NEW YORK STATE DEPARTMENT OF HEALTH

CONTRACEPTION: Standardized Assessment and Treatment Care Pathway

WORKFLOW A.

Oral, Vaginal, and Transdermal Contraception with Combined Hormonal Contraceptives (CHC) and Progestin Only Pills (POP).
Pharmacist must utilize Hormonal Contraceptive Self-Screening Questionnaire to make determinations below.

	Inclusion Criteria	Exclusion Criteria
1. Background Information: Review Patient Intake Form Questions **#1-2**. Each patient must complete a new Patient Intake Form a minimum of every twelve months.	Recommended interval to have routine care and screening by a reproductive health care provider is every 1-3 years	
2. Pregnancy Screen: Review "Do you think you are pregnant or there is a chance you could be pregnant" question and Patient Intake Form **#8-13**.	**NO** to "Do you think you are pregnant or there is a chance you could be pregnant". **If YES** to AT LEAST ONE of #8-13 and is free of pregnancy symptoms.	**If NO** to ALL of questions #8-13, pregnancy can NOT be ruled out. **If YES** to "Do you think you are pregnant or there is a chance you could be pregnant".
3. Medical and Medication History: Review Patient Intake Form **#14-34** (and med list in pharmacy record). Evaluate medical health and history utilizing the US MEC. Evaluate medications utilizing the US MEC and any current references for drug-drug interactions with contraceptives.	If ALL boxes are labeled 1 or 2 (green) on the US MEC for the type of contraception that pharmacist plans to prescribe (e.g., CHC, POP).	If ANY boxes are labeled 3 or 4 (pink/red) on the US MEC or a significant drug-drug or drug-disease interaction exists for the type of contraception that pharmacist plans to prescribe (e.g., CHC, POP)
4. Vital Sign Screen: Document the **pharmacist's measurement of the patient's current blood pressure**. Note: Pharmacist may choose to take a second reading if initial report or measurement is ≥140/90. Assess patient's **self-reported height and weight or pharmacist measured height and weight**.	CHC + BP <140/90 **OR** POP + Any BP	CHC + BP ≥140/90
5. Evaluate patient contraception history, preference, and current therapy for selection of treatment	Choice of birth control **does not have contraindications** based on findings in questionnaire.	Choice of birth control HAS contraindications based on findings in questionnaire

Highlighted criteria are reasons to refer nearby clinics, federally qualified health centers, primary care or sexual and reproductive health clinics. Information should be readily available at the pharmacy and updated on a consistent and regular basis (recommended time frame – every 6-12 months).

6. Choose Contraception		
Initiate contraception based on patient preferences, adherence, and history for new therapy (#3-7).	**Continue** current form of pills, ring, or patch, if no change is necessary. **OR** **Start** new therapy based on patient preferences, or refer, if appropriate.	Dispense desired contraception product. This must be done as soon as practicable and must include any relevant educational materials.

Use Workflow B: Quick Start Algorithm to guide how and when to start a contraceptive method.

7. Provide Counseling

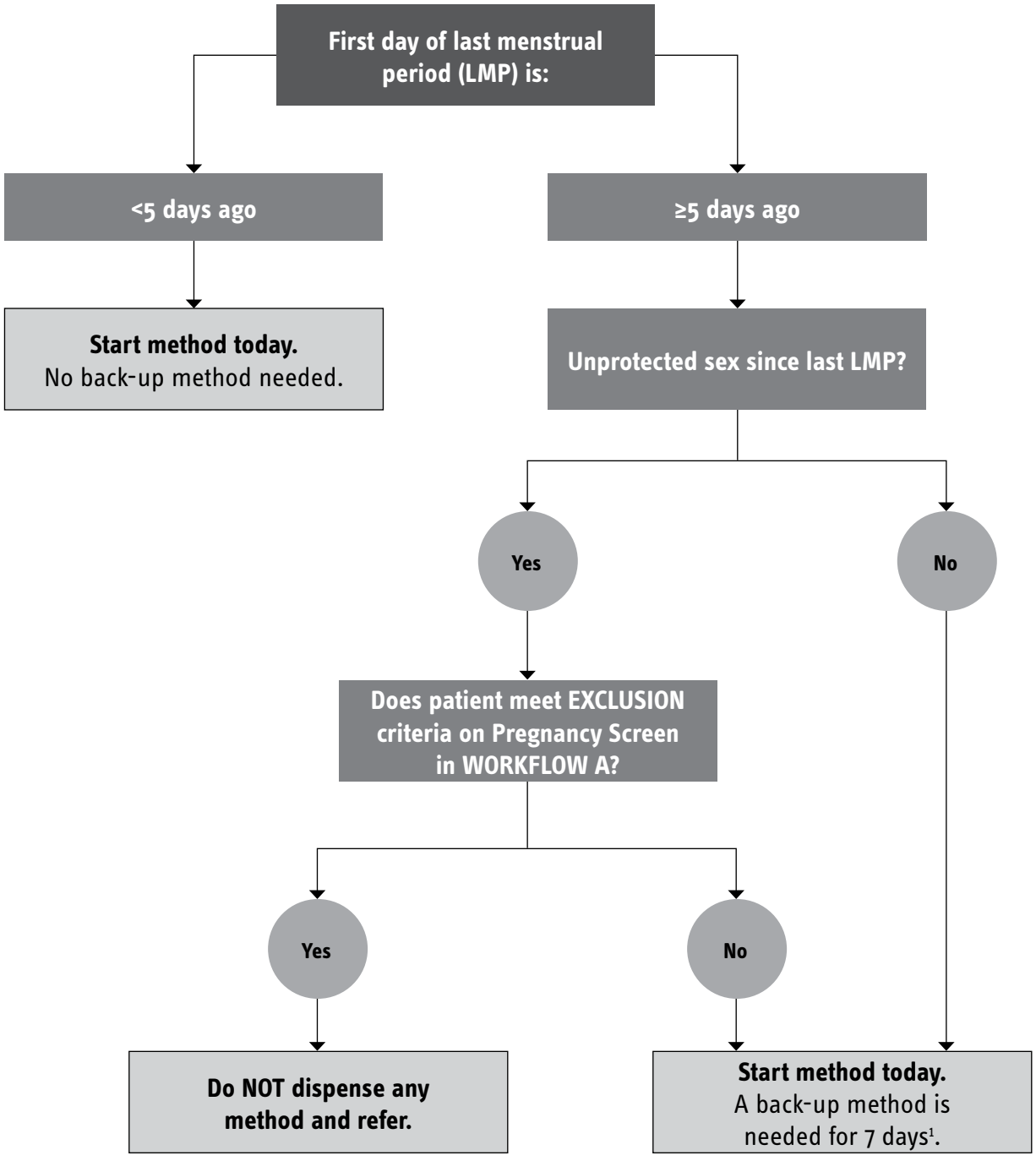
- Address any unexplained vaginal bleeding that worries patient (Patient Intake Form #15) – **Refer for further evaluation**.
- Address any high blood pressure - **Refer for further evaluation**.
- Discuss the management and expectations of side effects (bleeding irregularities, etc.).
- Discuss initiation strategy for initial treatment/change in treatment (as applicable).
- Discuss adherence and opportunities for follow-up visits.
- Encourage routine health screenings and STI prevention.

8. Discuss and provide visit summary to patient and advise the patient to consult with a primary care provider or women's health care provider for follow-up care.

WORKFLOW B.

Quick Start Algorithm. Pharmacist will utilize the Quick Start Algorithm when deciding when to start the contraceptive method (adapted from Reproductive Health Access Project).

Pill, Patch, Ring



[1]Common backup methods consist of abstinence or condoms (male or female).

