*New Jersey Office of the Attorney General*
**Division of Consumer Affairs**
**Board of Pharmacy**

# Algorithm for Self-administered Hormonal Contraceptive Pills, Patches, and Rings

**1) Health and History Screen**

Review the Health Screening Questionnaire. Evaluate health and history using the current U.S. Medical Eligibility Criteria for Contraceptive Use (USMEC) for each type of hormonal contraceptive pill, patch and ring that the pharmacist may furnish under the Protocol and standing order (HC).

**If every HC has even one box labeled 3 or 4 (pink or red), HC is contraindicated --> Refer**

**If ALL the boxes are labeled 1 or 2 (green) for at least one type of HC, proceed to the next step.**

Contraindicating Condition(s) → Refer

No Contraindicating Conditions ↓

**2) Pregnancy Screen**

**If NO to ALL of the questions in 2a through 2f of the Health Screening Questionnaire OR the patient is experiencing pregnancy symptoms (nausea, fatigue and breast changes), pregnancy cannot be ruled out --> Refer**

**If YES to AT LEAST ONE of the questions in 2a through 2f of the Health Screening Questionnaire and the patient is free of pregnancy symptoms, proceed to the next step.**

Possible Pregnancy → Refer

Patient Passes Pregnancy Screen ↓

**3) Medication Screen**

Review the Health Screening Questionnaire medication section and the patient's medications in the pharmacy record using the current USMEC to check for drug-drug interactions.

**If every HC has even one box labeled 3 or 4 (pink or red) OR there are drug-drug interactions, HC is contraindicated --> Refer**

**If ALL the boxes are labeled 1 or 2 (green) for at least one type of HC and there are no drug-drug interactions, proceed to the next step.**

Contraindicating Medications → Refer

No Contraindicating Medications ↓

**4) Blood Pressure Screen**

Measure and record patient's seated blood pressure. Pharmacist may take a second reading, if initial is high.

Is BP <140/90?

**If BP ≥140/90, is the patient eligible for progestin-only oral contraceptives?**
**If YES, proceed to the next step.**
**If NO --> Refer**

**If BP <140/90, proceed to the next step.**

BP ≥ 140/90 → Refer

BP < 140/90 or Eligible For Progestin-only Pills ↓

**5a) HC Selection If Not Currently Using HC**

**Initiate HC** based on evaluation of patient preferences, adherence, and contraceptive history.

Furnish up to 3 months of the selected HC, with refills for up to 9 months. At three months, recheck the patient's blood pressure (unless progestin-only oral contraceptive pills are selected) and ask if there are any changes to the Health Screening Questionnaire to verify continued eligibility for the HC.

**5b) HC Selection If Currently Using HC**

**Evaluate Current HC**

***Continue*** current HC, if no change is necessary, with refills for up to 12 months.

-or-

***Alter*** therapy based on patient concerns, such as side effects patient may be experiencing, or refer, if appropriate. If altering the formulation or method of contraceptive, furnish up to 3 months of the selected HC, with refills for up to 9 months. At three months, recheck the patient's blood pressure (unless progestin-only oral contraceptive pills are selected) and ask if there are any changes to the Health Screening Questionnaire to verify continued eligibility for the HC.

**6) Patient Counseling (all patients receiving HC)**

- Ensure the patient is appropriately instructed in the administration of the HC.
- Provide the patient with counseling that includes the following information:
  - An information sheet for the product furnished that includes when and how to take or use the HC, when the contraceptive becomes effective, what to do if the patient misses a dose or the contraceptive patch or ring dislodges, possible side effects, and when to seek medical attention;
  - The package insert for the product furnished;
  - The importance of receiving recommended preventative health screenings and following up with the patient's primary care provider or a medical clinic;
  - That the self-administered hormonal contraceptive does not protect against sexually transmitted infections or HIV, and that the use of a condom does provide protection against sexually transmitted infections and HIV; and
  - Any other information relevant to the HC furnished.

**7) Referral (all patients, including those not receiving HC)**

Use the Pharmacist Visit Summary and Referral template form. Do not remove any elements from the template form.

- Discuss any recommended follow-up with the patient.
- Encourage routine preventive health screenings, STI prevention, and notification of primary care provider.
- Offer to provide counseling on other forms of contraception and, if the patient accepts, provide the patient with specific and appropriate information on other forms of contraception based on the results of the Health Screening Questionnaire.