

Pharmacist Prescribing of Self-Administered Oral Contraceptive Therapy  
STATEWIDE PROTOCOL  
Arkansas State Board of Pharmacy

## I. Background

This protocol has been developed to provide guidance for an Arkansas licensed pharmacist who is currently practicing within the state to initiate oral contraceptive therapy, either by administering or dispensing, or both, in a patient who is eighteen (18) years of age or older. This protocol is issued pursuant to Act 408 of 2021 (HB1069)(Arkansas Code § 17-92-101) to authorize licensed pharmacists in Arkansas to initiate oral contraceptive therapy in accordance with the provisions of Arkansas Code § 17-92-115 and the guidance provided therein.

## II. Purpose:

To set criteria for properly trained pharmacists to prescribe hormonal contraception directly to eligible patients of Arkansas. This prescriptive authority of pharmacists will increase access to effective contraception. It is expected that increased access may improve contraceptive use and therefore increase individuals' ability to plan and space pregnancies and decrease the high rate of unintended pregnancy in Arkansas.

## III. Screening Assessment, Questionnaire and Algorithm

The Board of Pharmacy shall adopt screening assessment procedures and questionnaires (Appendix A) to be used by pharmacists throughout the state. When a patient requests oral contraception or when a pharmacist, in his or her professional judgement, decides to initiate oral contraception therapy and counseling, the pharmacist shall assess, at a minimum, the following patient criteria in determining the appropriate therapy to initiate and should refer to the most recent edition of the United States Medical Eligibility Criteria for Contraceptive Use (US MEC) (Appendix B) for further detail regarding the patient's medical eligibility for contraceptive use:

1. Background information, i.e., pregnancy screening, history of smoking, current contraceptive use, etc.
2. Medical history, i.e., diabetes, migraine headache, inflammatory bowel disease, myocardial infarction and or stroke, deep vein thrombosis or pulmonary embolism, hypertension, liver disease, breast cancer, etc.

Pharmacists should follow the CDC guidelines and the standard procedures algorithm for deciding when to proceed with prescribing or when to refer the patient. (See Appendix C)

## IV. Procedure:

Under this statewide protocol, when initiating therapy and administering or dispensing, or both, oral contraceptives in persons eighteen (18) years of age or older, a pharmacist shall:

1. Complete a training program related to the provision of oral contraceptives that has been approved by the Arkansas State Board of Pharmacy. (See Appendix D)

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2. Notify the primary care provider of the patient of any oral contraceptive furnished to the patient or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the primary care provider. (See Appendix D)
3. Provide the patient with a written record of the oral contraceptives furnished and advise the patient to consult a primary care provider of the patient's choice if the patient does not have a healthcare provider. (Appendix E)
4. Provide the patient with a standardized fact sheet (Appendix E) that shall include without limitation:
  - I. The indications and contraindications for the use of the oral contraceptive.
  - II. The appropriate method for the use of the oral contraceptive.
  - III. The need for medical follow-up.
  - IV. Other appropriate information.
5. Screen a patient seeking oral contraceptives to assess whether the patient has been seen by a primary care provider or women's healthcare provider within the previous six (6) months.
  - I. If the patient has NOT been seen by a primary care provider or women's healthcare provider within the previous six (6) months, the pharmacist shall:
    - i. Provide the patient with a referral to a local primary care provider or healthcare provider. (Appendix E)
    - ii. Not dispense more than a six (6) month supply of oral contraceptives or the equivalent number of refills to the patient until the patient has been seen by a primary care provider or healthcare provider.
    - iii. Not provide the patient with a referral to a licensed abortion provider.
6. Explain verbally to the patient the possible effects of an oral contraceptive including without limitations the death of an unborn child and possible health complications and adverse reactions as printed by the United States Food and Drug Administration. (Appendix F)
7. Provide the patient with an informed consent form that documents the explanation described in subdivisions (1 – 6), to which both the pharmacist and patient must sign, and place the form in the patient's medical record. (Appendix G)
8. Report the following information to the Department of Health:
  - I. The number of women who receive oral contraceptives as initiated by a pharmacist.
  - II. The age of the women who receive oral contraceptives as initiated by a pharmacist.

# BIRTH CONTROL SCREENING FORM

This information is strictly confidential.

