

Colorado State Board of Pharmacy Approved Statewide Protocol for Prescribing Hormonal Contraceptive Patches and Oral Contraceptives

(Appendix A)

This collaborative pharmacy practice statewide protocol authorizes qualified Colorado-licensed pharmacists ("Pharmacists") to perform the pertinent physical assessments and prescribe hormonal contraceptive patches and oral contraceptives under the conditions of this protocol and according to and in compliance with all applicable state and federal laws and rules.

**Definitions**

- (1) "Clinical visit" means a consultation with a healthcare provider, other than a pharmacist, for women's health, which should address contraception and age-appropriate screening.
- (2) "Hormonal contraceptive patch" means a transdermal patch applied to the skin of a patient, by the patient or by a practitioner, that releases a drug composed of a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy.
- (3) "Oral hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may take orally.

**Training Program**

Only a Colorado-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 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).

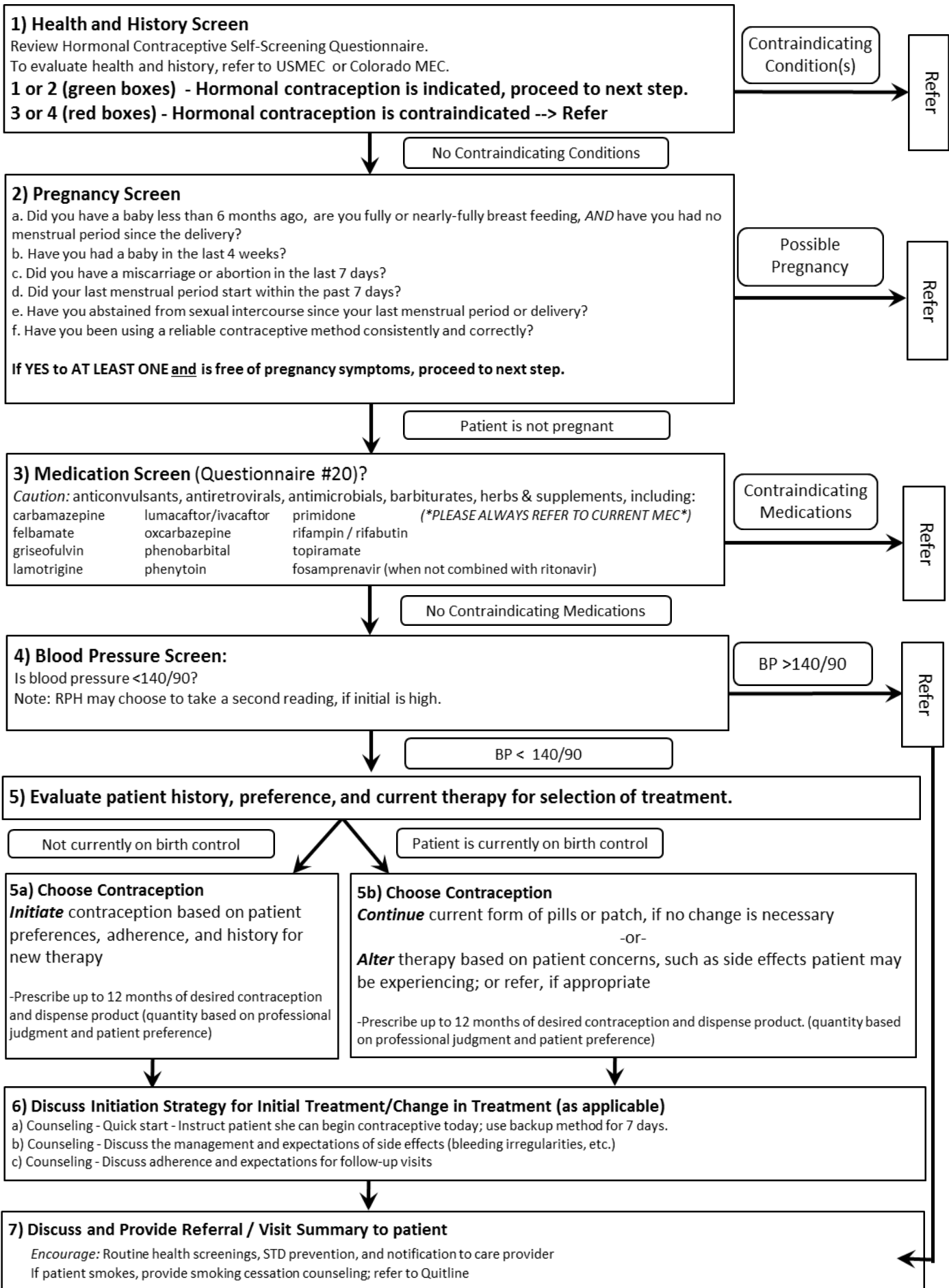
**Age Requirements**

A pharmacist may prescribe hormonal contraceptive patches 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 Colorado Self-Screening Risk Assessment Questionnaire;
  - (b) Utilize and follow the Colorado Standard Procedures Algorithm to perform the patient assessment;
  - (c) Prescribe, if clinically appropriate, the hormonal contraceptive patch or self-administered oral hormonal contraceptive, 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 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) Require a patient to schedule an appointment with the pharmacist for the prescribing or dispensing of a hormonal contraceptive patch or self-administered oral hormonal contraceptive;
  - (b) 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
  - (c) Prescribe in instances that the Colorado Standard Procedures Algorithm requires referral to a provider.
- (4) Records:
  - (a) Pursuant to Pharmacy Board Rule 17.00.50, a process shall be in place for the pharmacist to communicate with the patient's primary care provider and document changes to the patient's medical record. If the patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult an appropriate health care professional of the patient's choice.
  - (b) Pharmacists shall comply with all aspects of Pharmacy Board Rules 17.01.00 and 17.02.00 with respect to the maintenance of proper records.

## STANDARD PROCEDURES ALGORITHM FOR COLORADO RPH PRESCRIBING OF CONTRACEPTIVES





## Hormonal Contraceptive Self-Screening Questionnaire (form updated Nov16)

Name \_\_\_\_\_ Health Care Provider's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age\* \_\_\_\_\_ 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: \_\_\_\_\_

### 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 had contraceptives prescribed to you by a pharmacist?	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 given birth within 21 days? If yes, how long ago?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you get migraine headaches? If so, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	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"/>
11	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"/>
