New Jersey Office of the Attorney General Division of Consumer Affairs Board of Pharmacy Algorithm for Self-administered Injectable Hormonal Contraceptives

	stered injectuble fiormonal contraceptives	
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 the self-administered injectable hormonal contraceptives that the pharmacist may furnish under the Protocol and standing order (Injectable HC).		Refer
If even one box labeled 3 or 4 (pink or red), Injectable HC is contr		
If ALL the boxes are labeled 1 or 2 (green), proceed to the next st	ep	
	No Contraindicating Conditions	
2) Pregnancy Screen	Possible	
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		Refer
If YES to AT LEAST ONE of the questions in 2a through 2f of the H of pregnancy symptoms, proceed to the next step.	ealth Screening Questionnaire and the patient is free	
	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. Contraindicating Medications If even one box is labeled 3 or 4 (pink or red) OR there are drug-drug interactions, Injectable HC is contraindicated> Medications		Refer
If ALL the boxes are labeled 1 or 2 (green) and there are no drug-	drug interactions, proceed to the next step.	
	No Contraindicating Medications	
4) Blood Pressure Screen		Ref
Measure and record patient's seated blood pressure. Pharmacist r	nay take a second reading, if initial is high.	èr ar B foi
Is BP <140/90? BP ≥ 140/90		r POF
If BP ≥140/90, is the patient eligible for progestin-only oral contraceptives? If YES, use the Algorithm for Self-administered Hormonal Contraceptive Pills, Patches, and Rings. If NO> Refer		fer and See Appendix B for POP Screen
If BP <140/90, proceed to the next step.		dix
	BP < 140/90	
5a) Not Currently Using Injectable HC	5b) Currently Using Injectable HC	
Initiate Injectable HC based on evaluation of patient		1
preferences, adherence, and contraceptive history.	Evaluate Current Injectable HC. If continuing Injectable HC, confirm that date of last injection or dispensing was within 11-15 weeks.	
 Furnish up to 3 months of the selected Injectable HC, with refills for up to 9 months. At three months, recheck the patient's blood pressure and ask if there are any changes to the Health Screening Questionnaire to verify continued eligibility for the Injectable HC. Provide the patient with educational materials that include step-by-step Instructions for self-injection, as well as guidance on the proper disposal of needles. If requested by the patient, the pharmacist may observe the first self-administration of the injectable hormonal contraceptive. At three months, recheck the patient's blood pressure and ask if there are any changes to the Health Screening Questionnaire to verify continued eligibility for the HC, then refills for up to 9 months may be authorized. 	 A pharmacist shall not continue to furnish medroxyprogesterone acetate after 2 years without a prescription from a healthcare provider. If a patient has used medroxyprogesterone acetate for one year and nine months, the pharmacist shall refer the patient to a health care provider to obtain a prescription. If > 15 weeks ago, rule out pregnancy (document Step 2 above) and instruct patient to abstain or use a backup method of contraception for 7 days before furnishing the injectable HC. If between 11 and 15 weeks ago, furnish the injectable HC. If < 11 weeks ago, do not furnish the injectable HC. If altering therapy based on patient concerns, use the Algorithm for Self-Administered Hormonal Contraceptive Pills, Patches, and Rings. 	
6) Patient Counseling (all patients receiving Injectable HC)	•	
 Ensure the patient is appropriately instructed in the administra Provide the patient with counseling that includes the following An information sheet for the product furnished that includes becomes effective, what to do if the patient misses a dose, p The package insert for the product furnished; The importance of receiving recommended preventative hear medical clinic; That the self-administered hormonal contraceptive does not condom does provide protection against sexually transmitted Any other information relevant to the Injectable HC furnished Instruct patient that if the injection is not taken withit backup method of contraception for 7 days. Stress the importance of returning to obtain the next Provide patient with specific calendar date range for medication for the next injection. 	tion of the Injectable HC. information: s when and how to take or use the Injectable HC, when the contraceptive possible side effects, and when to seek medical attention; alth screenings and following up with the patient's primary care provider or a c protect against sexually transmitted infections or HIV, and that the use of a id infections and HIV; and id, including: n 7 days of start of their period, then the patient should abstain or use a	
7) Referral (all patients, including those not receiving any	+ 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.