North Carolina Medical Board and North Carolina Board of Pharmacy Protocols for
for Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives
July 21, 2023

Pursuant to S.L. 2021-110, these protocols adopted by the North Carolina Medical Board and the North Carolina Board of Pharmacy authorize immunizing pharmacists practicing pharmacy in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense, deliver, or administer the following contraception products as directed below.

Immunizing pharmacists who provide contraception products in accordance with these protocols must also complete North Carolina Hormonal Contraception Training Program.

<table>
<tr><th colspan="4">Contraception Dispensing Protocol</th></tr>
<tr><td>Eligible Candidates</td><td colspan="3">▪ Persons of reproductive age, who voluntarily request contraception, and are at risk of experiencing unintended pregnancy and that the patient is, within reasonable certainty, not pregnant.
▪ These protocols may be used for persons < 18 years of age with a parent or legal guardian consent.
▪ Persons of reproductive age may be provided any contraceptive allowed by these protocols that is a US Medical Eligibility Criteria (USMEC) category 1 or 2 agent based on completion of a patient assessment and evaluation consistent with the USMEC linked below and/or the Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire and Pharmacist-Initiated Hormonal Contraception Assessment and Treatment Care Pathway for these protocols. An alternative questionnaire, assessment and evaluation may be completed, in a format of the immunizing pharmacists' choosing, as long as it is consistent with USMEC. A patient questionnaire document may be completed by the patient prior to, or at the time of, the visit and then reviewed with the patient by the pharmacist.
▪ Patient has a seated blood pressure (< 140/90 mmHg) measured by a qualified health care provider at the time of assessment. This may be done manually or by a blood pressure machine. If the initial blood pressure reading is 140/90 mmHg or greater, reassess the blood pressure after the patient has been seated for five or more minutes. If blood pressure remains high, then do not dispense, deliver or administer and refer to a medical care provider.
▪ Refer to the following guidance regarding eligibility criteria and when a person should start using specific contraceptive methods:
▪ CDC | When to Start Using Specific Contraception
▪ Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use
▪ U.S. Medical Eligibility Criteria for Contraceptive Use, 2016</td></tr>
<tr><td></td><td colspan="2">Combined Hormonal Contraceptive (CHCs)</td><td></td></tr>
<tr><td>Route(s) of Administration</td><td>Combined Oral Contraceptive (COC)</td><td>Transdermal (TD)</td><td>Progestin Only Pill (POP)</td></tr>
<tr><td>Medication</td><td>• estradiol valerate/dienogest
• estetrol/drospirenone
• ethinyl estradiol/desogestrel
• ethinyl estradiol/drospirenone
• ethinyl estradiol/drospirenone/levomefolate
• ethinyl estradiol/ethynodiol diacetate
• ethinyl estradiol/levonorgestrel
• ethinyl estradiol/norethindrone
• ethinyl estradiol/norgestimate
• ethinyl estradiol/norgestrel
• mestranol/norethindrone</td><td>• ethinyl estradiol/levonorgestrel
• ethinyl estradiol/norelgestromin</td><td>• drospirenone
• norethindrone</td></tr>
<tr><td>Directions for Use</td><td>Take one tablet by mouth daily.</td><td>Apply one patch to the skin once a week x 3 weeks. Then remain patch-free for one week.</td><td>Take one tablet by mouth daily.</td></tr>
<tr><td></td><td colspan="3">Follow guidance for initiation, modification, and discontinuation as set out in the Pharmacist Initiated Hormonal Contraception Assessment and Treatment Care Pathway (Appendix B).</td></tr>
<tr><td>Refills</td><td colspan="3">As needed up to a one-year supply. Refills may be provided in monthly or extended supplies, as allowed by the patient's insurance. Patient screening questionnaire must be completed at least annually.</td></tr>
</table>