12	Have you ever had a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Have you ever been told by a medical professional that you are at risk of developing a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	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"/>
15	Have you had bariatric surgery or stomach reduction surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you have or have you ever had breast cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	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"/>
18	Do you have lupus, rheumatoid arthritis, or any blood disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	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:	_____
20	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:	_____
21	Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.)	_____

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

☐ **A pill you take each day**   ☐ **A patch that you change weekly**   ☐ **Other (ring, injectable, implant, or IUD)**

Internal use only	<input type="checkbox"/> verified DOB* with valid photo ID	<input type="checkbox"/> BP Reading _____/_____
Pharmacist Name _____	Pharmacist Signature _____	
<input type="checkbox"/> Drug Prescribed _____ Rx# _____	-or- <input type="checkbox"/> Patient Referred-circle reason(s)	
Sig: _____	(Pharmacy Phone _____ Address _____)	
Notes: _____		



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



Pages 1,2 .....Color coded in the left column to match the corresponding question of the Oregon Hormonal Contraception Self-Screening Tool Questionnaire.  
 Pages 3,4 ..... Arranged alphabetically by disease state

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)	

Updated November 2016. This summary sheet only contains a subset of the recommendations from the US MEC. For complete guidance, see: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm>

## Corresponding to the order of the Colorado Hormonal Contraception Self Screening Tool Questionnaire:

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Age		Initiating	Continuing	Initiating	Continuing	
	Menarche to <40=1			Menarche to <18=1		Yes
	≥40=2			18-45=1		Yes
				>45=1		Yes
Smoking	a) Age < 35	2		1		Yes
	b) Age ≥ 35, < 15 cigarettes/day	3		1		Yes
	c) Age ≥ 35, ≥15 cigarettes/day	4		1		Yes
Pregnancy	(Not Eligible for contraception)	NA*		NA*		NA*
Postpartum (see also Breastfeeding)	a) < 21 days	4		1		Yes
	b) 21 days to 42 days:					
	(i) with other risk factors for VTE	3*		1		Yes
	(ii) without other risk factors for VTE	2		1		Yes
	c) > 42 days	1		1		Yes
Breastfeeding (see also Postpartum)	a) < 1 month postpartum	3*		2*		Yes
	b) 1 month or more postpartum	2*		1*		Yes
Diabetes mellitus (DM)	a) History of gestational DM only	1		1		Yes
	b) Non-vascular disease					
	b) Other abnormalities:					
	(i) non-insulin dependent	2		2		Yes
	(ii) insulin dependent‡	2		2		Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*		2		Yes
Headaches	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2		Yes
	a) Non-migrainous	1*	2*	1*	1*	Yes
	b) Migraine:					
	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age ≥35	3*	4*	1*	2*	Yes
Hypertension	iii) with aura, any age	4*	4*	2*	3*	Yes
	a) Adequately controlled hypertension	3*		1*		Yes
	b) Elevated blood pressure levels (properly taken measurements):					
	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4		2		Yes
History of high blood pressure during pregnancy	c) Vascular disease	4		2		Yes
		2		1		Yes
Hyperlipidemias		2/3*		2*		Yes
	Peripartum cardiomyopathy‡					
	a) Normal or mildly impaired cardiac function:					
	(i) < 6 months	4		1		Yes
	(ii) ≥ 6 months	3		1		Yes

