitored hypertension should be at reduced risk for acute myocardial infarction and stroke compared with untreated hypertensive CHC users. Among women with hypertension, COC users were at higher risk than nonusers for stroke, acute myocardial infarction, and peripheral arterial disease (104,106,113–116,129–143). Discontinuation of COCs in women with hypertension might improve blood pressure control (144).

Your contraceptive recommendation(s):
**BRIEF VIGNETTE**

A 17 year-old woman is seeking long-term contraception as she does not want to get pregnant while in college for the next 4-5 years.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>I</td>
<td>C</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>Menarche to</td>
<td>I</td>
<td>C</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>&lt;20 yrs:2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Menarche to</td>
<td>I</td>
<td>C</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>&lt;18 yrs:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥20 yrs:1</td>
<td>I</td>
<td>C</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>≥40 yrs:2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Your contraceptive recommendation(s):**
Patient Factors for Choosing Appropriate Contraception

- Evaluate efficacy and safety of various options while considering patient experience and specific factors
- Determine patient factors
  - Past medical history
  - Medications
  - Patient preference
  - Ability to adhere
- Recommend 1-2 contraceptive options that could be considered, including long-acting reversible contraceptive (LARC) methods when possible
Unintended pregnancies have significant medical, social, and economic implications

- Wide array of methods available
- Not all methods are suitable for an individual woman
- Shared decision-making
- Instructions for consistent, correct use
Principles of Quality Counseling

• Establish and Maintain Rapport with the Client
  • Foster a welcoming environment

• Assess the Client's Needs and Personalize Discussions Accordingly
  • Standardized questions and assessment tools

• Work with the Client Interactively to Establish a Plan
  • Goal setting → Possible difficulties → Action plans

• Provide Information That Can Be Understood and Retained by the Client
  • Accurate, balanced, and nonjudgmental
  • Informed decision making

• Confirm Client Understanding
  • Teach-back method
Indian Health Service Model for New Prescriptions

Introduction
• Pharmacist introduces self and identifies patient and the medication.
• Explains purpose and importance of counseling session and willingness to be counseled

Three Prime Questions
• “What did your doctor tell you the medication is for?”
• “How did the doctor tell you to take it?”
• “What did the doctor tell you to expect?”

Information
• Name and description of the product and how use
• Action to be taken in the event of a missed dose
• Adverse effects and how to manage/when to report
• Proper storage
• Prescription refill information

Final Verification
• “Teach back”
Peer Role Play - Counseling

- Pair off in groups of 2
- Take turns counseling
  - “Lauren”
  - “Jessica”
- Provide feedback using rubric
- ~10 minutes
U.S. Selected Practice Recommendations

Initiation of Combined Hormonal Contraceptives

Timing

- Combined hormonal contraceptives can be initiated at any time if it is reasonably certain that the woman is not pregnant (Box 2).

Need for Back-Up Contraception

- If combined hormonal contraceptives are started within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
- If combined hormonal contraceptives are started >5 days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.

Special Considerations

Amenorrhea (Not Postpartum)

- **Timing**: Combined hormonal contraceptives can be started at any time if it is reasonably certain that the woman is not pregnant (Box 2).
- **Need for back-up contraception**: The woman needs to abstain from sexual intercourse or use

How to be reasonably certain that a woman is not pregnant

A health care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- is ≤7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- ≤7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum

https://www.cdc.gov/reproductivehealth/contraception/mmwr/me c/summary.html
Recommended Actions After Late or Missed Combined Oral Contraceptives

- **If one hormonal pill is late:** (≤24 hours since a pill should have been taken)
  - Take the late or missed pill as soon as possible.
  - Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
  - No additional contraceptive protection is needed.
  - Emergency contraception is not usually needed but can be considered (with the exception of UPA) if hormonal pills were missed earlier in the cycle or in the last week of the previous cycle.

- **If one hormonal pill has been missed:** (24 to ≤48 hours since a pill should have been taken)
  - Take the most recent missed pill as soon as possible (any other missed pills should be discarded).
  - Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
  - Use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills have been taken for 7 consecutive days.
  - If pills were missed in the last week of hormonal pills (e.g., days 15-21 for 28-day pill packs):
    - Omit the hormone-free interval by finishing the hormonal pills in the current pack and starting a new pack the next day.
    - If unable to start a new pack immediately, use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills from a new pack have been taken for 7 consecutive days.
  - Emergency contraception should be considered (with the exception of UPA) if hormonal pills were missed during the first week and unprotected sexual intercourse occurred in the previous 5 days.
  - Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate.

