NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina State Health Director's Standing Order for Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives
Revised April 4, 2023

Pursuant to S.L. 2021-110, this standing order signed by the North Carolina State Health Director, authorizes immunizing pharmacists practicing in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense, deliver, or administer the following contraception products as directed below.

Immunizing pharmacists who provide contraception products in accordance with this standing order must also complete North Carolina Hormonal Contraception Training Program

<table>
<tr><th colspan="4">Contraception Dispensing Protocol</th></tr>
<tr><td>Eligible Candidates</td><td colspan="3">▪ Persons of reproductive age, who voluntarily request contraception, and are at risk of experiencing unintended pregnancy and that the patient is, within reasonable certainty, not pregnant.
▪ This standing order may be used for persons < 18 years of age with a parent or legal guardian consent.
▪ Persons of reproductive age may be provided any contraceptive allowed by this standing order that is a US Medical Eligibility Criteria (USMEC) category 1 or 2 agent based on completion of a patient assessment and evaluation consistent with the USMEC linked below and/or the Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire and Pharmacist-Initiated Hormonal Contraception Assessment and Treatment Care Pathway for this standing order. An alternative questionnaire, assessment and evaluation may be completed, in a format of the immunizing pharmacists' choosing, as long as it is consistent with USMEC. A patient questionnaire document may be completed by the patient prior to, or at the time of, the visit and then reviewed with the patient by the pharmacist.
▪ Patient has a seated blood pressure (< 140/90 mmHg) measured by a qualified health care provider at the time of assessment. This may be done manually or by a blood pressure machine. If the initial blood pressure reading is 140/90 mmHg or greater, reassess the blood pressure after the patient has been seated for five or more minutes. If blood pressure remains high, then do not dispense, deliver or administer and refer to a medical care provider.
▪ Refer to the following guidance regarding eligibility criteria and when a person should start using specific contraceptive methods:
  ▪ CDC | When to Start Using Specific Contraception
  ▪ Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use
  ▪ U.S. Medical Eligibility Criteria for Contraceptive Use, 2016</td></tr>
<tr><td></td><td colspan="2">Combined Hormonal Contraceptive (CHCs)</td><td></td></tr>
<tr><td>Route(s) of Administration</td><td>Combined Oral Contraceptive (COC)</td><td>Transdermal (TD)</td><td>Progestin Only Pill (POP)</td></tr>
<tr><td>Medication</td><td>• estradiol valerate/dienogest
• estetrol/drospirenone
• ethinyl estradiol/desogestrel
• ethinyl estradiol/drospirenone
• ethinyl estradiol/drospirenone/levomefolate
• ethinyl estradiol/ethynodiol diacetate
• ethinyl estradiol/levonorgestrel
• ethinyl estradiol/norethindrone
• ethinyl estradiol/norgestimate
• ethinyl estradiol/norgestrel
• mestranol/norethindrone</td><td>• ethinyl estradiol/levonorgestrel
• ethinyl estradiol/norelgestromin</td><td>• drospirenone
• norethindrone</td></tr>
<tr><td rowspan="2">Directions for Use</td><td>Take one tablet by mouth daily.</td><td>Apply one patch to the skin once a week x 3 weeks. Then remain patch-free for one week.</td><td>Take one tablet by mouth daily.</td></tr>
<tr><td colspan="3">Follow guidance for initiation, modification, and discontinuation as set out in the Pharmacist Initiated Hormonal Contraception Assessment and Treatment Care Pathway (Appendix B).</td></tr>
<tr><td>Refills</td><td colspan="3">As needed up to a one-year supply. Refills may be provided in monthly or extended supplies, as allowed by the patient's insurance. Patient screening questionnaire must be completed at least annually.</td></tr>
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Contraindications	• Allergy to specific medication or component of medication • Blood pressure 140/90 or greater • Pregnant or pregnancy suspected • Any condition rated in the CDC USMEC Criteria for Contraceptive Use as theoretical or proven risks usually outweigh the advantages (rating = 3) or unacceptable health risk, method not to be used (rating = 4) Summary chart medical-eligibility criteria U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 • Patient taking any of the following should be referred to PCP for contraception initiation: ○ Fosamprenivir ○ Phenytoin ○ Carbamazepine ○ Phenobarbital ○ Topiramate ○ Oxcarbazepine ○ Primidone ○ Lamotrigine ○ Rifampin ○ Rifabutin
Additional Patient Assessment and Education	The dispensing pharmacist shall • Assess patient's medication history for potential contraindications or drug-drug interactions. • Assess patient's former and current birth control method, any complications or side effects, and preferred method of birth control. • Counsel patient on available birth control methods. If the patient wants a method not available through the pharmacy, refer patient to primary care or women's health provider • Assess patient's use of and educate on folic acid supplementation The dispensing pharmacist shall educate every person to whom contraception is dispensed, delivered or administered under this standing order on: ▪ How to start the contraceptive method (Quick start method preferred), proper administration and missed dose instructions, safety and efficacy data, routine follow-up for the selected contraceptive method, potential drug interactions, side effects and who to contact should these occur. Addition Tools for Pharmacists for this element. Examples of educational materials that incorporate the above may be found at CDC | When to Start Using Specific Contraception and birth control pharmacist . FDA-required product information -sheet shall also be provided. ▪ Preventive care, including well-women visits, sexually transmitted infection prevention and screening, Cervical Cancer screening, and the need to have a regular source of health care/primary care provider. Sample patient attestation of education
Notification of Primary Care Provider or Women's Health Care Provider	Pharmacists choosing to participate in self-administered contraception dispensing or delivery under the authority of this standing order shall notify the patient's primary care provider and women's health care provider within 72 hours of initiating contraception, if the patient has established relationship with a provider. If the patient does not have a primary care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary care provider, and provide information regarding primary care providers, including private practices, federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. Benefits of a Primary Care is a resource for this element.
Records Retention:	Records for contraceptives dispensed, delivered or administered pursuant to this standing order shall be maintained in accordance with applicable state and federal law.

Approved by: __ET Tilson_____ Date signed: __4-4-2023_____

Elizabeth Cuervo Tilson, MD, MPH

NPI: 1760540421

(*Legal Authority Session Law 2021-110, Sec. 5.* This order is effective immediately upon signing and may be revised or rescinded by the State Health Director according to her discretion. This order shall remain in effect until the later of the development of the protocols described in Section 4(a) of Session Law 2021-110 or January 1, 2023