Contraindications	• Allergy to specific medication or component of medication • Blood pressure 140/90 or greater • Pregnant or pregnancy suspected • Any condition rated in the CDC USMEC Criteria for Contraceptive Use as theoretical or proven risks usually outweigh the advantages (rating = 3) or unacceptable health risk, method not to be used (rating = 4) Summary chart medical-eligibility criteria U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 • Patient taking any of the following should be referred to PCP for contraception initiation: o Fosamprenivir o Phenytoin o Carbamazepine o Phenobarbital o Topiramate o Oxcarbazepine o Primidone o Lamotrigine o Rifampin o Rifabutin
Additional Patient Assessment and Education	The dispensing pharmacist shall • Assess patient's medication history for potential contraindications or drug-drug interactions. • Assess patient's former and current birth control method, any complications or side effects, and preferred method of birth control. • Counsel patient on available birth control methods. If the patient wants a method not available through the pharmacy, refer patient to primary care or women's health provider • Assess patient's use of and educate on folic acid supplementation The dispensing pharmacist shall educate every person to whom contraception is dispensed, delivered or administered under these protocols on: ▪ How to start the contraceptive method (Quick start method preferred), proper administration and missed dose instructions, safety and efficacy data, routine follow-up for the selected contraceptive method, potential drug interactions, side effects and who to contact should these occur. Additional Tools for Pharmacists for this element. Examples of educational materials that incorporate the above may be found at CDC | When to Start Using Specific Contraception and birth control pharmacist . FDA-required product information -sheet shall also be provided. ▪ Preventive care, including well-women visits, sexually transmitted infection prevention and screening, Cervical Cancer screening, and the need to have a regular source of health care/primary care provider. Sample patient attestation of education
Notification of Primary Care Provider or Women's Health Care Provider	Pharmacists choosing to participate in self-administered contraception dispensing or delivery under the authority of these protocols shall notify the patient's primary care provider and women's health care provider within 72 hours of initiating contraception, if the patient has established relationship with a provider. If the patient does not have a primary care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary care provider, and provide information regarding primary care providers, including private practices, federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. Benefits of a Primary Care Physician is a resource for this element.
Records Retention:	Records for contraceptives dispensed, delivered or administered pursuant to these protocols shall be maintained in accordance with applicable state and federal law.

This document is compliant with the North Carolina Medical Board and North Carolina Board of Pharmacy's Protocols for Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives. The following pages provide a patient assessment and the complimenting pharmacist pathway.

Other assessments, questionnaires, pathways or treatment algorithms may be used in conjunction with the protocols if they are consistent with compliant with the US Medical Eligibility Criteria (USMEC) outlined in the following:

- § https://www.cdc.gov/reproductivehealth/contraception/pdf/when-to-start_508tagged.pdf
- § https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf
- § U.S. Medical Eligibility Criteria for Contraceptive Use, 2016

The documents on the following pages may be utilized in a format of the immunizing pharmacists' choosing. Additional questions may be added by the pharmacist as needed.

The following patient questionnaire document may be completed by the patient and then reviewed with the patient by the pharmacist.

(Scroll down for a sample patient attestation and information on product selection, quick starts, and missed doses.)

Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire

Patient Name: _____ Birth Date(mm/dd/yy): _____ Age: _____

Visit Date(mm/dd/yy):_____

Part 1:

<table>
<tr><td rowspan="2">1. Insurance:</td><td>2. Primary Care or Women's Health Provider:</td><td rowspan="2">3. Provider Phone #:</td></tr>
<tr><td>Practice Name:</td></tr>
<tr><td colspan="3">4.Medication Allergies (List name of medication(s) and your reaction to them)
_____
_____
_____</td></tr>
<tr><td colspan="3">5. Blood Pressure: (Pharmacist Use Only) _____ mmHg (Reading 1)
If initial BP ≥ 140/90 pharmacists may take second reading after patient has been seated for 5 or more minutes _____ mmHg (Reading 2)</td></tr>
</table>

6. Last Menstrual Period (mm/dd/yy):	**7. Height (feet/inches):**	**8. Weight (pounds):**	**9. BMI (Pharmacist Use Only)**

10. Are you currently taking a multi-vitamin or folic acid supplement? ☐ Yes ☐ No

11. Birth Control Method(s) You are Currently Using *(Check all that apply)*:

☐None ☐Condoms ☐Patch ☐Ring ☐Pill ☐IUD ☐Implant ☐Depo Provera ☐Spermicide ☐Diaphragm ☐Withdrawal ☐Fertility Awareness/Natural Family Planning

Other:_____

12. Birth Control Method(s) You Would Like to Discuss and Consider at This Visit:

☐Condoms ☐Patch ☐Ring ☐Pill ☐IUD ☐Implant ☐Depo Provera ☐Spermicide ☐Diaphragm ☐Withdrawal ☐Fertility Awareness/Natural Family Planning

Other:_____

If patients wants method not available through the pharmacy or not covered in the pharmacist training, refer patient to primary care or women's health provider

13. Birth Control History ***(List methods of birth control you've used in the past and any side effects or problems you've had with them)***

_____

_____

_____

Part 2:

Screening to Be Reasonably Sure a Patient is Not Pregnant: *It is reasonably certain a person is not pregnant if they have no signs or symptoms of pregnancy and answer yes to any questions 15-20.*	Yes	No
14. Do you think you might be pregnant? (Early signs and symptoms of pregnancy include a missed period, tender, swollen breast, nausea with or without vomiting, increased urination, and fatigue)	☐Yes	☐No
15. Did your last menstrual period start within the past 7 days?	☐Yes	☐No
16. Have you abstained from sex since your last menstrual period or delivery?	☐Yes	☐No
17. Have you used a reliable form of birth control consistently and correctly since your last period?	☐Yes	☐No
18. Have you had a miscarriage or abortion in the last 7 days?	☐Yes	☐No
19. Have you given birth in the last 4 weeks?	☐Yes	☐No
20. Have you given birth within the last 6 months, are you fully or nearly fully breastfeeding, AND have you had no menstrual period since the delivery?	☐Yes	☐No

Part 3:

Medical History		
21. Have you ever been told by a medical professional NOT to take hormones?	☐Yes	☐No
22. Have you ever received an organ transplant?	☐Yes	☐No
23. Do you have lupus?	☐Yes	☐No
24. Do you have, or have you ever had breast cancer?	☐Yes	☐No
25. Have you had diabetes for more than 20 years? or have you had diabetes with kidney disease (nephropathy), disease of the back of your eye (retinopathy), or nerve damage (neuropathy)?	☐Yes	☐No
26. Have you ever had a heart attack or stroke or been told you had heart disease, including cardiomyopathy, heart failure, atrial fibrillation, and problems with your heart valves?	☐Yes	☐No
27. Do you have any other form of active cancer, including metastatic cancer, for which you are receiving therapy, or you are within 6 months of remission?	☐Yes	☐No
28. Do you have high blood pressure or hypertension? (Higher than 140/90)	☐Yes	☐No
29. Do you have, or have you ever had liver disease, hepatitis, liver cancer, jaundice (yellowing of skin or eyes)?	☐Yes	☐No
30. Have you had liver disease with the flow of bile from your liver is blocked or reduced (cholestasis) related to birth control pills?	☐Yes	☐No
31. Do you have, or have you ever had gallbladder disease and still have your gall bladder?	☐Yes	☐No

32. Do you have ulcerative colitis or Crohn's disease?	☐Yes	☐No
33. Do you have, or have you ever had a blood clot in your leg (Deep Vein Thrombosis/DVT or Superficial Venous Thrombosis) or lung (Pulmonary Embolism/PE)?	☐Yes	☐No
34. Have you ever been told by a medical professional that you are at risk of developing a blood clot in your leg or lung?	☐Yes	☐No
35. Have you ever been told by a medical professional that you have a blood disorder that increases your risk of developing a blood clot?	☐Yes	☐No
36. Have you had recent major surgery or are you planning to have major surgery in the next 4 weeks after which you had to or will have to have a long period of time with limited or no movement?	☐Yes	☐No
37. Are you both 35 years or older and smoke cigarettes or vape nicotine products?	☐Yes	☐No
38. Do you have multiple sclerosis with limited or no movement?	☐Yes	☐No
39. Do you have migraine headaches with aura (warning signs or symptoms such as flashes of light, blind spots, or tingling in your hands or face that comes and goes completely away before the headache starts)?	☐Yes	☐No
40. Do you have high cholesterol?	☐Yes	☐No
41. Do you have 2 or more of the following conditions? **Check all that apply to you**: Age 35 or older Smoke cigarettes or vape nicotine containing products High LDL (bad cholesterol) Low HDL (good cholesterol) High triglycerides (fat in blood) High blood pressure Diabetes	 ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes	 ☐No ☐No ☐No ☐No ☐No ☐No ☐No ☐No
42. Has it been less than 21 days since you have given birth or less than 30 days since you have given birth and you are breastfeeding?	☐Yes	☐No
43. Has it been less than 42 days since you have given birth? If yes, do you have **ANY** risk factors for blood clots? **See risk factors below, check all that apply to you:** Age 35 or older Previous blood clot Thrombophilia (blood disorder that makes you more likely to have blood clots) Blood transfusion at delivery Cardiomyopathy around time of giving birth Major bleeding at time of giving birth BMI > 30 Pre-eclampsia	☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes	☐ No ☐No ☐No ☐No ☐No ☐No ☐No ☐No ☐No ☐No ☐No ☐No

Smoke cigarettes or vape nicotine containing products Immobility (prolonged periods of limited or no movement)		
44. Have you had Roux-en-Y, gastric bypass, or biliopancreatic surgery?	☐Yes	☐No

Part 4:

Medication History		
45. Are you taking any of the following medications?		
Fosamprenivir	☐Yes	☐No
Phenytoin	☐Yes	☐No
Carbamazepine	☐Yes	☐No
Phenobarbital	☐Yes	☐No
Topiramate	☐Yes	☐No
Oxcarbazepine	☐Yes	☐No
Primidone	☐Yes	☐No
Lamotrigine	☐Yes	☐No
Rifampin	☐Yes	☐No
Rifabutin	☐Yes	☐No
46. Do you take any other medications for **seizures**, **tuberculosis**, or **Human Immuno-deficiency Virus**?	☐Yes	☐No
If yes, list them here: _____		

Pharmacist Initiated Hormonal Contraception Assessment and Treatment Care Pathway

Part 1: Patient Information

1.Review Insurance (Question 1)	If patient has insurance or wants to pay Out of Pocket, consider formulary coverage and/or most cost-effective product for the individual patient Continue to step 2	If patient **DOES NOT** have Insurance and does not want to pay cash, refer to Free reproductive Health Services in the community

2.Review Patient's PCP (Question 2)	If patient has a PCP Continue to step 3	If patient **DOES NOT** have a PCP Counsel on benefits of establishing a PCP and provide information on local providers. Continue to step 3

3. Record Seated Blood Pressure (Question 5)	
If blood pressure < 140/90 after first (or second) seated reading Continue to step 4	If blood pressure ≥ 140/90 upon second seated reading, Refer to PCP or other medical provider
Comments:	
For patients who meet eligibility for Combined Hormonal Contraceptives (CHC)s, use routine visits to monitor blood pressure for any changes	

4.Review Ht. & Wt. (self-reported) (Questions 7 & 8)	You will need to calculate BMI if patients answer **YES to question 43.** - Continue to step 5 Calculate BMI https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm

5. Review birth control status & history (Question 11-13)	If patient is amenable to products a pharmacist is able to provide -Continue to step 6	If patient desires method outside pharmacists' SO scope - Refer to PCP or other medical provider

Part 2: Screening to be reasonably sure a patient is not pregnant

6. Review questions 14-20			
Question 14	If no - Continue to question 15	If yes	and patient answers **NO** to **question 10,** start 400-800mcg folic acid supplementation and Refer to PCP or women's health provider In addition, if patient has no PCP or women's health provider - Counsel on importance of establishing care and provide information on local providers. See toolkit for list of local providers.
Questions 15-20	If **YES** to **ANY** - Continue to step 7	If **NO** to **ALL**	Patient may confirm pregnancy through self-administered pregnancy test, if negative – Pharmacist may choose to continue to step 7 **OR** Refer to PCP or women's health provider
Comments:			
Question 14 – Folic acid supplementation may be provided in the form of an OTC daily multi-vitamin (containing 400 mcg folic acid) or an OTC prenatal vitamin supplement (containing 800 mcg folic acid). Of note, OTC prenatal vitamins contain more minerals than standard multi-vitamins and may result in tolerance issues for some individuals. Questions 15-20 – It is reasonably certain a person is **not pregnant** if they have no signs or symptoms of pregnancy and answer **yes to any** questions **15-20**			

Part 3: Medical History

7. Review Questions 21-29	If no to **ALL** questions, Continue to step 8	If yes to **ANY** Question Refer to PCP

8. Review Questions 30 – 43	If no to **ALL** questions, Continue to step 9	If yes to **ANY** question	Combined Hormonal Contraception (CHCs) contraindicated
			Progestin-only Pills (POPs) acceptable - Continue to step 9

Comments:			
Question 37 – For patients who smoke or vape nicotine, ASK patient if interested in smoking cessation counseling Question 41 – For patients who smoke or vape nicotine, ASK patient if interested in smoking cessation counseling Question 43 – Only treat as a YES, if patient < 42 days postpartum AND checks at least one risk factor for blood clots			

9. Review Question 44	If no – Continue to Step 10	If yes	**Oral** COCs and POPs Contraindicated Transdermal Patch acceptable - Continue to step 10

Part 4: Medication History

10. Review Question 45	If no to **ALL** complete the "Patient Documentation and Communication Form and dispense preferred medication covered by SO and per treatment care pathway	If yes to **ANY** (patient on fosamprenavir, phenytoin, barbiturates, primidone, topiramate, oxcarbazepine, carbamazepine, rifampin, lamotrigine, or rifabutin) Refer to PCP

Additional Tools for Pharmacists using the North Carolina Medical Board and North Carolina Board of Pharmacy Protocols for Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives

- Tips for Starting Combined Oral Contraceptives
- Quick Start Algorithm
- Recommendations for follow up after initiation of contraception
- Management of missed doses

Starting Combined Oral Contraceptives (COCs)

1. Start with a ***monophasic pill*** with 20 to 35 mcg of ethinyl estradiol using the quick start method.
   Examples include:
   a. Sprintec, which contains norgestimate and 35 mcg of ethinyl estradiol (generic form of Ortho-Cyclen)
   b. If you are looking for a 20 mcg pill, one option is Microgestin 1/20 which contains norethindrone and 20 mcg of ethinyl estradiol (generic form of Loestrin)
   c. Lowest estrogen option is 10 mcg (Lo Loestrin), some studies have found it is not quite as effective, and more breakthrough bleeding.