- **If two or more consecutive hormonal pills have been missed:** (≥48 hours since a pill should have been taken)
  - Take the most recent missed pill as soon as possible (any other missed pills should be discarded).
  - Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
  - Use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills have been taken for 7 consecutive days.
  - If pills were missed in the last week of hormonal pills (e.g., days 15-21 for 28-day pill packs):
    - Omit the hormone-free interval by finishing the hormonal pills in the current pack and starting a new pack the next day.
    - If unable to start a new pack immediately, use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills from a new pack have been taken for 7 consecutive days.
  - Emergency contraception should be considered (with the exception of UPA) if hormonal pills were missed during the first week and unprotected sexual intercourse occurred in the previous 5 days.
  - Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate.

https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
Protocol Driven, Pharmacist-Prescribed Hormonal Contraception

- California
- Colorado
- Hawaii
- Maryland
- New Mexico
- Oregon
- Tennessee
- Washington
- Washington D.C.

Image: https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/
**Pharmacist-Prescribed Hormonal Contraception**

<table>
<thead>
<tr>
<th>ANTICIPATED EFFECTS</th>
<th>POTENTIAL CONCERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ↑ access to contraception</td>
<td>• May not go far enough for ↑ access</td>
</tr>
<tr>
<td>• ↓ unintended pregnancy and abortion</td>
<td>• Effectiveness and preferences must be considered</td>
</tr>
<tr>
<td>• Safe for women without prescription</td>
<td>• May shift contraceptive use away from LARCs</td>
</tr>
<tr>
<td>• ↓ MD visits and related medical costs without adverse effects on health</td>
<td>• May ↓ attention for OTC hormonal contraception initiatives</td>
</tr>
<tr>
<td>• Pharmacists and prescribers sharing responsibility of care while working within</td>
<td>• Age laws (where applicable) may discourage vulnerable women from seeking contraceptive care</td>
</tr>
<tr>
<td>scope of practice</td>
<td></td>
</tr>
<tr>
<td>• Mitigate racial disparities</td>
<td></td>
</tr>
</tbody>
</table>

Patient follows protocol/algorithm and patient completes the self-screening tool.


Pharmacist measures and records patient’s seated blood pressure if combined hormonal contraceptives are requested or recommended.

Pharmacist ensures patient is appropriately trained in administration of the requested or recommended contraceptive medication.

Pharmacist notifies patient’s primary care provider of any drug(s) or device(s) furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider.

Referral occurs for any identified contraindication(s)
Question for Consideration...

What are your thoughts about pharmacists prescribing hormonal contraception?

Image: https://www.womenshealth.gov/a-z-topics/birth-control-methods
Pharmacists’ Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

- **Collect**
  - The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

- **Assess**
  - The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.

- **Plan**
  - The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

- ** Implement**
  - The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

- **Follow-up: Monitor and Evaluate**
  - The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Figure 1: Pharmacists’ patient care process

www.pharmacist.com/sites/default/files/PatientCareProcess.pdf
JCPP Pharmacists’ Patient Care Process: Collect and Assess

- Collect
  - Standardized assessment form
  - Patient Interview
  - Physical assessment
    - Blood pressure
    - Weight
JCPP Pharmacists’ Patient Care Process: Collect and Assess

- Assess
  - Review gathered information
  - Use the CDC’s U.S. MEC to determine eligibility for contraception
    - Furnish contraception
    - Referral?
  - Compare potential options with patient’s preferences and needs

---

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Test-Condition</th>
<th>ECO-ECO</th>
<th>Implant</th>
<th>IUI-TEI</th>
<th>Nexplanor®</th>
<th>POP</th>
<th>IUD</th>
<th>OCs</th>
<th>Intrauterine</th>
<th>Injectable</th>
<th>Sponges</th>
<th>Condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age (years)</td>
<td>&lt;35</td>
<td>40-44</td>
<td>&gt;44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
JCPOT Pharmacists’ Patient Care Process:
Plan