<b>Name:</b>		<b>Date of birth: / Age</b>	<b>Today's date:</b>
		____ / ____ / ____   ____	____ / ____ / ____
<b>Email:</b>		<b>Phone:</b>	
<b>Primary care or women's health provider:</b>		<b>Provider's contact info:</b>	
<b>A summary of today's visit will be sent to your provider, if you agree.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No provider			
<b>First date of your last menstrual period:</b>	<b>Date of your last STD/HIV tests:</b>	<b>Date of your last reproductive health clinical visit:</b>	
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	
<b>Birth control method(s) you are currently using:</b>			
<input type="checkbox"/> Pills <input type="checkbox"/> Patch <input type="checkbox"/> Ring <input type="checkbox"/> Shot <input type="checkbox"/> Condoms <input type="checkbox"/> IUD <input type="checkbox"/> Implant <input type="checkbox"/> Other, _____			
<b>Birth control method(s) you would like at this visit:</b>			
<input type="checkbox"/> Pills <input type="checkbox"/> Patch <input type="checkbox"/> Ring <input type="checkbox"/> Shot <input type="checkbox"/> Condoms <input type="checkbox"/> IUD <input type="checkbox"/> Implant <input type="checkbox"/> Other, _____			
<b>ALLERGIES</b> (List name of each medicine and your reaction to it)			
<b>BIRTH CONTROL HISTORY</b> (List each birth control type and your experience with it)			
<b>HEALTH HISTORY</b>			
Have you had a <b>hysterectomy</b> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had <b>unprotected sex</b> in the last 5 days?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you might be <b>pregnant</b> now?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you <b>abstained from sex or used a reliable form of birth control</b> since your last period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a <b>miscarriage or abortion</b> in the last 7 days?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you <b>given birth</b> within the last 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently <b>breastfeeding</b> a baby?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke <b>cigarettes</b> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have or have you ever had <b>breast cancer</b> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been told by a medical professional not to take <b>hormones</b> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have <b>vaginal bleeding</b> for an unknown reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have <b>migraine headaches</b> , or headaches so bad that you feel sick to your stomach, you lose the ability to see, it makes it hard to be in light, or it involves numbness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had <b>bariatric surgery</b> or stomach reduction surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have or have you ever had <b>hepatitis, liver disease, liver cancer, or gall bladder disease</b> , or do you have <b>jaundice</b> (yellow skin or eyes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have <b>diabetes</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have <b>high blood pressure, hypertension, or high cholesterol</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a <b>heart attack or stroke</b> , or been told you had any <b>heart disease</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a <b>blood clot</b> in your leg or in your lung?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been told by a medical professional that you are at a high risk of developing a <b>blood clot</b> in your leg or in your lung?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had recent major <b>surgery</b> or are you planning to have surgery in the next 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have <b>lupus, rheumatoid arthritis, or any blood disorders</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take <b>medication for seizures, tuberculosis, or human immunodeficiency virus (HIV)</b> ? If yes, list them here:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other <b>medical problems</b> or take <b>any other medications</b> , including herbs or supplements? If yes, list them here:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am requesting a birth control consultation and prescription from the pharmacist. I understand the following:

- The pharmacist is providing care based on the information I provide.
- If the pharmacist is unable to provide my desired method of birth control, I will be given a referral to another healthcare provider.
- No method of birth control is 100% effective at preventing pregnancy.
- Hormonal birth control does not start working right away to prevent pregnancy. After using hormonal birth control for 7 days, it will prevent pregnancy.
- Hormonal birth control does not protect against sexually transmitted diseases (STDs). Condoms protect against STDs.
- The pharmacist will review my birth control options. For my selected birth control method, the pharmacist will review how to use it and what to expect. The pharmacist is available to answer all my questions.
- I will contact my pharmacist, primary care provider or women's health provider regarding any side effects, problems, or changes to my health status or medications.
- It is advised to have regular visits with a primary care or other reproductive health provider to receive recommended tests and screenings.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Appendix B:** *United States Medical Eligibility Criteria for Contraceptive Use (Updated 2020).*

