

Clinical Management Protocol (Combined Oral Contraception)

Continuation of Oral Contraception (OC) by Community Pharmacists

Sex of patient Sex of patient Male, trans-men and non-binary people assigned female at birth Male, trans-men and non-binary people assigned female at birth Yes Aged 18-35 years Ves Patient consents (patient must physically be present in the pharmacy) Does the patient meet conditions of supply?	Yes		Exclusion from trial: Usual care is provided by pharmacist and referral to a medical professional for review of contraception	
 Patient meet condutions of supply? Patient initiated on the oral contraceptive pill by their GP (or other authorised prescribing health care professional) primarily for the indication of contraception and has been stabilised on that pill for 2 years continuously. Patient is taking an approved oral contraceptive pill listed in the NSW Health Authority. Patient has seen their GP (or other authorised prescribing health care professional) for a review of their oral contraceptive pill in the last 2 years. Patient must be continuously taking the oral contraceptive pill. Where use has ceased for ≥ 1 month, the patient should be referred to their prescribing health professional*. 	No			
 Current or previous history of breast cancer Hepatocellular adenoma or malignant liver tumour Multiple risk factors for cardiovascular disease (> 3 risk factors) Migraine with/without aura Severe (decompensated) cirrhosis Major surgery with prolonged immobilisation Age 35 years and current smoker or recently quit smoking in the last 12 months Current or past history of ischaemic heart disease, stroke, or transient ischaemic attack Hypertension (systolic blood pressure 145mmHg or higher, diastolic blood pressure 90mmHg or higher) Complicated valvular or congenital heart disease Current or past history of VTE or a first-degree relative with a VTE (provoked or unprovoked) under the age of 45 years Positive antiphospholipid antibodies Known thrombogenic mutations, e.g., factor V Leiden, prothrombin mutation, Protein S, Protein C, antithrombin deficiencies Diabetes with nephropathy, retinopathy, neuropathy, or other vascular disease Gall bladder disease (medically treated or current) Body mass index (BMI) ≥ 35kg/m² 	Yes		Immediate referral to GP Do not provide re-supply of oral contraception	
No Drug interactions, i.e., prescription/non-prescription medications (CYP 3A4/5 inducers such as <i>carbamazepine</i> , corticosteroids, <i>modafinil</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>rifampicin</i> , St John's wort. Refer to PI or AMH for further details)	Yes		Supply 1 month of COC and refer to GP. Advise patient to use additional	
Has the patient been on the pill continuously without a break, or had a break for less than 2 weeks? (Note: Patients who have had a break of more than 2 weeks, but less than 4 weeks can be supplied 1 month but need to be referred to their GP for review)	No		contraception (i.e., barrier methods) until review	
✓ Yes - continued *Note: The pharmacist must ascertain whether use of the contraception has been continuous. Where use has ceased for ≥ 1 month, the patient should be referred. This is due to the risk of VTE being highest in the first year of use and particularly in the first 3-4 months after commencing OC. The level of risk returns if the patient misses taking the oral contraceptive for ≥ 1 month. © 2023 The University of Newcastle. All rights reserved.				



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Yes - continued Before re-supply, pharmacists should discuss contraceptive options such as the use of long-acting reversible contraception (LARCs) with women seeking contraception as per the Royal Australian and New Zealand College of Obstetricians and **Gynaecologists (RANZCOG) recommendations** Yes If this is the first time the OC pharmacy service is being provided to the patient, clinical measurements MUST be recorded: Blood pressure: If BP exceeds 145mmHg systolic or 90mmHg diastolic, do not supply OC and refer to GP BMI: Weight and height should be recorded. If BMI ≥ 35kg/m² do not supply OC and refer to GP Proceed with re-supply Yes Patients taking oral Pharmacists can re-supply up to 12-months of the patient's current pill for the continuation of contraception not listed contraception provided that the patient has been reviewed by their treating medical practitioner Note must be referred to their for the purposes of contraception within the last 2 years (i.e., pharmacists are not permitted treating medical to initiate or change therapy) practitioner **Dispense any** medications (if supplied) Provide patient with a re-supply of their existing oral contraception (Note: Pharmacists Note via pharmacy are only permitted to re-supply oral contraceptives listed in the NSW Health Authority) dispensing software and label according to the legislative requirements outlined in the Poisons and Therapeutic Goods Provide non-pharmacological and women's health advice **Regulation 2008** • Provision of Consumer Medicines Information and/or a Self-Care Fact Card Appropriate counselling on the OC supplied, (i.e., how to take, side effects to expect/how to manage side effects, when the OC is less effective, what to do in the event of a **Document the** missed pill, reiterate the importance of adherence and avoiding starting/stopping the pill) consultation in Educate patients on the importance of getting regular women's health and MedAdvisor and share a sexual/reproductive health checks, (i.e., Cervical screening is available for women from record of the consult Note the age of 25 and is recommended every 5 years, Breast checks for women who have a with the patient's usual personal or family history of breast cancer should be advised to see their medical treating medical practitioner for advice regarding frequency and type of screening, Sexually transmitted practitioner or medical infection (STI) screening is recommended for anyone who is sexually active and practice engaging in unprotected sex). If patients have a concern with the type of contraception they are using, encourage them to speak with their medical professional.

Note: If no GP or hospital service is available for the patient, referral should be made for the patient to HealthDirect via 1800 022 222



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