2. *If the patient prefers a* ***continuous oral contraceptive*** to decrease dysmenorrhea and the number of periods or to prevent menstrual migraines.
   Examples include:
   a. Jolessa – 0.15 mg of levonorgestrel and 30 mcg of estrogen and comes in a 3-month pack (generic form of Seasonale)
   b. Using any monophasic pill but omitting the placebo pills for week 4

3. ***Multiphasic oral contraceptives*** *are* designed to mimic fluctuations in hormones during a menstrual cycle. Estrogen/Progestin content varies as month progresses. There is no significant difference in efficacy between biphasic and triphasic contraceptives, however more bleeding may occur with bi-phasic than tri-phasic.
   Examples include:
   a. Tri-Sprintec – Day 1-7: 0.035mg estrogen and 0.18mg norgestimate, Day 8-14: 0.035mg estrogen, 0.215mg norgestimate, Day 15-21: 0.035 estrogen, 0.25 norgestimate

4. *Special considerations.*

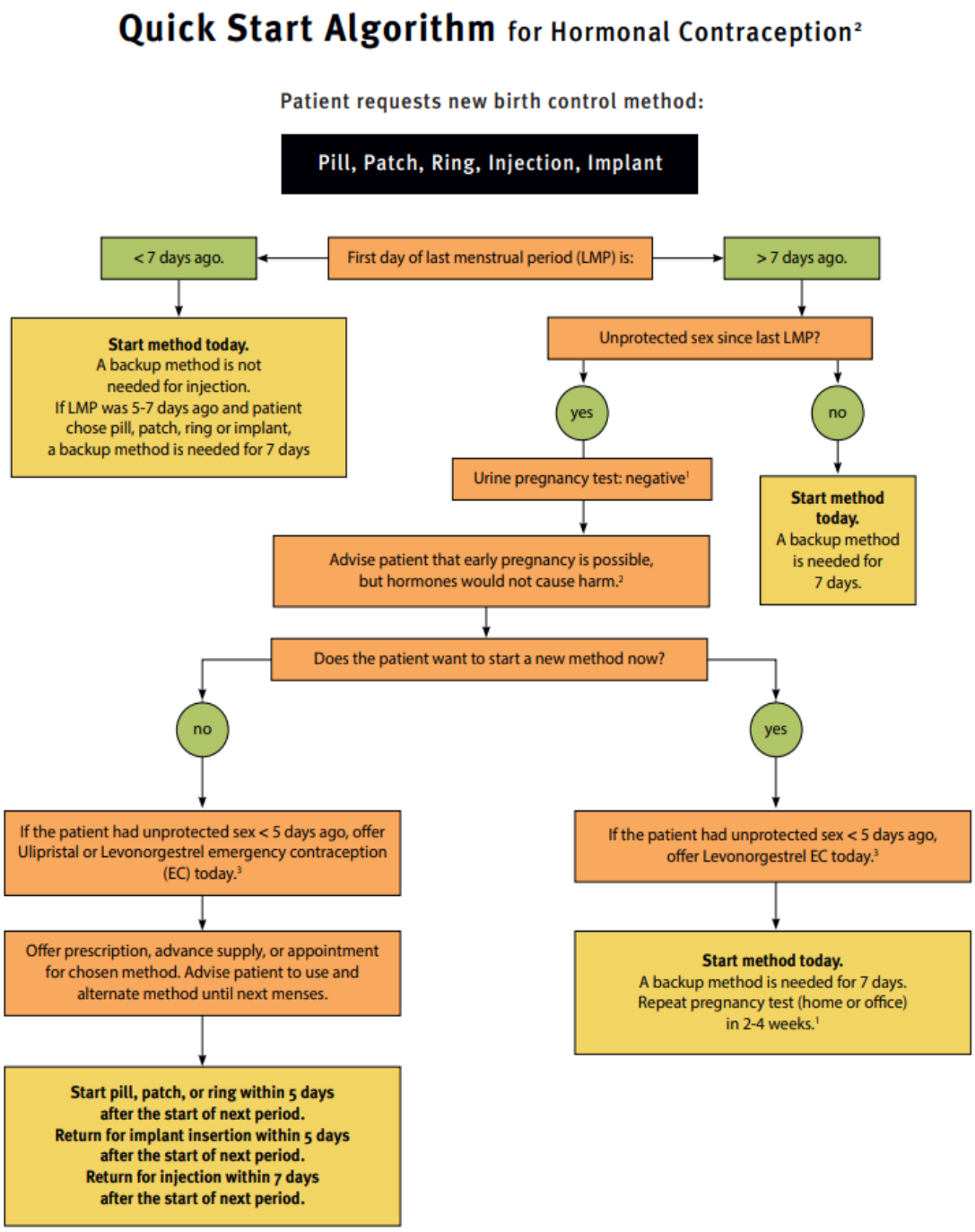
Androgenic progestins, highlighted in the table below, may cause acne, hirsutism, oily skin, increased libido. Clinically not a huge difference. Overall COC's are antiandrogenic.	**Androgenic**	**VTE risk**	**Breakthrough bleeding**
Norethindrone	+		+
Norethindrone acetate	+		+
Norgestrel	++		
Levonorgestrel	++		
Desogestrel		+	
Norgestimate		+	
Drospirenone	-	+	