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <20 yrs:2		Menarche to <20 yrs:2		Menarche to <18 yrs:1		Menarche to <18 yrs:2		Menarche to <18 yrs:1		Menarche to <40 yrs:1	
		≥20 yrs:1		≥20 yrs:1		18-45 yrs:1		18-45 yrs:1		18-45 yrs:1		≥40 yrs:2	
				>45 yrs:1		>45 yrs:2		>45 yrs:1					
Anatomical abnormalities	a) Distorted uterine cavity	4	4										
	b) Other abnormalities	2	2										
Anemias	a) Thalassemia	2	1	1	1	1	1	1	1	1	1	1	1
	b) Sickle cell disease <sup>‡</sup>	2	1	1	1	1	1	1	1	1	1	2	2
	c) Iron-deficiency anemia	2	1	1	1	1	1	1	1	1	1	1	1
Benign ovarian tumors	(including cysts)	1	1	1	1	1	1	1	1	1	1	1	1
Breast disease	a) Undiagnosed mass	1	2	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b) Benign breast disease	1	1	1	1	1	1	1	1	1	1	1	1
	c) Family history of cancer	1	1	1	1	1	1	1	1	1	1	1	1
	d) Breast cancer <sup>‡</sup>												
	i) Current	1	4	4	4	4	4	4	4	4	4	4	4
	ii) Past and no evidence of current disease for 5 years	1	3	3	3	3	3	3	3	3	3	3	3
Breastfeeding	a) <21 days postpartum					2*	2*	2*	2*	2*	2*	4*	4*
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					2*	2*	2*	2*	2*	2*	3*	3*
	ii) Without other risk factors for VTE					2*	2*	2*	2*	2*	2*	3*	3*
	c) 30-42 days postpartum												
	i) With other risk factors for VTE					1*	1*	1*	1*	1*	1*	3*	3*
ii) Without other risk factors for VTE					1*	1*	1*	1*	1*	1*	2*	2*	
d) >42 days postpartum					1*	1*	1*	1*	1*	1*	2*	2*	
Cervical cancer	Awaiting treatment	4	2	4	2	2	2	2	2	1	1	2	2
Cervical ectropion		1	1	1	1	1	1	1	1	1	1	1	1
Cervical intraepithelial neoplasia		1	2	2	2	2	2	2	2	1	1	2	2
Cirrhosis	a) Mild (compensated)	1	1	1	1	1	1	1	1	1	1	1	1
	b) Severe <sup>‡</sup> (decompensated)	1	3	3	3	3	3	3	3	3	3	4	4
Cystic fibrosis <sup>‡</sup>		1*	1*	1*	1*	1*	1*	2*	2*	1*	1*	1*	1*
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy												
	i) Higher risk for recurrent DVT/PE	1	2	2	2	2	2	2	2	2	2	4	4
	ii) Lower risk for recurrent DVT/PE	1	2	2	2	2	2	2	2	2	2	3	3
	b) Acute DVT/PE	2	2	2	2	2	2	2	2	2	2	4	4
	c) DVT/PE and established anticoagulant therapy for at least 3 months												
	i) Higher risk for recurrent DVT/PE	2	2	2	2	2	2	2	2	2	2	4*	4*
	ii) Lower risk for recurrent DVT/PE	2	2	2	2	2	2	2	2	2	2	3*	3*
	d) Family history (first-degree relatives)	1	1	1	1	1	1	1	1	1	1	1	2
	e) Major surgery												
	i) With prolonged immobilization	1	2	2	2	2	2	2	2	2	2	4	4
ii) Without prolonged immobilization	1	1	1	1	1	1	1	1	1	1	2	2	
f) Minor surgery without immobilization	1	1	1	1	1	1	1	1	1	1	1	1	
Depressive disorders		1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*

<b>Key:</b>	
1 No restriction (method can be used)	3 Theoretical or proven risks usually outweigh the advantages
2 Advantages generally outweigh theoretical or proven risks	4 Unacceptable health risk (method not to be used)