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
		Initiating	Continuing	Initiating	Continuing	
	b) Moderately or severely impaired cardiac function	4		2		Yes
Multiple risk factors for arterial cardiovascular disease	(such as older age, smoking, diabetes and hypertension)	3/4*		2*		Yes
Ischemic heart disease‡	Current and history of	4		2	3	Yes
Valvular heart disease	a) Uncomplicated	2		1		Yes
	b) Complicated‡	4		1		Yes
Stroke‡	History of cerebrovascular accident	4		2	3	Yes
Thrombogenic mutations‡		4*		2*		Yes
Deep venous thrombosis (DVT) /Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy					
	i) higher risk for recurrent DVT/PE	4		2		Yes
	ii) lower risk for recurrent DVT/PE	3		2		Yes
	b) Acute DVT/PE	4		2		Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months					
	i) higher risk for recurrent DVT/PE	4*		2		Yes
	ii) lower risk for recurrent DVT/PE	3*		2		Yes
	d) Family history (first-degree relatives)	2		1		Yes
	e) Major surgery					
	(i) with prolonged immobilization	4		2		Yes
	(ii) without prolonged immobilization	2		1		Yes
	f) Minor surgery without immobilization	1		1		Yes
History of bariatric surgery‡	a) Restrictive procedures	1		1		Yes
	b) Malabsorptive procedures	COCs: 3		3		Yes
Breast disease/ Breast Cancer	a) Undiagnosed mass	2*		2*		Yes
	b) Benign breast disease	1		1		Yes
	c) Family history of cancer	1		1		Yes
	d) Breast cancer:‡					
	i) current	4		4		Yes
	ii) past and no evidence of current disease for 5 years	3		3		Yes

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Viral hepatitis	a) Acute or flare	3/4*	2	1		Yes
	b) Carrier/Chronic	1	1	1		Yes
Cirrhosis	a) Mild (compensated)	1		1		Yes
	b) Severe‡ (decompensated)	4		3		Yes
Liver tumors	a) Benign:					
	i) Focal nodular hyperplasia	2		2		Yes
	ii) Hepatocellular adenoma‡	4		3		Yes
	b) Malignant‡	4		3		Yes
Gallbladder disease	a) Symptomatic:					
	(i) treated by cholecystectomy	2		2		Yes
	(ii) medically treated	3		2		Yes
	(iii) current	3		2		Yes
	b) Asymptomatic	2		2		Yes
History of Cholestasis	a) Pregnancy-related	2		1		Yes
	b) Past COC-related	3		2		Yes
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4		3		Yes
	b) Severe thrombocytopenia	2		2		Yes
	c) Immunosuppressive treatment	2		2		Yes
	d) None of the above	2		2		Yes
Rheumatoid arthritis	a) On immunosuppressive therapy	2		1		Yes
	b) Not on immunosuppressive therapy	2		1		Yes
Blood Conditions?						
Epilepsy‡	(see also Drug Interactions)	1*		1*		Yes
Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*		1*		Yes
	b) Pelvic	1*		1*		Yes
HIV	High risk	1		1		Yes
	HIV infected (see also Drug Interactions)‡	1*		1*		Yes
	AIDS (see also Drug Interactions) ‡	1*		1*		Yes
	Clinically well on therapy	If on treatment, see Drug Interactions.				
Antiretroviral therapy	a) Nucleoside reverse transcriptase inhibitors	1*		1		Yes
	b) Non-nucleoside reverse transcriptase inhibitors	2*		2*		Yes
	c) Ritonavir-boosted protease inhibitors	3*		3*		Yes
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*		3*		Yes
	b) Lamotrigine	3*		1		Yes
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		Yes
	b) Antifungals	1		1		Yes
	c) Antiparasitics	1		1		Yes
	d) Rifampicin or rifabutin therapy	3*		3*		Yes

