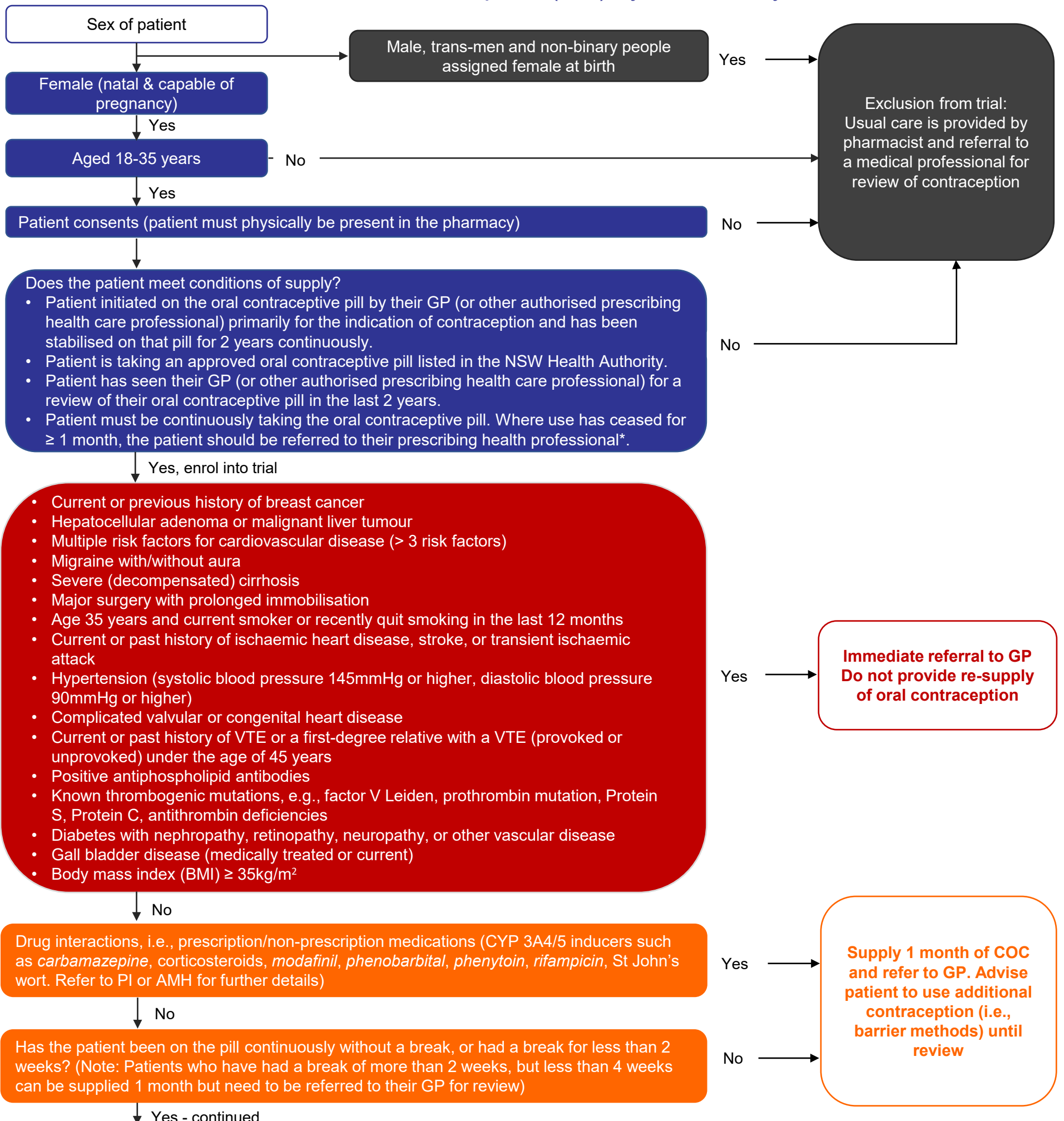


Clinical Management Protocol (Combined Oral Contraception)

Continuation of Oral Contraception (OC) by Community Pharmacists



***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.

Clinical Management Protocol (Combined Oral Contraception)

Continuation of Oral Contraception (OC) by Community Pharmacists

↓ 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 $\geq 35\text{kg/m}^2$ **do not supply** OC and refer to GP

Proceed with re-supply

↓ Yes

Pharmacists can re-supply up to 12-months of the patient's current pill for the continuation of contraception provided that the patient has been reviewed by their treating medical practitioner for the purposes of contraception within the last 2 years (i.e., **pharmacists are not permitted to initiate or change therapy**)

Note →

Patients taking oral contraception not listed must be referred to their treating medical practitioner

Provide patient with a re-supply of their existing oral contraception (Note: Pharmacists are only permitted to re-supply oral contraceptives listed in the NSW Health Authority)

Note →

Dispense any medications (if supplied) via pharmacy dispensing software and label according to the legislative requirements outlined in the Poisons and Therapeutic Goods Regulation 2008

Provide non-pharmacological and women's health advice

- 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 missed pill, reiterate the importance of adherence and avoiding starting/stopping the pill)
- Educate patients on the importance of getting regular women's health and sexual/reproductive health checks, (i.e., Cervical screening is available for women from the age of 25 and is recommended every 5 years, Breast checks for women who have a personal or family history of breast cancer should be advised to see their medical practitioner for advice regarding frequency and type of screening, Sexually transmitted infection (STI) screening is recommended for anyone who is sexually active and 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 →

Document the consultation in MedAdvisor and share a record of the consult with the patient's usual treating medical practitioner or medical practice

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