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		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy <sup>†</sup>	1		2		2		3		2		3/4*	
d) Other vascular disease or diabetes of >20 years' duration <sup>†</sup>	1		2		2		3		2		3/4*		
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer <sup>‡</sup>		4	2	4	2	1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1	
Epilepsy <sup>‡</sup>	(see also Drug Interactions)	1		1		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic												
	i) Treated by cholecystectomy	1		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		3	
	iii) Current	1		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2	
Gestational trophoblastic disease <sup>‡</sup>	a) Suspected GTD (immediate postevacuation)												
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*	
	b) Confirmed GTD												
	i) Undetectable/non-pregnant β-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*	
	ii) Decreasing β-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*	
	iii) Persistently elevated β-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*		1*		1*		1*	
iv) Persistently elevated β-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*		1*		1*		1*		
Headaches	a) Nonmigraine (mild or severe)	1		1		1		1		1		1*	
	b) Migraine												
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		4*	
History of bariatric surgery <sup>‡</sup>	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1	
HIV	a) High risk for HIV	1*	1*	1*	1*	1		1		1		1	
	b) HIV infection					1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions							
	ii) Not clinically well or not receiving ARV therapy <sup>‡</sup>	2	1	2	1	If on treatment, see Drug Interactions							

**Abbreviations:** ARV = antiretroviral; C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring; SSRI=selective serotonin reuptake inhibitor; † Condition that exposes a woman to increased risk as a result of pregnancy. \*Please see the complete guidance for a clarification to this classification: [https://www.cdc.gov/reproductivehealth/contraception/contraception\\_guidance.htm](https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm).