# Alphabetical Listing of USMEC Contraceptive Eligibility By Disease State

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Breast disease/ Breast Cancer	a) Undiagnosed mass	2*		2*		Yes
	b) Benign breast disease	1		1		Yes
	c) Family history of cancer	1		1		Yes
	d) Breast cancer‡					
	i) current	4		4		Yes
Breastfeeding (see also Postpartum)	ii) past and no evidence of current disease for 5 years	3		3		Yes
Cervical cancer	Awaiting treatment	2		1		Yes
Cervical ectropion		1		1		Yes
Cervical intraepithelial neoplasia		2		1		Yes
Cirrhosis	a) Mild (compensated)	1		1		Yes
	b) Severe‡ (decompensated)	4		3		Yes
Cystic Fibrosis		1*		1*		Yes
Deep venous thrombosis (DVT) /Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy					
	i) higher risk for recurrent DVT/PE	4		2		Yes
	ii) lower risk for recurrent DVT/PE	3		2		Yes
	b) Acute DVT/PE	4		2		Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months					
	i) higher risk for recurrent DVT/PE	4*		2		Yes
	ii) lower risk for recurrent DVT/PE	3*		2		Yes
	d) Family history (first-degree relatives)	2		1		Yes
	e) Major surgery					
	(i) with prolonged immobilization	4		2		Yes
	(ii) without prolonged immobilization	2		1		Yes
	f) Minor surgery without immobilization	1		1		Yes
Depressive disorders		1*		1*		Yes
Diabetes mellitus (DM)	a) History of gestational DM only	1		1		Yes
	b) Non-vascular disease					
Diabetes mellitus (cont.)	(i) non-insulin dependent	2		2		Yes
	(ii) insulin dependent‡	2		2		Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*		2		Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2		Yes
Endometrial cancer‡		1		1		Yes
Endometrial hyperplasia		1		1		Yes
Endometriosis		1		1		Yes
Epilepsy‡	(see also Drug Interactions)	1*		1*		Yes
Gallbladder disease	a) Symptomatic					
	(i) treated by cholecystectomy	2		2		Yes
	(ii) medically treated	3		2		Yes
	(iii) current	3		2		Yes

	b) Asymptomatic	2		2		Yes
	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Gestational trophoblastic disease	a) Decreasing or undetectable β-hCG levels	1		1		Yes
	b) Persistently elevated β-hCG levels or malignant disease‡	1		1		Yes
Headaches	a) Non-migrainous	1*	2*	1*	1*	Yes
	b) Migraine					
	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age ≥35	3*	4*	1*	2*	Yes
History of bariatric surgery‡	iii) with aura, any age	4*	4*	2*	3*	Yes
	a) Restrictive procedures	1		1		Yes
History of cholestasis	b) Malabsorptive procedures	COCs: 3		3		Yes
		P/R: 1				
History of high blood pressure during pregnancy	a) Pregnancy-related	2		1		Yes
	b) Past COC-related	3		2		Yes
History of pelvic surgery		2		1		Yes
HIV		1		1		Yes
	High risk	1		1		Yes
	HIV infected (see also Drug Interactions)‡	1*		1*		Yes
	AIDS (see also Drug Interactions) ‡	1*		1*		Yes
	Clinically well on therapy					
Hyperlipidemias		2/3*		2*		Yes
Hypertension	a) Adequately controlled hypertension	3*		1*		Yes
	b) Elevated blood pressure levels (properly taken measurements)					
	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4		2		Yes
	c) Vascular disease	4		2		Yes
Inflammatory bowel disease	(Ulcerative colitis, Crohn's disease)	2/3*		2		Yes
Ischemic heart disease‡	Current and history of	4		2	3	Yes
Liver tumors	a) Benign					
	i) Focal nodular hyperplasia	2		2		Yes
	ii) Hepatocellular adenoma‡	4		3		Yes
Malaria	b) Malignant‡	4		3		Yes
		1		1		Yes
Multiple risk factors for arterial cardiovascular disease	(such as older age, smoking, diabetes and hypertension)	3/4*		2*		Yes
Obesity	a) ≥30 kg/m <sup>2</sup> body mass index (BMI)	2		1		Yes
	b) Menarche to < 18 years and ≥ 30 kg/m <sup>2</sup> BMI	2		1		Yes
Ovarian cancer‡		1		1		Yes
Parity	a) Nulliparous	1		1		Yes
	b) Parous	1		1		Yes
Past ectopic pregnancy		1		2		Yes



