

SELF-CARE CONDITIONS PROTOCOL: EMERGENCY CONTRACEPTION

Approved September 30, 2020

PURPOSE

This protocol specifies the criteria and procedures for pharmacist(s) to initiate the dispensing of self-care emergency contraception.

PHARMACIST EDUCATION AND TRAINING

Prior to initiating the dispensing of emergency contraception therapy under this protocol, pharmacist(s) must have received education and training on emergency contraception from a provider accredited by the Accreditation Council for Pharmacy Education, or by a comparable provider approved by the Kentucky Board of Pharmacy.

Provider of Training: _____

Date Training Completed: _____

CRITERIA

Pharmacist(s) authorized to initiate the dispensing of emergency contraception therapy will follow the most current practice guidelines for dispensing of emergency contraception set forth by the American College of Obstetricians and Gynecologists.¹

Inclusion criteria:

- Any individual, 18 years or older, who presents up to 5 days after unprotected or inadequately protected sexual intercourse and who does not desire pregnancy.

Exclusion criteria:

- Individuals who are currently pregnant
- Adolescents under 18 years of age
- Individuals presenting more than 5 days following unprotected or inadequately protected intercourse

¹Emergency contraception. Practice Bulletin No. 152. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;126:e1-11

MEDICATIONS

This protocol authorizes pharmacist(s) to initiate the dispensing of one of the following medication regimens to an individual meeting criteria:

- **Levonorgestrel 0.75mg as soon as possible following unprotected or inadequately protected sexual intercourse; a second dose should be taken 12 hours after the first dose**
- **Levonorgestrel 1.5mg as soon as possible following unprotected or inadequately protected sexual intercourse**

PROCEDURES FOR INITIATION OF THERAPY

Emergency contraception initiation will follow current guidelines¹ and will be individualized based on relevant medical, sexual, and social history, patient preferences, and consideration of contraindications and precautions of therapy as outlined below. Refer patient as needed if the patient wishes to seek more effective alternatives

Relevant Medical and Social History

- Past medical history
- Sexual history
- Current medications
- Allergies and hypersensitivities

Contraindications

- Known hypersensitivity to levonorgestrel or any component of the formulation

Precautions

- Conditions/circumstances that may limit the effectiveness of oral emergency contraception, including:
 - Obesity
 - Presenting more than 72 hours following unprotected or inadequately protected sexual intercourse
 - Concurrent medications that may decrease the effectiveness of levonorgestrel

EDUCATION REQUIREMENTS

Individuals receiving emergency contraception therapy under the protocol will receive education regarding:

- Education regarding safe sexual practices, including how to access appropriate methods of long-term contraception. Refer as need for provision of ongoing contraception, sexually transmitted infection testing, and well-woman care.
- Education specific to the individual medication dispensed.
- Education regarding the necessity of a visit to a primary care provider or urgent/emergency treatment facility if any of the following occur:
 - Lower abdominal pain
 - Persistent irregular bleeding
 - Menses delayed one week or more past the expected time

DOCUMENTATION

Pharmacist(s) shall document via prescription record each person who receives emergency contraception therapy under this protocol, including:

1. Documentation as required in 201 KAR 2:170 for the dispensing of prescription medication; and
2. Documentation that the individual receiving the emergency contraception (or caregiver) was provided with the required education pursuant to this protocol
3. Documentation of the history and assessment, the plan of care implemented, and follow-up monitoring and evaluation as needed.

NOTIFICATION

Pharmacist(s) shall ask all persons receiving emergency contraception therapy under this protocol for the name and contact information of the individual's primary care provider and shall provide notification of the medications dispensed under the protocol to the identified primary care provider within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still be provided emergency contraception therapy under this protocol provided all other applicable requirements of the protocol are met.

[If directed by the authorizing prescriber, the pharmacist(s) shall provide written notification via fax or other secure electronic means to the authorizing prescriber of persons receiving medications under this protocol within 7 days of initiating dispensing]

TERMS

This protocol is effective as of the date parties execute this document. It shall remain in effect for a period of one year and shall automatically renew for successive one-year periods unless otherwise terminated by any party, with or without cause. Any termination without cause shall require prior notice to all parties of no less than sixty (60) days.

SIGNATURES

Prescriber Name

Date

Prescriber Signature

Pharmacist Name

Date

Pharmacist Signature