a. Consideration in switching contraceptives to manage complaints/ adverse effects

Implication	**Side Effects with new onset with contraceptive initiation**	**Considerations for switching contraceptives (to manage complaints/ adverse effects). Consider referral to primary care or women's health provider for evaluation of side effects. Refer to primary care or women's provider if symptoms do not resolve.**
Too much estrogen…	Nausea, breast tenderness, increased blood pressure	Consider lower dose estrogen formulation, avoid patches which provide the highest estrogen exposure
Too little estrogen…	Early or mid-cycle breakthrough bleeding, increased spotting, hypomenorrhea	If bleeding occurs early in cycle, increase estrogen content to 30-35mcg
		If bleeding occurs mid to late cycle, change to triphasic whose progestin dose increases through the cycle (ex. Cyclessa, Tri-Sprintec)
Too much progestin…	Breast tenderness, headache, fatigue, changes in mood	Consider switching to a progestin with less progestin activity such as norgestimate (ex. Sprintec), desogestrel (ex. Apri), or drospirenone (ex. Yasmin).
Too little progestin…	Late breakthrough bleeding	Change to triphasic whose progestin dose increases through the cycle (ex. Cyclessa, Tri-Sprintec)
Too much androgen…	Increased appetite, weight gain, acne, oily skin, increased LDL cholesterol, decreased HDL cholesterol.	Consider switching to a progestin with less progestin activity such as norgestimate (ex. Sprintec), desogestrel (ex. Apri), or drospirenone (ex. Yasmin).

Using the "Quick Start" Method to Initiate Hormonal Contraceptives

Initiation of hormonal contraceptives may be started at any point in the menstrual cycle. Using the (Quick-Start) method has been proven to enhance continuation rates. **The Protocols include provisions for Pill and Patch only. Ring, Injection, and Implants are excluded.**



Please Note: *While the standard of care and quick-start algorithm include a recommendation for emergency contraception for patients having unprotected sex, North Carolina's protocols do not include provisions for pharmacist dispensing of ulipristal. However, Levonorgestrel EC. (Plan-B One Step®) is available OTC and pharmacists have a clinical responsibility to counsel patients in accordance with best practice.*

Routine Follow-Up After Contraceptive Initiation*

Action	Contraceptive Method				
	Cu-IUD or LNG-IUD	Implant	Injectable	CHC	POP
General Follow-Up					
Advise women to return at any time to discuss side effects or other problems or if they want to change the method. Advise women using IUDs, implants, or injectables when the IUD or implant needs to be removed or when reinjection is needed. No routine follow-up visit is required.	X	X	X	X	X
Other Routine Visits					
Assess the woman's satisfaction with her current method and whether she has any concerns about method use.	X	X	X	X	X
Assess any changes in health status, including medications, that would change the method's appropriateness for safe and effective continued use based on the U.S. MEC (i.e., category 3 and 4 conditions and characteristics).	X	X	X	X	X
Consider performing an examination to check for the presence of IUD strings.	X	–	–	–	–
Consider assessing weight changes and counseling women who are concerned about weight change perceived to be associated with their contraceptive method.	X	X	X	X	X
Measure blood pressure.	–	–	–	X	–

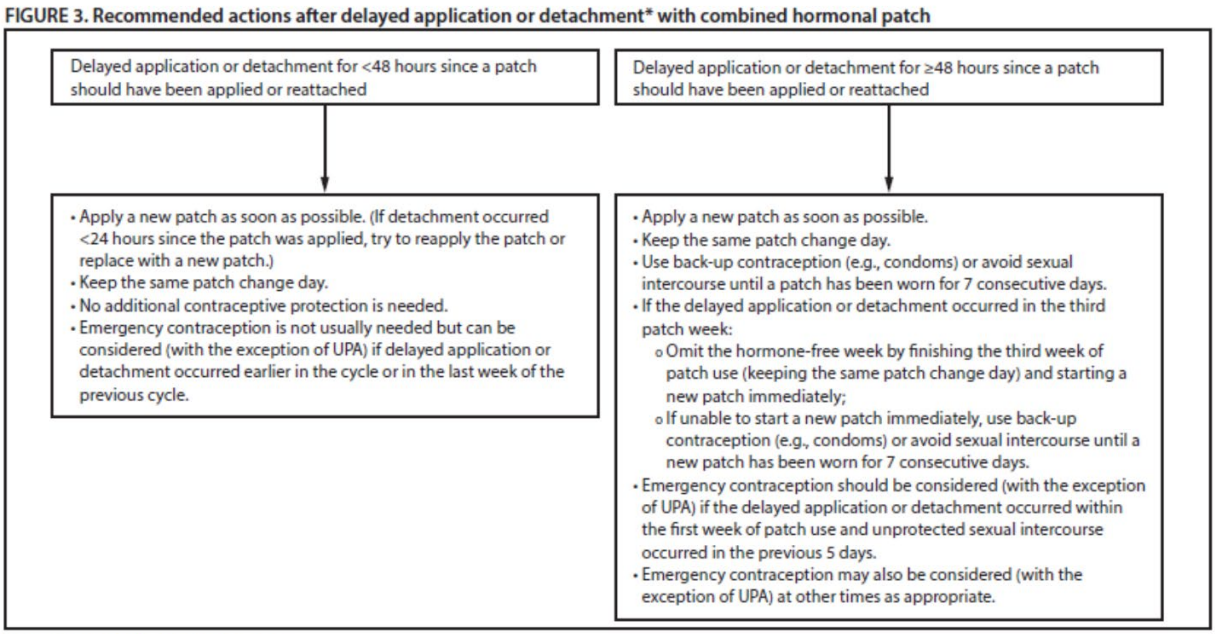
Abbreviations: CHC = combined hormonal contraceptive; Cu-IUD = copper-containing intrauterine device; IUD = intrauterine device; LNG-IUD = levonorgestrel-releasing intrauterine device; POP = progestin-only pills; U.S. MEC = *U.S. Medical Eligibility Criteria for Contraceptive Use,* 2016.

*These recommendations address when routine follow-up is recommended for safe and effective continued use of contraception for healthy women. The recommendations refer to general situations and might vary for different users and different situations. Specific populations that might benefit from frequent follow-up visits include adolescents, those with certain medical conditions or characteristics, and those with multiple medical conditions.
Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm

CS266008-A

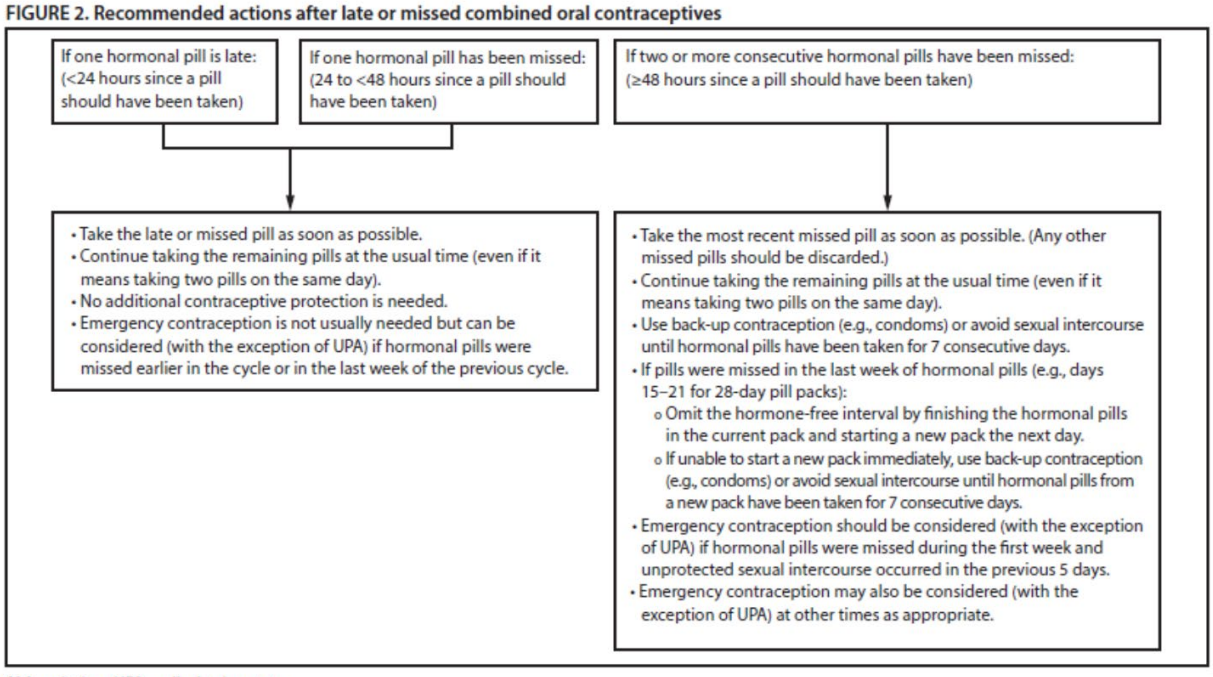
https://www.cdc.gov/reproductivehealth/contraception/pdf/when-to-start_508tagged.pdf