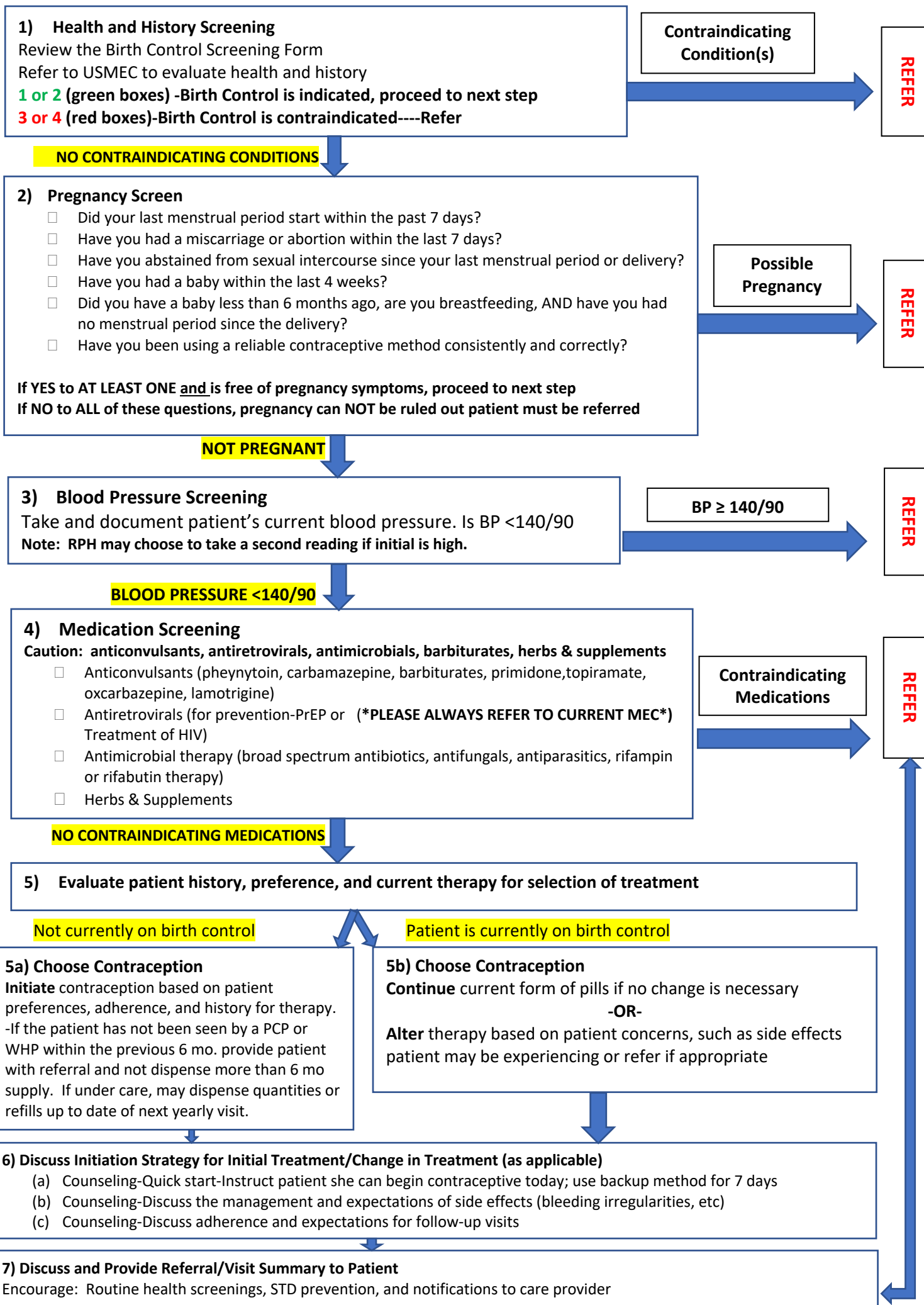
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Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Pregnancy		4*		4*		NA*		NA*		NA*		NA*	
Rheumatoid arthritis	a) On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
	b) Not on immunosuppressive therapy	1		1		1		2		1		2	
Schistosomiasis	a) Uncomplicated	1		1		1		1		1		1	
	b) Fibrosis of the liver <sup>†</sup>	1		1		1		1		1		1	
Sexually transmitted diseases (STDs)	a) Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	2	2	2	2	1		1		1		1	
	c) Other factors relating to STDs	2*	2	2*	2	1		1		1		1	
Smoking	a) Age <35	1		1		1		1		1		2	
	b) Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c) Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation <sup>†</sup>	a) Complicated	3	2	3	2	2		2		2		4	
	b) Uncomplicated	2		2		2		2		2		2*	
Stroke <sup>†</sup>	History of cerebrovascular accident	1		2		2	3	3		2	3	4	
Superficial venous disorders	a) Varicose veins	1		1		1		1		1		1	
	b) Superficial venous thrombosis (acute or history)	1		1		1		1		1		3*	
Systemic lupus erythematosus <sup>†</sup>	a) Positive (or unknown) antiphospholipid antibodies	1*	1*	3*		3*		3*	3*	3*		4*	
	b) Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c) Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d) None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid	1		1		1		1		1		1	
Tuberculosis <sup>†</sup> (see also Drug Interactions)	a) Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b) Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a) Uncomplicated	1		1		1		1		1		2	
	b) Complicated <sup>†</sup>	1		1		1		1		1		4	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		1		2		2		2		1	
	b) Heavy or prolonged bleeding	2*		1*	2*	2*		2*		2*		1*	
Viral hepatitis	a) Acute or flare	1		1		1		1		1		3/4*	2
	b) Carrier/Chronic	1		1		1		1		1		1	1
<b>Drug Interactions</b>													
Antiretrovirals used for prevention (PrEP) or treatment of HIV	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		3*	
	All other ARVs are 1 or 2 for all methods.												
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b) Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		1		1		1	
	b) Antifungals	1		1		1		1		1		1	
	c) Antiparasitics	1		1		1		1		1		1	
	d) Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

**Updated in 2020.** This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see: [https://www.cdc.gov/reproductivehealth/contraception/contraception\\_guidance.htm](https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm). Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condom reduces the risk of STDs and HIV.




**STANDARD PROCEDURES ALGORITHM FOR PRESCRIBING OF ORAL CONTRACEPTIVES**



## TRAINING PROGRAM FOR THE PROVISION OF ORAL CONTRACEPTIVES

### ONLINE AND LIVE PROGRAMS



The screenshot shows a course landing page with a background image of various pills. The title is 'Requirements for Oral Contraceptive Prescribing by Pharmacists in Arkansas'. Below the title are two buttons: 'START COURSE' and 'DETAILS'. Below the image is a paragraph of text describing the course content.

**Requirements for Oral Contraceptive Prescribing by Pharmacists in Arkansas**

[START COURSE](#) [DETAILS](#)

This continuing education program will outline the requirements and resources to initiate oral contraceptives for women ages 18 and above in Arkansas. This protocol is issued pursuant to Act 408 of 2021 (HB1069)(Arkansas Code § 17-92-101) to authorize licensed pharmacists in Arkansas to initiate oral contraceptive therapy in accordance with the provisions of Arkansas Code § 17-92-115 and the guidance provided therein.

