ALGORITHM FOR MARYLAND PHARMACIST PRESCRIBING OF CONTRACEPTIVES

PREGNANT

Do you think you might be pregnant now?

Yes. 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

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.

ASCVD (Atherosclerotic Cardiovascular Disease) SCREEN

12

Take and document patient's BP. Pharmacist may choose to take a second reading, if initial is high

BP > 140/90 mm Hg

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?

Patient is low risk of ASCVD. Continue.

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
CONTRAINDICATING CONDITIONS

17. Do you ever have headaches with aura?
18. Have you had a recent change in vaginal bleeding that worries you?
19. Have you had stomach reduction or weight loss surgery?
20. Do you have, or have you ever had breast cancer?
21. Have you had a heart, liver, kidney, lung, or other organ transplant?
22. Do you have lupus?
23. Have you ever had hepatitis/liver disease/cancer, gall bladder disease, or jaundice?
24. Do you have any other medical conditions that is contraindicated as per USMEC?

MEDICATION HISTORY

25. Patient taking any of the following: anti-convulsants (phenytoin, primidone, topiramate, barbituates, carbamazepine, and oxcarbazepine), rifampin/rifabutin, antiretrovirals, antimicrobials, felbamate, griseofulvin, lamotrigine, lumacaftor/ivacaftor, phenobarbital, fosamprenavir (when not combined with ritonavir), antiparasitics, antifungals, broad spectrum antibiotics, and SSRIs.

26. Have you had any allergies or bad reactions to any medication you have taken?

27. Have you been told not to take birth control pills, patch, vaginal ring or any other?

28. Have you ever used birth control in the past? Type used:

29. When did you last use birth control pills, patch or any other?
30. Is there a type of birth control that you prefer?


Choose Contraception

Initiate contraception based on patient preferences, adherence and history for new therapy
- Prescribe up to 12 months of desired contraception and dispense product (quantity based on professional judgment and patient preference)

Choose Contraception

Continue current form of contraception, if no change is necessary
- or -
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 judgment and patient preference)

Does not have a contraindicating condition. Continue.

One or more Contraindicating Condition(s). Refer.

Consider referral based on the pharmacist's professional judgment

Contraindicating Medication(s).

No Contraindicating Medications. Continue.

Yes. Refer.

No. Continue.

Not currently on birth control

Patient is currently on birth control