

VIRGINIA BOARD OF PHARMACY

Pharmacist Hormonal Contraceptive Statewide Protocol (*Excluding Emergency Contraception*)

Consistent with the hormonal contraceptive manufacturer's instructions for use approved by the US Food and Drug Administration (FDA), a pharmacist may issue a prescription to initiate treatment with, dispense, or administer the following drugs and devices to persons 18 years of age or older:

- Injectable or self-administered hormonal contraceptives provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use.

PHARMACIST EDUCATION AND TRAINING

Prior to issuing a prescription to initiate treatment with, dispensing, or administering injectable or self-administered hormonal contraceptive under this protocol, the pharmacist shall be knowledgeable of the manufacturer's instructions for use and shall have completed an Accreditation Council for Pharmacy Education (ACPE)-accredited educational training program related to the prescribing of contraceptives by a pharmacist.

PATIENT INCLUSION CRITERIA

Patients eligible for injectable or self-administered hormonal contraceptives approved by the FDA under this protocol:

- An individual, 18 years of age or older, who has completed the *Virginia Routine Hormonal Contraceptive Self-Screening Questionnaire** and who the pharmacist has determined is eligible for a hormonal contraceptive, consistent with the most current version of the Centers for Disease Control and Prevention [*Summary Chart of US Medical Eligibility Criteria for Contraceptive Use*](#), i.e., the prescribed drug is assessed at a "1" or "2" for all conditions applicable to the patient.

*Note: A pharmacy may create and use an electronic routine hormonal contraceptive self-screening questionnaire if the collection of patient information and assessment process is identical to the Virginia Routine Hormonal Contraceptive Self-Screening Questionnaire.

PROCESS FOR DETERMINING PATIENT ELIGIBILITY

To determine patient eligibility, the pharmacist shall:

1. Obtain from each new patient and, at a minimum of every twelve months for each returning patient, a completed *Virginia Routine Hormonal Contraceptive Self-Screening Questionnaire**; and,
2. Utilize and follow the *Virginia Algorithm for Pharmacists to Prescribe Routine Hormonal Contraceptives* or the *Virginia Algorithm for Pharmacists to Prescribe and Administer Depot Medroxyprogesterone Acetate* to perform the patient assessment.

PROCESS FOR HANDLING INELIGIBLE PATIENTS

Patients identified by the pharmacist to NOT be eligible for a hormonal contraceptive as indicated

by the *Summary Chart of US Medical Eligibility Criteria for Contraceptive Use* and the *Virginia Algorithm for Pharmacists to Prescribe Routine Hormonal Contraceptives* or the *Virginia Algorithm for Pharmacists to Prescribe and Administer Depot Medroxyprogesterone Acetate*, as applicable, shall be referred to a healthcare practitioner and may not receive a hormonal contraceptive under this statewide protocol. If the patient does not have a primary care provider, the pharmacist shall provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located.

FURTHER CONDITIONS

1. For each new patient requesting a contraceptive service a participating pharmacist must provide the patient with a visit summary.
2. A pharmacist shall not:
 - a. Continue to prescribe and dispense a hormonal contraceptive to a patient beyond three years from the initial prescription without evidence of a clinical visit. Such evidence may be obtained by the response on the *Virginia Routine Hormonal Contraceptive Self-Screening Questionnaire* regarding the date of the patient's last women's health clinical visit.
 - b. Prescribe in instances that the *Virginia Algorithm for Pharmacists to Prescribe Routine Hormonal Contraceptives* or the *Virginia Algorithm for Pharmacists to Prescribe and Administer Depot Medroxyprogesterone Acetate*, as applicable, requires referral to a provider.

DRUG INCLUSION CRITERIA

The following drug formulations approved by the FDA to prevent pregnancy are included in this statewide protocol:

- injectable depot medroxyprogesterone acetate;
- transdermal patches;
- vaginal rings; and,
- contraceptives intended to be taken orally.

RECORDKEEPING

The pharmacist shall maintain records in accordance with Regulation 18 VAC 110-21-46.

NOTIFICATION OF PRIMARY CARE PROVIDER; COUNSELING

1. If the pharmacist initiates treatment with or dispenses or administers a hormonal contraceptive, the pharmacist shall notify the patient's primary care provider. If the patient does not have a primary care provider and obstetrician/gynecologist (OB/GYN), the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and, upon request, provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located; and,
2. Additionally, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears.