

# ALGORITHM FOR MARYLAND PHARMACIST PRESCRIBING OF CONTRACEPTIVES

## PREGNANT

1 → Do you think you might be pregnant now?

Yes. Refer.

Refer

## PREGNANCY SCREEN

3a, 3b, 3c → 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?  
 2 → b. Have you had a baby in the past 4 weeks?  
 c. Did you have a miscarriage or abortion in the last 7 days?  
 4 → d. Did your last menstrual period start within the past 7 days?  
 6 → e. Have you abstained from sexual intercourse since your last menstrual period or delivery?  
 5 → f. Have you been using a reliable contraceptive method consistently and correctly?  
 31 → g. Have you taken emergency contraception in the last 5 days?  
**If YES to at least ONE and is free of pregnancy symptoms, proceed to next step.**  
**If NO to ALL of these questions, pregnancy can NOT be ruled out → REFER**

Possibly Pregnancy

Refer

Patient is not pregnant. Continue.

## VTE (Venous thromboembolism) SCREEN

2, 3b & 7 → Did you have a baby in the past 21-30 days, breastfeeding with or without risks for VTE?  
 2, 3b & 8 → Did you have a baby in the past 30-42 days, breastfeeding with risks for VTE?  
 9 → Have you had major surgery with prolonged immobilization?  
 10 → Have you ever had a blood clot in the arms/legs/lungs/other parts of the body?  
 11 → Have you been told by your PCP that you are at risk of having a blood clot?

If yes to any one of the VTE questions. Refer.

Refer

Patient is not at-risk for VTE. Continue.

## ASCVD (Atherosclerotic Cardiovascular Disease) SCREEN

12 → Take and document patient's BP. Pharmacist may choose to take a second reading, if initial is high  
 13a → Do you have diabetes?  
 13b → Have you had diabetes for more than 20 years?  
 13c → Are you using insulin?  
 13d → Do you have damage to your eyes/feet/hands/kidneys or any other from diabetes?  
 14 → Do you have high cholesterol?  
 15 → Have you ever had a heart attack or stroke, or been told you had heart disease?  
 16a → Do you use any form of tobacco? > 35 years of age  
 16b & 16c → If YES, how often and how much do you use any form of tobacco?

BP > 140/90 mm Hg  
 Multiple risk factors of ASCVD – older age, smoking, DM, HTN, low HDL, high LDL or high triglycerides.  
 Tobacco Use and > 35 yrs. Greater than 15 cigarettes per day

Consider referral based on the pharmacist's Professional judgment

Patient is low risk of ASCVD. Continue.