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SUMMARY CHART OF UNITED STATES MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE

This summary sheet only contains a subset of the recommendations from the USMEC. It is color coded in the left column to match the corresponding question of the Contraception Patient Intake Form.

For complete guidance, see: Summary US MEC (v. 2020) and Full US MEC (v. 2016).

Note: 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.

KEY

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

CORRESPONDING TO THE CONTRACEPTION PATIENT INTAKE FORM:

Condition	Sub-condition	Combined Pill, Patch (CHC)		Progestin-only Pill (POP)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
a. Age		Menarche to <40=1		Menarche to <18=1		Yes
		≥40=2		18-45=1		Yes
				>45=1		Yes
b. Smoking	a) Age <35	2		1		Yes
	b) Age ≥35, <15 cigarettes/day	3		1		Yes
	c) Age ≥35, ≥15 cigarettes/day	4		1		Yes
c. Pregnancy	(not eligible for contraception)	NA*		NA*		NA*
d. Vaginal Bleeding	Unexplained or worrisome vaginal bleeding	2		2		Yes
e. Postpartum (see also Breastfeeding)	a) <21 days	4		1		Yes
	b) 21 days to 42 days:					
	(i) with other risk factors for VTE	3*		1		Yes
	(ii) without other risk factors for VTE	2		1		Yes
	c) >42 days	1		1		Yes
f. Breastfeeding (see also Postpartum)	a) <1 month postpartum	3/4*		2*		Yes
	b) 30 days to 42 days					
	(i) with other risk factors for VTE	3*		2*		Yes
	(ii) without other risk factors for VTE	2*		1*		Yes
	c) >42 days postpartum	2*		1*		Yes
g. Diabetes mellitus (DM)	a) History of gestational DM only	1		1		Yes
	b) Nonvascular disease					
	(i) non-insulin dependent	2		2		Yes
	(ii) insulin dependent‡	2		2		Yes
	c) Nephropathy/retinopathy/neuropathy‡	3/4*		2		Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2		Yes
h. Headaches	a) Nonmigraine (mild or severe)	1*		1		Yes
	b) Migraine:					
	(i) without aura (includes menstrual migraines)	2*		1		Yes
	(ii) with aura	4*		1		Yes
i. Inflammatory Bowel Disease	(ulcerative colitis, Crohn's disease)	2/3		2		Yes

I = initiation of contraceptive method; C = continuation of contraceptive method; NA = Not applicable
*Please see the complete guidance for a clarification to this classification: Full US MEC (v. 2020)
‡Condition that exposes a woman to increased risk as a result of unintended pregnancy.

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CORRESPONDING TO THE CONTRACEPTION PATIENT INTAKE FORM:

Condition	Sub-condition	Combined Pill, Patch (CHC)		Progestin-only Pill (POP)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
j. Hypertension	a) Adequately controlled hypertension	3*		1*		Yes
	b) Elevated blood pressure levels (properly taken measurements):					
	(i) systolic 140-159 or diastolic 90-99	3*		1*		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4*		2*		Yes
	c) Vascular disease	4*		2*		Yes
k. History of high blood pressure during pregnancy		2		1		Yes
l. Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function:					
	(i) <6 months	4		1		Yes
	(ii) ≥6 months	3		1		Yes
	b) Moderately or severely impaired cardiac function	4		2		Yes
m. Multiple risk factors for arterial cardiovascular disease	(such as older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	3/4*		2*		Yes
n. Ischemic heart disease‡	Current and history	4		2	3	Yes
o. Valvular heart disease	a) Uncomplicated	2		1		Yes
	b) Complicated‡	4		1		Yes
p. Stroke‡	History of cerebrovascular accident	4		2	3	Yes
q. Known Thrombogenic mutations‡		4*		2*		Yes
r. Deep venous thrombosis (DVT) & Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy:					
	(i) higher risk for recurrent DVT/PE	4		2		Yes
	(ii) lower risk for recurrent DVT/PE	3		2		Yes
	b) Acute DVT/PE	4		2		Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months:					
	(i) higher risk for recurrent DVT/PE	4*		2		Yes
	(ii) lower risk for recurrent DVT/PE	3*		2		Yes
	d) Family history (first-degree relatives)	2		1		Yes
	e) Major surgery:					
	(i) with prolonged immobilization	4		2		Yes
	(ii) without prolonged immobilization	2		1		Yes
	f) Minor surgery without immobilization	1		1		Yes
s. Superficial venous disorders	a) Varicose veins	1		1		
	b) Superficial venous thrombosis (acute or history)	3*		1		
ll. Multiple Sclerosis	a) With prolonged immobility	3		1		Yes
	b) Without prolonged immobility	1		1		Yes
t. History of bariatric surgery‡	a) Restrictive procedures	1		1		Yes
	b) Malabsorptive procedures	COCs: 3	P/R: 1	3		Yes