• Plan
  • Use shared decision making to assist patient in choosing a specific product or method
  • Pharmacist should consider and discuss:
    • Method
    • Efficacy
    • Bleeding
    • Reversibility
    • Accessibility
JCPP Pharmacists’ Patient Care Process: Implement and Follow-up

• Implement
  • Patient counseling and education
  • Use the CDC U.S. Selected Practice Recommendations (SPR) to guide initiation
    • How to use
    • When to start
    • Back-up method?
    • Switching between methods
  • Ensure patient has adequate supply and information
  • Preventative health measures

• Follow-up
  • Monitor for adherence, adverse effects
  • Evaluate patient satisfaction with regimen
Strategies to establish and maintain rapport with the client:
• use open-ended questions
• demonstrate expertise, trustworthiness, and accessibility
• ensure privacy and confidentiality
• explain how personal information will be used
• encourage the client to ask questions and share information
• listen to and observe the client
• be encouraging and demonstrate empathy and acceptance

Interactive discussion with patient to select most effective and appropriate method
• method effectiveness
• correct use of the method
• non-contraceptive benefits
• side effects
• protection from STDs, including HIV
Directed vs. Collaborative Approach

- Directed: https://www.youtube.com/watch?v=WN6ipNLZNDDY&feature=youtu.be
- Collaborative: https://www.youtube.com/watch?v=U3a604fl7MM&feature=youtu.be

- See “Melanie’s” Self-Assessment
- Compare and contrast approaches and techniques used by the pharmacist
- What principles were demonstrated?
Hormonal Contraceptive Self-Screening Questionnaire

Name: Placard Smith  Date: 2/1/17  Pharmacist Initials: A. J.
Address: 123 Main Street  Phone: 555-555-5555
Physician Name: Dr. Smith  Physician Phone: 555-555-5555

Do you have any allergies to medications? 
- Yes  - No

Do you currently take any of the following medications?
- Yes  - No
- Barbituates  - Lamotrigine  - Pravastatin  - St. John's Wort
- Carbamazepine  - Oxcarbazepine  - Rifabutin  - Topiramate
- Rosiglitazone  - Phenformin  - Rifampin

List any additional medications that you currently take, including prescription, over the counter, and herbal: Nicotine, Fluoxetine, Nicotine patch, Vistaril, tramadol, and tramadol hydrochloride.

1. When was the first day of your last menstrual period? 3/1/17
2. Have you had sexual intercourse since the first day of your last menstrual period? 
   - Yes  - No
3. Do you have a reliable method of contraception during sexual intercourse? 
   - Yes  - No
4. Do you smoke cigarettes? If so, how many do you smoke daily? 
5. Have you ever been told by a medical professional that you are at risk of developing a blood clot? 
   - Yes  - No
6. Have you ever been told by a medical professional NOT to take hormones? 
   - Yes  - No
7. Have you given birth in the last 6 weeks? 
   - Yes  - No
8. Are you currently breastfeeding an infant less than 1 month old? 
   - Yes  - No
9. Are you currently experiencing, or have you experienced in the past, any of the following conditions? Check all that apply:
   - Benign uterine fibroids  - Gallbladder disease  - Stroke
   - Blood clot in leg or lung  - Liver cancer  - Surgery within 1 year
   - Blood disorder  - Liver disease  - Unusually heavy menstrual bleeding
   - Breast cancer  - Lupus  - Rheumatoid arthritis
10. Do you experience any of the following? Check all that apply:
    - Migraine WITH aura  - Headache with sensitivity to light
    - Migraine WITHOUT aura  - Headache with loss of vision
    - Headaches with nausea/vomiting  - Headache with numbness

11. Have you ever taken, or do you currently take, any hormonal birth control?
   - No  - Yes
   - What are the names of the products you have used?
   - Have you ever had a bad reaction to a birth control product?
     - No  - Yes
     - Which product was it and what reaction occurred?
   - Do you currently use hormonal birth control?
     - No  - Yes
     - What is the name of the birth control product?
     - Would you like to continue using the same product?
       - No  - Yes

What is your preferred method?
- No preference  - Oral pill (take once daily)
- Skin patch (change once weekly)  - Vaginal ring (change once monthly)
- Implant or intrauterine device (last 3 - 5 years)

I acknowledge that the above information is correct and that this information may be shared with my primary care provider.