#### Curricular Outline:

- I. Introduction
- II. Screening Assessment and Questionnaire
  - a. Background information
  - b. Medical history
- III. Primary Care notification and referral
  - a. Limits on refills
  - b. No referrals to abortion providers
- IV. Possible side effects and adverse reactions
  - a. Informed Consent Form
- V. Instructions for use
  - a. Warning that O.C. do not protect against STD or infections
- VI. Reporting requirements
- VII. Educational Resources

# DOCUMENTATION FORM

To be completed by pharmacist.

<b>Patient Name:</b> _____	<b>Date of Birth: / Age</b> ____ / ____ / ____   ____	<b>Today's Date:</b> ____ / ____ / ____
----------------------------	--	--

## SUBJECTIVE

## OBJECTIVE

Blood Pressure Measurement(s): \_\_\_\_\_ / \_\_\_\_\_ mmHg      \_\_\_\_\_ / \_\_\_\_\_ mmHg

Pregnancy Screen \_\_\_\_\_

Health History \_\_\_\_\_

Other (eg., pulse, weight) \_\_\_\_\_

## ASSESSMENT

## PLAN / IMPLEMENT / FOLLOW-UP

Counseled on: Dosage, effectiveness, how to start/back up method, how to take, potential side effects, safety, recommended preventative health screenings, condoms to prevent STDs

**Patient Education Handouts Given:** \_\_\_\_\_

**Patient Referred For:**

LARC evaluation/placement

related preventative health screenings (cervical cancer, breast cancer, STD/HIV)

primary preventative health screenings (blood pressure, diabetes)

other: \_\_\_\_\_

**Prescription(s) Issued:** \_\_\_\_\_

**Medication Administered:** Med: \_\_\_\_\_ Site: \_\_\_\_\_

Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Pharmacist Name:</b> _____	<b>License Number:</b> _____
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**PCP Notified:**  yes, PCP/practice: \_\_\_\_\_  no, no PCP/referred  no, declined notified by:  phone  fax  email  mail date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# fact sheet

## Combined Oral Contraceptive: "The Pill"

The combined oral contraceptive (COC), or "the pill," is a method of hormonal birth control. The pill contains estrogen and progestin hormones. Brands include Loestrin, Ortho Tri-Cyclen, Yaz, and Yasmin. The pill has many benefits beyond birth control. Many people use it to help with acne, premenstrual syndrome (PMS), or their periods. The pill does NOT protect against sexually transmitted diseases (STDs).

### **How does it work?**

The hormones in the pill prevent pregnancy in several ways. Estrogen prevents ovulation while progestin increases the thickness of cervical mucus and thins the uterine lining. These actions hinder sperm travel, egg release, and implantation in the uterus.

### **How well does it work?**

When used correctly, the pill is over 99% effective in preventing pregnancy, but missing pills or taking them late is common, so the overall effectiveness drops to 91% with typical use.

### **How do I take it?**

The pill is taken by mouth at the same time every day with or without food. Most combination pills come in packs of 28, where the last four or 7 days are placebos ("sugar pills") that do not contain any hormone. You should expect to get your period during the hormone-free days.

### **What if I forget to take it on time?**

It's very important to take all the hormone pills on time.

- If you are late or miss one pill and remember before your next pill is due, take the late pill as soon as possible and resume your normal pill schedule. It is okay to take 2 pills in one day.
- If you miss 2 or more pills, take the most recent missed pill as soon as you remember and resume your normal pill schedule. Throw away any other pills that were missed. Use backup birth control, like condoms, for the next 7 days.
- If pills from the last week of hormones (days 15-21 for 28-day pill packs) were missed, skip the hormone-free period by finishing the hormone pills in the current pack and starting a new one the next day.

You may also consider using emergency contraception like Plan B One-Step (levonorgestrel), but not Ella (ulipristal acetate).

Missing any or all of the placebo pills is okay; no further action is needed to prevent pregnancy, but it is good practice to take them as regularly as the hormone pills so that you can maintain the habit and routine.

