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Utah Guidance for Self-Administered Hormonal Contraceptives
Approved September 28, 2021

This guidance authorizes qualified Utah-licensed pharmacists ("Pharmacists") to perform the pertinent assessments and prescribe hormonal contraceptives under the conditions of this guidance and according to and in compliance with all applicable state and federal laws and rules.

Training Program

Only a Utah-licensed pharmacist, who has completed an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to the prescribing of contraceptives by a pharmacist, may dispense hormonal contraceptive patches, a hormonal vaginal ring, and oral hormonal contraceptives to a patient. In addition, pharmacists shall comply with the most current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use as adopted by the U.S. Centers for Disease Control and Prevention (CDC).

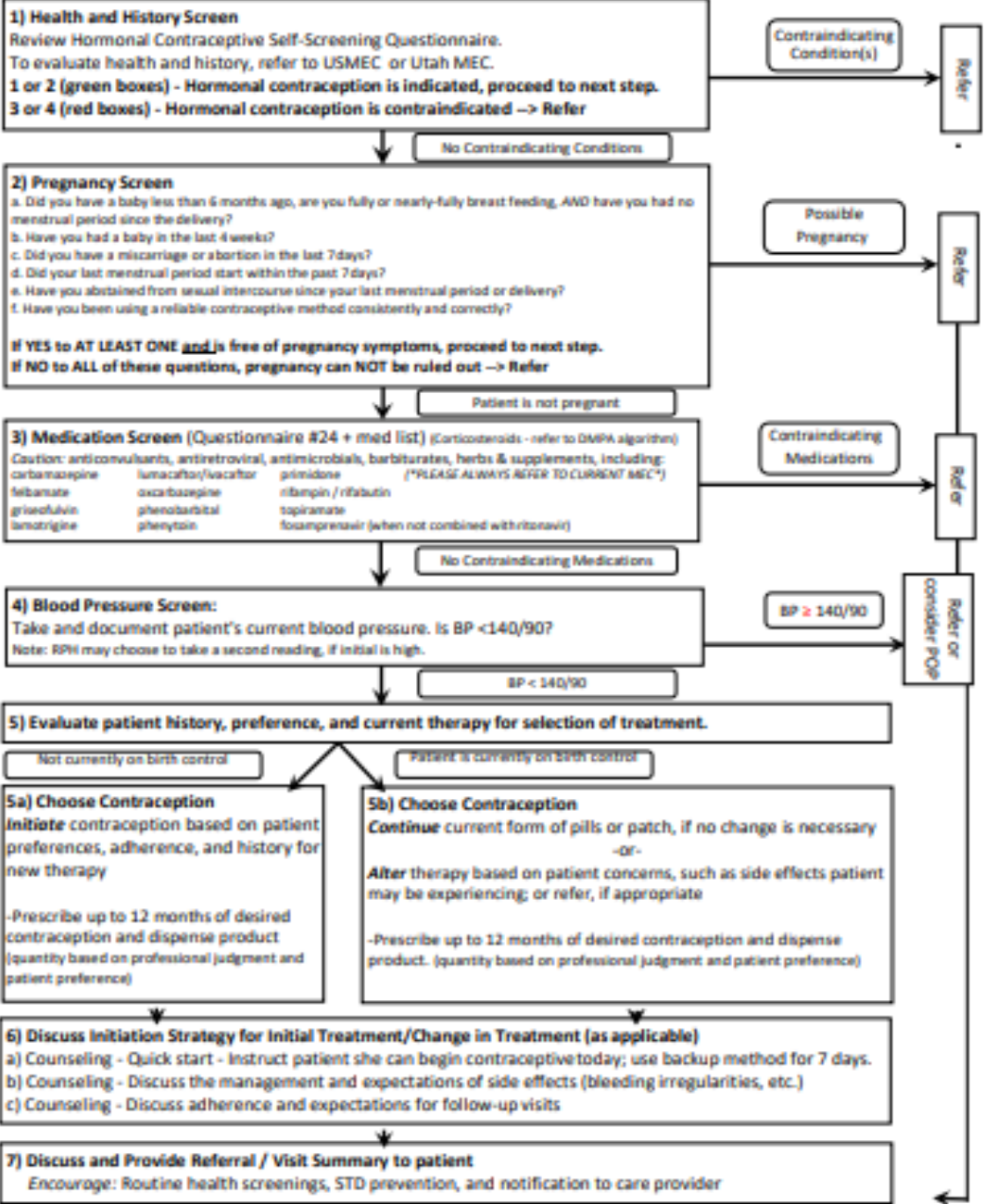
Age Requirements

A pharmacist may prescribe hormonal contraceptive patches, a hormonal vaginal ring, and self-administered oral hormonal contraceptives to a person who is at least 18 years of age.