FIGURE 3. Recommended actions after delayed application or detachment* with combined hormonal patch



* If detachment takes place but the woman is unsure when the detachment occurred, consider the patch to have been detached for ≥48 hours since a patch should have been applied or reattached.

FIGURE 2. Recommended actions after late or missed combined oral contraceptives



Missed POPs

For the following recommendations, a dose is considered missed if it has been >3 hours since it should have been taken.

- Take one pill as soon as possible.
- Continue taking pills daily, one each day, at the same time each day, even if it means taking two pills on the same day.
- Use back-up contraception (e.g., condoms) or avoid sexual intercourse until pills have been taken correctly, on time, for 2 consecutive days.
- Emergency contraception should be considered (with the exception of UPA) if the woman has had unprotected sexual intercourse.

I am requesting that my pharmacist consult with me about my birth control options. I understand the following:

• The pharmacist is providing care based on the information I provide.

• The pharmacist will review my birth control options, if pharmacist is able to provide my selected birth control method, they will review with me how to use it, and what to expect.

• The pharmacist is available to answer all my questions about certain birth control options. I understand pharmacists and physicians have different education and training

• If the pharmacist is unable to provide my desired method of birth control, I will be referred to my primary care or women's health provider.

• Establishing a relationship with a primary care provider or women's health provider is important, so I should request information from the pharmacist about providers in my local area if I do not have one.

• It is advised to have regular visits with a primary care or women's health provider to receive recommended tests and screenings.

• 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 if used correctly and consistently.

• Hormonal birth control does not protect against sexually transmitted diseases (STDs). Condoms protect against STDs.

• I will contact my pharmacist and primary care provider or women's health provider regarding any side effects, problems, or changes to my health status or medications.

_____ _____

Patient Signature *Date*

_____ _____

Parent or Guardian Signature for persons <18 years of age *Date*

Information Provided by The North Carolina Academy of Family Physicians

NORTH CAROLINA ACADEMY OF FAMILY PHYSICIANS

Discover Family Medicine at www.ncafp.com

All North Carolinians Need a Primary Care Physician

Benefits to Having a Primary Care Physician and Medical Home for Your Overall Healthcare

There are many benefits to having your own personal primary care physician and 'medical home' - a place you access all of your healthcare services:

You will be happier and healthier: A primary care physician helps you maintain your optimal health by helping you prevent illness and by expertly managing acute and chronic illnesses, including conditions like the flu, sinus infections, diabetes, high blood pressure, heart disease, depression, and many more. Primary care physicians help you get the right care at the right time!

You will save time and money: Primary care physicians reduce your overall healthcare costs and help you get the right care when you need it most. Patients with a primary care physician miss fewer work days, avoid costly duplicated tests/treatments, and save precious time when health issues do arise.

What is a Family Physician?

A family physician is medically trained to provide comprehensive healthcare to everyone -- male and female -- from birth through old age. Family physicians provide personal healthcare services that are:

- Individualized to you and your specific healthcare needs
- Comprehensive (acute conditions, chronic illnesses, and behavioral health issues)
- Focused on prevention, which keeps you healthier and happier
- Coordinates your healthcare with sub-specialists, hospitals and others when needs arise
- Relationship-based and lifelong - your family physician knows you, your history and your family

To learn more about the importance of having a primary care physician, please visit
www.ncafp.com