**Virginia Algorithm for Pharmacists to Prescribe & Administer**

**Depot Medroxyprogesterone Acetate**

Refer; provide info per protocol if no PCP

**7a) Inquire of Healthcare Providers, Counsel, Notify Providers**

a) If prescribe, notify primary care provider and OB/GYN; counsel patient to seek preventative care per protocol.

b) If no primary care provider, counsel on benefits of relationship and provide information per protocol.

**5b) Ongoing administration of DMPA**

Pharmacist shall confirm that date of last injection was within 11 weeks.

* If > 13 weeks, then pharmacist must rule out pregnancy (refer to Pregnancy Screening section on *Virginia Routine Hormonal Contraceptive Self-Screening Questionnaire*), and instruct patient to abstain or use backup method for 7 days.
* If between 11-13 weeks ago, administer the medication.

**5a) Issue prescription and administer DMPA**

Pharmacist shall issue a prescription for depot medroxyprogesterone and administer the medication. Monitor patient for 20 minutes for adverse reaction.

**Note:** Instruct patient that if this injection is not within 7 days of start of period, then abstain or use backup method for 7 days.

Refer; provide info per protocol if no PCP

Refer; provide info per protocol if no PCP

**4) Discuss DMPA therapy with patient**

a) Address any unexplained vaginal bleeding that worries patient. Refer, when necessary.

b) Counseling- Discuss management and expectations of side effects (bleeding irregularity, etc.)

c) Counseling – Discuss plans for follow-up visits, particularly for q3 month administration DMPA; Stress importance of returning for next injection 11-13 weeks of previous injection. Provide patient with specific calendar date range for next injection.

d) Counseling – Caution with use of DMPA > 2 years (due to loss of bone mineral density). For therapy > 2 years, consultation with primary healthcare provider or OB/GYN is indicated.

q 3 month dose of DMPA

First dose of DMPA

BP > 140/90

BP < 140/90

Contraindicating Conditions/Medications

**3) Blood Pressure Screen**

Is blood pressure < 140/90?

Note: Pharmacist may choose to take a second reading if initial is high.

**2) Health and History Screen**

Evaluate responses on Virginia Routine Hormonal Contraceptive Self-Screening Questionnaire using CDC Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

**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/Medications

Patient is not pregnant

1. **Pregnancy Screen**

Review Pregnancy Screen section of Virginia Routine Hormonal Contraceptive Self-screening Questionnaire

**If YES to at least one question and is free of pregnancy symptoms, proceed to next step.**

**If NO to All questions, pregnancy cannot be ruled out – Refer.**

Possible Pregnancy