## STANDARD PROCEDURES ALGORITHM FOR COLORADO RPH PRESCRIBING OF CONTRACEPTIVES 1) Health and History Screen Contraindicating Review Hormonal Contraceptive Self-Screening Questionnaire. To evaluate health and history, refer to USMEC or Colorado MEC. Condition(s) Refer 1 or 2 (green boxes) - Hormonal contraception is indicated, proceed to next step. 3 or 4 (red boxes) - Hormonal contraception is contraindicated --> Refer No Contraindicating Conditions 2) Pregnancy Screen a. Did you have a baby less than 6 months ago, are you fully or nearly-fully breast feeding, AND have you had no menstrual period since the delivery? Possible b. Have you had a baby in the last 4 weeks? Pregnancy c. Did you have a miscarriage or abortion in the last 7 days? Refer d. Did your last menstrual period start within the past 7 days? e. Have you abstained from sexual intercourse since your last menstrual period or delivery? 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 next step. Patient is not pregnant 3) Medication Screen (Questionnaire #20)? Contraindicating Caution: anticonvulsants, antiretrovirals, antimicrobials, barbiturates, herbs & supplements, including: Medications carbamazepine lumacaftor/ivacaftor primidone (\*PLEASE ALWAYS REFER TO CURRENT MEC\*) rifampin / rifabutin felbamate oxcarbazepine griseofulvin phenobarbital topiramate <u>e</u> lamotrigine phenytoin fosamprenavir (when not combined with ritonavir) No Contraindicating Medications 4) Blood Pressure Screen: BP >140/90 Is blood pressure <140/90? Refer Note: RPH may choose to take a second reading, if initial is high. BP < 140/90 Evaluate patient history, preference, and current therapy for selection of treatment. Patient is currently on birth control Not currently on birth control 5a) Choose Contraception 5b) Choose Contraception Initiate contraception based on patient Continue current form of pills or patch, if no change is necessary preferences, adherence, and history for new therapy Alter therapy based on patient concerns, such as side effects patient may be experiencing; or refer, if appropriate Prescribe up to 12 months of desired contraception and dispense product (quantity based on professional Prescribe up to 12 months of desired contraception and dispense product. (quantity based judgment and patient preference) on professional judgment and patient preference)

## 6) Discuss Initiation Strategy for Initial Treatment/Change in Treatment (as applicable)

- a) Counseling Quick start Instruct patient she can begin contraceptive 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

## 7) Discuss and Provide Referral / Visit Summary to patient

*Encourage*: Routine health screenings, STD prevention, and notification to care provider If patient smokes, provide smoking cessation counseling; refer to Quitline