### **What if I want to get pregnant soon?**

The pill is a great option if you plan to become pregnant within the next year. It is possible to get pregnant as soon as you stop taking the pill.

**What are some side effects I might experience?**

Though rare, there are serious side effects that can occur when using the pill. These include blood clots, heart attacks, and strokes. If you experience sudden and/or severe pain in your stomach, chest, head, or legs with or without dizziness, nausea, vomiting, difficulty breathing, or changes in vision or mental status, call your healthcare provider right away and/or get to an emergency room. Other possible side effects are headaches, breast tenderness, changes in mood, sex drive, and bleeding patterns. These usually improve after a few months. On the bright side, the pill may help with acne and make periods lighter and more regular.

**Is it right for me?**

The pill is safe for many people. Some health conditions (history of blood clots, high blood pressure, migraine, smoking, and age over 35) make it unsafe to use the pill, so the progestin-only "minipill" can be used instead. (Find the minipill fact sheet [here](#).) Another consideration is the ability to remember to take the pill on time all the time. If you travel often and find it difficult to schedule your doses while keeping time zones in mind, the pill may not be the best option for you.

# fact sheet

## Progestin-Only Pills: The "Minipill"

The "minipill," or progestin-only pill (POP), is a method of birth control that contains only one hormone, a progestin. There are 2 types of minipills: norethindrone and drospirenone. The minipill is different from the combined oral contraceptive (COC or "the pill"), which contains progestin and estrogen hormones (find "the pill" fact sheet [here](#)). The minipill does NOT protect against sexually transmitted diseases (STDs).

	<b>Norethindrone</b>	<b>Drospirenone</b>
<b>Brands</b>	Micronor, Camila, Errin, etc.	Slynd
<b>Are generics available?</b>	Yes	No
<b>Any hormone-free days?</b>	No	Yes; 4
<b>How late can I take a pill (since the scheduled time)?</b>	Up to 3 hours	Up to 24 hours
<b>Available since</b>	The 1970s	2019

### How does it work?

The hormone in the minipill acts like the body's natural hormone progesterone. It causes thickening of the mucus in the cervix and thinning of the uterine lining. It can also prevent the release of an egg but not consistently. Together, these effects make it hard for sperm to get to an egg (if there is one) and for an egg to implant in the uterus.

### How well does it work?

When taken correctly, the minipill is more than 99% effective, but missing pills or taking them late is common, so the overall effectiveness drops to 91% with typical use. Overall, the minipill is slightly less effective at preventing pregnancy than COCs.

### How do I take it?

Take the minipill by mouth on the first day of your period. If you are using the norethindrone minipill, you may take the first pill on any other day, but use backup birth control, like condoms, for 48 hours. Consistency is key with the minipill. Aim to take it at the same time every day. For the norethindrone minipill, all pills in the 28-day pack contain hormone. Because of this, it must be taken every single day with no skipping. For the drospirenone minipill, 24 pills in the 28-day pack contain hormone, and the last 4 are placebo ("sugar pills"). You may get your period during these 4 days.

### What if I forget to take it on time?

If you are more than 3 hours late for the norethindrone minipill or more than 24 hours late for the drospirenone minipill, you should take the late or most recently missed pill as soon as you remember and resume the regular schedule. You may need to use a backup birth control, like condoms, for the next 48 hours until the minipill continues to reliably prevent pregnancy. If you are on the drospirenone minipill, it is okay to miss any of the 4 placebo pills; no further action is needed to prevent pregnancy, but it is good practice to take them as regularly as the hormone pills so that you can maintain the habit and routine.

### What if I want to get pregnant soon?

The minipill is a good option if you are planning to get pregnant within the next year. It is possible to get pregnant right after stopping the minipill.

**What are some side effects I might experience?**

The most common side effect of the minipill is changes in bleeding patterns. These can include bleeding between periods or not having a period at all. (If you miss 2 periods in a row while on the drospirenone minipill, call your health care provider.) The minipill may also cause changes in mood, skin (acne), or appetite. If you do experience some side effects, do not despair; they typically go away after 2 to 3 months of using the minipill.