# Alphabetical Listing of USMEC Contraceptive Eligibility By Disease State

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Pelvic inflammatory disease	a) Past, (assuming no current risk factors of STIs)					
	(i) with subsequent pregnancy	1		1		Yes
	(ii) without subsequent pregnancy	1		1		Yes
	b) Current	1		1		Yes
Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function					
	(i) < 6 months	4		1		Yes
	(ii) ≥ 6 months	3		1		Yes
	b) Moderately or severely impaired cardiac function	4		2		Yes
Postabortion	a) First trimester	1*		1*		Yes
	b) Second trimester	1*		1*		Yes
	c) Immediately post-septic abortion	1*		1*		Yes
Postpartum (see also Breastfeeding)	a) < 21 days	4		1		Yes
	b) 21 days to 42 days					
	(i) with other risk factors for VTE	3*		1		Yes
	(ii) without other risk factors for VTE	2		1		Yes
Postpartum (in breastfeeding or non-breastfeeding women, including post-caesarean section)	c) > 42 days	1		1		Yes
	a) < 10 minutes after delivery of the placenta					
	b) 10 minutes after delivery of the placenta to < 4 weeks					
	c) ≥ 4 weeks					
Pregnancy	d) Puerperal sepsis					
		NA*		NA*		NA*
Rheumatoid arthritis	a) On immunosuppressive therapy	2		1		Yes
	b) Not on immunosuppressive therapy	2		1		Yes
Schistosomiasis	a) Uncomplicated	1		1		Yes
	b) Fibrosis of the liver‡	1		1		Yes
Severe dysmenorrhea		1		1		Yes
Sexually transmitted infections (STIs)	a) Current purulent cervicitis or chlamydial infection or gonorrhea	1		1		Yes
	b) Other STIs (excluding HIV and hepatitis)	1		1		Yes
Sexually transmitted infections (cont.)	c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1		1		Yes
	d) Increased risk of STIs	1		1		Yes
Smoking	a) Age < 35	2		1		Yes
	b) Age ≥ 35, < 15 cigarettes/day	3		1		Yes
	c) Age ≥ 35, ≥ 15 cigarettes/day	4		1		Yes
Solid organ transplantation‡	a) Complicated	4		2		Yes
	b) Uncomplicated	2*		2		Yes
Stroke‡	History of cerebrovascular accident	4		2	3	Yes
Superficial venous thrombosis	a) Varicose veins	1		1		Yes
	b) Superficial thrombophlebitis	2		1		Yes
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4		3		Yes
	b) Severe thrombocytopenia	2		2		Yes
	c) Immunosuppressive treatment	2		2		Yes
	d) None of the above	2		2		Yes
Thrombogenic mutations‡		4*		2*		Yes

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Thyroid disorders	Simple goiter/hyperthyroid/hypothyroid.	1		1		Yes
Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*		1*		Yes
	b) Pelvic (suspicious for serious condition) before evaluation	1*		1*		Yes
Unexplained vaginal bleeding		2*		2*		Yes
Uterine fibroids		1		1		Yes
Valvular heart disease	a) Uncomplicated	2		1		Yes
	b) Complicated‡	4		1		Yes
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		2		Yes
	b) Heavy or prolonged bleeding	1*		2*		Yes
Viral hepatitis	a) Acute or flare	3/4*	2	1		Yes
	b) Carrier/Chronic	1	1	1		Yes
Antiretroviral therapy (All other ARVs are 1 or 2 for all methods)	Fosamprenavir (FPV)	3*		2*		Yes
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*		3*		Yes
	b) Lamotrigine	3*		1		Yes
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		Yes
	b) Antifungals	1		1		Yes
	c) Antiparasitics	1		1		Yes
	d) Rifampicin or rifabutin therapy	3*		3*		Yes
SSRIs		1		1		Yes
St. John's Wort		2		2		Yes

I = initiation of contraceptive method; C = continuation of contraceptive method; NA = Not applicable

\* Please see the complete guidance for a clarification to this classification:

[www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm)

‡ Condition that exposes a woman to increased risk as a result of unintended pregnancy.