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CORRESPONDING TO THE CONTRACEPTION PATIENT INTAKE FORM:

Condition	Sub-condition	Combined Pill, Patch (CHC)		Progestin-only Pill (POP)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
u. Breast Disease	a) Undiagnosed mass	2*		2*		Yes
	b) Benign breast disease	1		1		Yes
	c) Family history of cancer	1		1		Yes
	d) Breast cancer:‡					
	(i) current	4		4		Yes
	(ii) past and no evidence of current disease for 5 years	3		3		Yes
v. Solid Organ Transplant	a) Complicated	4		2		Yes
	b) Uncomplicated	2*		2		Yes
w. Viral hepatitis	a) Acute or flare	3/4*	2 C	1		Yes
	b) Carrier/Chronic	1	1	1		Yes
x. Cirrhosis	a) Mild (compensated)	1		1		Yes
	b) Severe‡ (decompensated)	4		3		Yes
y. Liver tumors	a) Benign:					
	(i) Focal nodular hyperplasia	2		2		Yes
	(ii) Hepatocellular adenoma‡	4		3		Yes
	b) Malignant‡ (hepatoma)	4		3		Yes
z. Gallbladder disease	a) Symptomatic:					
	(i) treated by cholecystectomy	2		2		Yes
	(ii) medically treated	3		2		Yes
	(iii) current	3		2		Yes
	b) Asymptomatic	2		2		Yes
aa. History of Cholestasis	a) Pregnancy-related	2		1		Yes
	b) Past COC-related	3		2		Yes
bb. Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4*		3*		Yes
	b) Severe thrombocytopenia	2*		2*		Yes
	c) Immunosuppressive therapy	2*		2*		Yes
	d) None of the above	2*		2*		Yes
cc. Rheumatoid arthritis	a) On immunosuppressive therapy	2		1		Yes
	b) Not on immunosuppressive therapy	2		1		Yes
dd. Anemias	a) Thalassemia	1		1		Yes
	b) Sickle Cell Disease‡	2		1		Yes
	c) Iron-deficiency anemia	1		1		Yes
ee. Epilepsy‡	(see also Drug Interactions)	1*		1*		Yes
ff. Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*		1*		Yes
	b) Pelvic	1*		1*		Yes
gg. HIV	a) High risk for HIV	1		1		Yes
	b) HIV infection	1*		1*		Yes
	(i) on ARV therapy	If on treatment, see Drug Interactions				Yes

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DRUG INTERACTIONS

Condition	Sub-condition	Combined Pill, Patch (CHC)		Progestin-only Pill (POP)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
hh. Antiretroviral therapy (All other ARVs are a 1 or 2)	a) Fosamprenavir (FPV) All other ARVs are 1 or 2 for all methods.	3		2		Yes
ii. Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*		3*		Yes
	b) Lamotrigine	3*		1		Yes
jj. Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		Yes
	b) Antifungals	1		1		Yes
	c) Antiparasitics	1		1		Yes
	d) Rifampin or rifabutin therapy	3*		3*		Yes
kk. Supplements	a) St. John's Wort	2		2		Yes

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