**Is it right for me?**

The minipill is a safe option for most people, and it is especially appropriate for those who have recently given birth or are breastfeeding. The drospirenone minipill is a good option for those who are looking for birth control with fewer side effects of oily skin, weight gain, and hairiness. Some health conditions (history of blood clots, high blood pressure, migraine, smoking, and age over 35) make it unsafe to use COCs, so the minipill can be used instead. Talk to your healthcare provider for further guidance. Another consideration is the ability to remember to take the minipill every day at the same time. If you travel often and find it difficult to schedule your doses while keeping time zones in mind, the minipill may not be the best option for you.

## ORAL CONTRACEPTIVE CONSENT FORM

**The following statements include important information about oral contraceptives (birth control pills) and should be read before taking oral contraceptives.**

You are required to have been seen by a primary care provider or women's healthcare provider within the past six (6) months. **\*\*\*If not, then the patient must be referred to a local primary care provider or women's healthcare provider AND shall not receive more than a six-month supply of birth control pills until the patient has been seen by a primary care provider or women's healthcare provider\*\*\***

Birth control methods, including birth control pills, are **NOT 100% effective** and some women may become pregnant while taking the pill.

Birth control pills **DO NOT** prevent or protect you from sexually transmitted infections or HIV (human immunodeficiency syndrome).

Taking certain medications along with birth control pills may **decrease the effectiveness** of the birth control pill which may increase your chance of becoming pregnant.

Please be aware there are possible side effects of taking oral contraceptives to include the death of an unborn child and possible health complications and/or adverse reactions as printed by the United States Food and Drug Administration

Cigarette smoking increases the risk of serious cardiovascular side effects while taking some oral contraceptives (risk increases with age-individuals older than 35 years and with heavy smoking.) It is strongly recommended not to smoke while taking birth control pills.

It is important to tell your health care provider if you have any of the following conditions **BEFORE** taking birth control pills: unexplained vaginal bleeding, a history of blood clots or any type of clotting disorder, breast cancer or cancer of reproductive organs, heart disease, stroke, and liver disease.

The following **symptoms (A.C.H.E.S)** are **serious** and indicate a possible blood clot. If any of the following occur, you should seek medical attention immediately.

**A-Abdominal pain (severe), C-Chest pains or shortness of breath, H-Headaches (severe), dizziness, numbness, weakness, E-Eye problems (blurred or double vision, loss of vision, speech problems, S-Severe leg pain**

I understand the information as presented above. The pharmacist has explained the information and allowed me to ask questions.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_ Date \_\_\_\_\_



Terms	Definitions
Properly trained pharmacist	An Arkansas pharmacist with a valid license and in good standing with the Arkansas State Board of Pharmacy who has completed the board approved training program for oral contraceptive prescribing.
Eligible Patients	Females ages 18 years of age or older
Oral Contraception Therapy	Refers to combined oral contraceptive(COC) and/or progestin-only pills (POP)
Primary Care Physician (PCP) Women’s Healthcare Professional (WHP)	A healthcare professional who practices general medicine or specializes in women’s health to include Nurse Practitioners and Physician Assistants
Referral	Suggests patient should follow-up and be seen by PCP or WHP. Routine health screenings by either a PCP or WHP are encouraged
Medical record	Patient records should be kept in an electronic health record or must be kept in such a manner that all data is readily retrievable and shall be retained as a matter of record by the pharmacist for two years

### Frequently Asked Questions

**1. What type of training must be completed by pharmacists to initiate therapy of oral contraceptives?**

Pharmacists are required to complete a training program that has been approved by the Arkansas State Board of Pharmacy. Additional educational resources will also be available to pharmacists. Continuing education hours on contraception will be encouraged as it is important for pharmacists to be up to date on knowledge and standards of care.

**2. Can the pharmacist initiate therapy if the patient has not been seen by a PCP or WHP within the previous six (6) months?**

Yes, however, the pharmacist must provide the patient with a referral to a local primary care physician or women’s healthcare professional. The pharmacist can dispense no more than a six (6) month supply of oral contraceptives or the equivalent number of refills to the patient until the patient has been seen by a PCP or WHP.

**3. If the patient requests a different type of birth control other than oral contraceptives, can the pharmacist initiate therapy?**

No. The patient must be referred to a local PCP or WHP if they choose a different birth control method, or if contraindications exist to oral contraceptives.