Patient Signature: Melanie Smith  Date: 3-15-18

Pharmacist use only: Do you prefer not to discuss birth control during pregnancy? 
- Yes  - No

Blood Pressure: 120/74  2nd Reading (if necessary): / Weight (may be self-reported): 150 lbs.
- Patient is NOT eligible for pharmacist hormonal contraceptive services (list reason and referral information)
- Patient IS eligible for pharmacist hormonal contraceptive services (fill out below prescription information)
Pharmacist Referral and Visit Summary

___ Today you were prescribed the following hormonal contraception: ____________________________
(Note: ____________________________________________)

If you have a question, my name is ______________________________________________________

Please review this information with your primary care or women’s health provider.

- or -

___ I am not able to prescribe hormonal contraception to you today, because:
☐ Pregnancy cannot be ruled out. (Note: ________________________________)
☐ You have a health condition than requires further evaluation. (Note: __________________________)
☐ You take medication(s) or supplements that may interfere with patches or pills. (Note: _______________)
☐ Your blood pressure reading is higher than 140/90 units. (_____/______)

Each requires additional evaluation by another healthcare provider. Please share this information with your provider.

Pharmacist Name ________________________________________________________
Pharmacy Name _________________________________________________________
Address _______________________________________________________________
Phone _________________________________________________________________

Colorado Hormonal Contraception Protocol
Rule 17, Appendix A

https://drive.google.com/file/d/0B-K5DhxXxJZbNI80aFVwWjJmbk0/view
Practice Scenario

• Groups of 3
  • Pharmacist
  • Patient
  • Observer

• “Elizabeth”
  • Requesting birth control at community pharmacy
  • See completed self-assessment form
  • ~10 minutes
Conclusions

• Community pharmacists have a significant role in women’s care.
• Evaluating contraceptive efficacy and safety is critical when prescribing or dispensing contraceptives.
• Many contraceptive products available and patient factors can help guide care decisions.
• Educational strategies involving open-ended questions help patients understand appropriate use of contraceptives.
• Key resources are available for additional contraception information.
• Standardized protocols provide opportunities for pharmacists to prescribe or furnish hormonal contraceptives without a prescription from another provider.
Call to Action

What will you do differently after today?
You practice in a state where pharmacist prescribed hormonal contraception is permitted and are beginning to offer this service at your pharmacy. Which one of the following steps will you need to BEGIN doing for a patient receiving combined hormonal contraceptives prescribed at your pharmacy?

A. Provide instructions for safe and effective use for all new contraceptive prescriptions
B. Obtain an accurate blood pressure measurement as you collect the patient’s information
C. Assess the patient’s adherence to therapy with each refill
D. Use the teach-back method to assess the patient’s understanding of how to use the product
According to the United States Medical Eligibility Criteria, which of the following is a contraindication to using the contraceptive vaginal ring in a 37 year-old woman?

A. Smoking one pack of cigarettes per day
B. Had a baby 8 weeks ago and is breastfeeding
C. Last two blood pressure readings were 138/88mmHg and 134/80 mmHg
D. Daily use of oral tetracycline for acne
According to the United States Medical Eligibility Criteria, which of the following is a contraindication to using the contraceptive vaginal ring in a 37 year-old woman?

A. Daily use of oral tetracycline for acne
B. Last two blood pressure readings were 148/88mmHg and 154/90mmHg
C. Had a baby 8 weeks ago and is breastfeeding
D. Smoking one pack of cigarettes per day
When assisting a woman in the selection of a contraceptive method, which one of the following approaches is best?

A. Collaborative approach with shared decision making
B. Directed approach based on patient’s requested method
C. Persuasive approach based on safety and efficacy of methods
D. No specific method as long as open ended questions are used
Which one of the following tools would be helpful to guide a pharmacist interested in developing a consistent and structured approach to a pharmacist directed contraceptive prescribing service?

A. Pharmacists’ Patient Care Process  
B. US Medical Eligibility Criteria  
C. US Selected Practice Recommendations  
D. US Quality Family Planning
Which one of the following is a potential benefit to pharmacist provided contraception?

A. Increase access to contraceptives for all sexually active teens
B. Increase access to long acting reversible contraception
C. Expedite efforts to move contraceptives to OTC status
D. Increase contraceptive access in patients with health disparities
Audience Questions?