Further Conditions

- (1) For each new patient requesting a contraceptive service and, at a minimum of every twelve months for each returning patient, a participating pharmacist must:
 - (a) Obtain a completed Utah Hormonal Contraceptive Self-Screening Questionnaire;
 - (b) Utilize and follow the Standard Procedures Algorithm for Prescribing of Contraceptives to perform the patient assessment;
 - (c) Prescribe, if clinically appropriate, the hormonal contraceptive patch, self-administered oral hormonal contraceptive, hormonal vaginal ring, or refer to a healthcare practitioner;
 - (d) Provide the patient with a Visit Summary;
 - (e) Advise the patient to consult with a primary care practitioner or women's health care practitioner;
 - (f) Refer any patient that may be subject to abuse to an appropriate social services agency; and
 - (g) Ensure that the pharmacy provides appropriate space to prevent the spread of infection and ensure confidentiality.
- (2) If the hormonal contraceptive patch, hormonal vaginal ring, or self-administered oral hormonal contraceptive is dispensed, it must be done as soon as practicable after the pharmacist issues the prescription and shall include any relevant educational materials.
- (3) A pharmacist must 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; or
 - (b) Prescribe in instances that the Standard Procedures Algorithm requires referral to a provider.

STANDARD PROCEDURES ALGORITHM FOR PRESCRIBING OF CONTRACEPTIVES (excluding DMPA)



Utah Hormonal Contraceptive Self-Screening Questionnaire

Name _____ Health Care Provider's Name _____ Date _____

Date of Birth _____ Age _____ (must be 18) Weight _____ Do you have health insurance? Yes / No

What was the date of your last women's health clinical visit? _____

Any allergies to Medications? Yes / No If yes, list them here _____

Do you have a preferred method of birth control that you would like to use?

A daily pill A weekly patch A monthly vaginal ring Injectable (every 3 mo.) Other (IUD, implant)

Background Information:

1	Do you think you might be pregnant now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	What was the first day of your last menstrual period?	___/___/___
3	Have you ever taken birth control pills, or used a birth control patch, ring, or injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you previously received contraceptives?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did you ever experience a bad reaction to using hormonal birth control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, what kind of reaction occurred?	_____
	Are you currently using any method of birth control including pills, or a birth control patch, ring or shot/injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, which one do you use?	_____
4	Have you ever been told by a medical professional not to take hormones?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you smoke cigarettes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical History:

6	Have you had a recent change in vaginal bleeding that worries you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Have you given birth within the past 21 days? If yes, how long ago?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Have you ever had a migraine headaches?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Are you being treated for inflammatory bowel disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication)	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Have you ever had a heart attack or stroke, or been told you had any heart disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Have you ever had a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you ever been told by a medical professional you are at risk of developing a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Have you had bariatric surgery or stomach reduction surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Do you have or have you ever had breast cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Have you had a solid organ transplant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Do you have lupus, rheumatoid arthritis, or any blood disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, list them here:	_____
24	Do you have any other medical problems or take any medications, including herbs or supplements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, list them here:	_____

Signature _____ Date _____

Optional Side – May be used by pharmacy

This side of form may be customized by pharmacy –Do not make edits to the Questionnaire (front side)

Pregnancy Screen		
a. Did you have a baby less than 6 months ago, are you fully or nearly-fully breast feeding, AND have you had no menstrual period since the delivery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Have you had a baby in the last 4 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Did you have a miscarriage or abortion in the last 7 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Did your last menstrual period start within the past 7 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Have you abstained from sexual intercourse since your last menstrual period or delivery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Have you been using a reliable contraceptive method consistently and correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Verified DOB with valid photo ID BP Reading _____ / _____

Note: Must refer patient if either systolic or diastolic reading is out of range, per algorithm

Rx Drug Prescribed _____ Rx _____
Directions for Use _____
Pharmacist Name _____ Pharmacist Signature _____
Pharmacy Address _____ Pharmacy Phone _____

Patient Referred

-or-

Notes:

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use



Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age	Menarche to <20 yrs.2	Menarche to <18 yrs.1		Menarche to <18 yrs.1		Menarche to <18 yrs.1		Menarche to <18 yrs.1		Menarche to <18 yrs.1		Menarche to <40 yrs.1	
		20-24 yrs.1		20-24 yrs.1		20-24 yrs.1		20-24 yrs.1		20-24 yrs.1		20-24 yrs.1	
		>45 yrs.1		>45 yrs.1		>45 yrs.1		>45 yrs.1		>45 yrs.1		>45 yrs.1	
Anatomical abnormalities	a) Distorted uterine cavity	4	4										
Anemias	a) Thalassemia	2		2		2		2		2		2	
		1		1		1		1		1		1	
		2		2		2		2		2		2	
Benign ovarian tumors	a) Undiagnosed mass	1		2		2*		2*		2*		2*	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
Breast disease	a) Benign breast disease	1		1		1		1		1		1	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
Breastfeeding	a) <21 days postpartum	1		2		2*		2*		2*		2*	
		2		2		2		2		2		2	
		2		2		2		2		2		2	
		2		2		2		2		2		2	
Cervical cancer	Awaiting treatment	4		2		2		2		2		2	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
Cinifrosis	a) Mild (compensated)	1		1		1		1		1		1	
		1		3		3		3		3		3	
Cystic fibrosis	a) History of DVT/PE, not receiving anticoagulant therapy	1		2		2		2		2		2	
		1		2		2		2		2		2	
		2		2		2		2		2		2	
		2		2		2		2		2		2	
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	b) Acute DVT/PE	1		2		2		2		2		2	
		1		2		2		2		2		2	
		2		2		2		2		2		2	
		2		2		2		2		2		2	
Depressive disorders	a) Major surgery	1		2		2		2		2		2	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
		1		1		1		1		1		1	

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)

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use



Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
		1*		1*		1*		2*		1*		3*	
		1*		1*		1*		2*		1*		3*	
Inflammatory bowel disease	Current and history of	1		2		3		2		3		2,3,4	
		1		2		2*		2*		2*		2*	
		1		1		1		2		2		2/3*	
Liver tumors	a) Benign	1		2		2		2		2		2	
		1		3		3		3		3		4	
		1		3		3		3		3		4	
Multiple sclerosis	a) With prolonged immobility	1		1		1		2		1		1	
		1		1		1		2		1		1	
		1		1		1		2		1		2	
Ovarian cancer	a) Nulliparous	2		2		2		2		2		2	
		1		1		1		1		1		1	
		1		1		1		1		1		1	
Postpartum (nonbreastfeeding women)	a) First trimester	1*		1*		1*		1*		1*		1*	
		2*		2*		1*		1*		1*		1*	
		4		4		1*		1*		1*		1*	
Postpartum (in breastfeeding or non-breastfeeding women, including cesarean delivery)	a) <10 minutes after delivery of the placenta	1*		2*		1*		1*		1*		1*	
		1*		1*		1*		1*		1*		1*	
		2*		2*		1*		1*		1*		1*	
		1*		1*		1*		1*		1*		1*	

Updated in 2020: This summary chart only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see <https://www.cdc.gov/contraception/summary-chart-2020/>. 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.

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Self-Administered Hormonal Contraception Resources

1. Utah Hormonal Contraceptive Self Screening Questionnaire
https://dopl.utah.gov/pharm/hormonal_contraception_questionnaire.pdf
2. Utah Hormonal Contraceptive Self Screening Questionnaire-Spanish
https://dopl.utah.gov/pharm/hormonal_contraceptive_Questionnaire_Spanish.pdf
3. Standard Procedures Algorithm for Prescribing of Contraceptives
https://dopl.utah.gov/pharm/standard_procedures_algorithm_contraceptive.pdf
4. Summary Chart of U.S Medical Eligibility Criteria For Contraceptive Use
https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf
5. Women's Health Resources <https://mihp.utah.gov/wp-content/uploads/Womens-Health-Resources.pdf>
6. Utah Maternal and Infant Health Program <https://mihp.utah.gov/>
7. ACOG Well-Woman Recommendations https://www.acog.org/topics/well-woman-health-care?utm_source=redirect&utm_medium=web&utm_campaign=otn
8. JCCP Pharmacist Patient Care Process <https://jcpc.net/patient-care-process/>