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## **PRESCRIPTION REQUEST FOR ORAL CONTRACEPTIVES AND PROGESTERONE INJECTABLE CONTRACEPTIVES**

### **PURPOSE**

To ensure that Pharmacists in Primary Care are aware of the method of dealing with prescription requests for oral and progesterone injectable contraceptives.

### **SCOPE**

NHS Ayrshire and Arran Medicines Utilisation Unit (MUU)

### **DEFINITIONS**

SOP Standard Operating Procedure  
MUU Medicines Utilisation Unit  
PIP Prescribing Initiative Programme  
HSCP Health & Social Care Partnership  
POP Progestogen Only Pill

### **HEALTH AND SAFETY/RISK ASSESSMENT**

It is the responsibility of the MUU to ensure that all projects have an equal assessment and payment process

### **RESPONSIBILITIES**

All Pharmacists whether they are independent prescribers or non-prescribing pharmacist staff of the MUU are required to understand and follow the protocol when dealing with this type of request.

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Document Code:

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## Requests for Progestogen Only Pills (POP) in patients who have already been commenced on a progestogen only pill and are requesting a further supply

### PROCEDURE

1. A prescription request will be made for a patient who is currently taking the Progestogen only pill.
2. The pharmacist will check when the most recent Progestogen only pill review was carried out.
  - 2.1. If less than a year ago and patient **not over 55** then a prescription should be issued **to complete** 12 months therapy and no review is necessary providing all elements in section 2.2 have been covered in previous review.
  - 2.2. If 12 months or more have passed, check the age of the patient before proceeding. If the patient is over the age of 55 then the review should be carried out by a GP and if under 55 can be carried out by the pharmacist. The review may be face to face, via NHS near me or via telephone. The following questions will be covered:
    - 2.2.1. Has there been any change in your medical or family history in the past year?
    - 2.2.2. Are you taking any new prescribed or over the counter medications?  
*Check against current list, ensure no enzyme inducers*
    - 2.2.3. Are you remembering to take your pill every day? *To assess pregnancy risk*
    - 2.2.4. Check knowledge about missed pills/ vomiting/ diarrhoea and emergency contraception
    - 2.2.5. Have you any side effects from your contraceptive pill?
    - 2.2.6. Have you any concerns or other questions that you would like to ask about your pill?
    - 2.2.7. Would you like to consider a longer acting method of contraception *(injection/implant/coil)?*
    - 2.2.8. Are you considering a pregnancy within the next year?
  - 2.3. The following questions are good practice but not essential.
    - 2.3.1. For health promotion, blood pressure, BMI and smoking and cervical screening status could be checked.
    - 2.3.2. Enquire about risk of sexually transmitted infection. For example, *Have you had any change in sexual partner in the last 12 months or Would you like an STI check?*
  - 2.4. Any concerns that are raised by the above should be discussed with the patients GP.
  - 2.5. The consultation should be recorded via the template on EMIS PCS
  - 2.6. The POP medication can be added as a repeat medication and **limited to one issue** prior to printing whilst explaining to the patient that they will require an annual review and that should their situation change with respect to any of the questions covered today then they should let the practice know.

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## **Requests for Combined Oral Contraceptive's (COC's) in patients who have already been commenced on a COC pill and are requesting a further supply**

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### **PROCEDURE**

1. A prescription request will be made for a patient who is currently taking the combined oral contraceptive pill.
2. The pharmacist will check when the most recent combined oral contraceptive pill review was carried out.
  - 2.1. If less than a year ago and **patient not over 35 and smoking or over 50** then a prescription should be issued **to complete** 12 months therapy and no review is necessary providing all elements in section 2.2 have been covered in previous review. Patients should be referred for GP for review when they turn 40 to discuss lower dose COC (20micrograms oestrogen).
  - 2.2. If 12 months or more have passed, check the age of the patient before proceeding. If the patient is over 35 and smoking or over 50 then refer to GP for review. Refer to GP for first review since their 40<sup>th</sup> birthday. If the patient doesn't fall into this category then review can be carried out by the pharmacist. The review may be face to face, via NHS near me or via telephone. The following questions will be covered:
    - 2.2.1. Has there been any change in your medical or family history in the past year?
    - 2.2.2. Do you suffer from headaches?
    - 2.2.3. Do you smoke?
    - 2.2.4. Are you taking any new prescribed or over the counter medications?  
*Check against current list, ensure no enzyme inducers*
    - 2.2.5. Are you remembering to take your pill every day? *To assess pregnancy risk.*
    - 2.2.6. Check knowledge about missed pills/ vomiting/ diarrhoea and emergency contraception
    - 2.2.7. Have you any side effects from your contraceptive pill?
    - 2.2.8. Have you any concerns or other questions that you would like to ask about your pill?
    - 2.2.9. Would you like to consider a longer acting method of contraception *(injection/implant/coil)?*
    - 2.2.10. Are you considering a pregnancy within the next year?
    - 2.2.11. Check BP and BMI or if consulting remotely ask patient for their BP, weight and height.
    - 2.2.12. Are you aware of flexible COC use? *See West of Scotland Extended Pill PIL*
  - 2.3. The following questions are good practice but not essential.
    - 2.3.1. Enquiry about risk of sexually transmitted infection. For example, *Have you had any change in sexual partner in the last 12 months or Would you*

*like an STI check*

- 2.4. Any concerns that are raised by the above should be discussed with the patients GP.
  - 2.5. The consultation should be recorded via the template on EMIS PCS
  - 2.6. The COC medication can be added as a repeat medication and **limited to one issue** prior to printing whilst explaining to the patient that they will require an annual review and that should their situation change with respect to any of the questions covered today then they should let the practice know.
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**Requests for progesterone contraceptive injections in patients who have already been commenced on progesterone contraceptive injection and are requesting a further supply**

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## PROCEDURE

1. A prescription request will be made for a patient who is currently receiving the progesterone contraceptive injection.
2. The pharmacist will check when the most recent contraceptive injection review was carried out.
  - 2.1. If less than two years ago and **patient not over 50** then a prescription should be issued **for one injection** and no review is necessary providing all elements in section 2.2 have been covered in previous review.
  - 2.2. If 24 months or more have passed the patient will require review, check the age of the patient before proceeding. If the patient is over the age of 50 then the review should be carried out by a GP but if under 50 can be carried out by the pharmacist and may be face to face, via NHS near me or via telephone. The following questions will be covered:
    - 2.2.1. Has there been any change in your medical or family history in the past two years?
    - 2.2.2. Are you administering or receiving the injection every 13 weeks?
    - 2.2.3. Check knowledge about late injections and emergency contraception
    - 2.2.4. Are you taking any new prescribed or over the counter medications?  
*Check against current list, ensure no enzyme inducers*
    - 2.2.5. Have you any side effects from your contraceptive injection?
    - 2.2.6. Have you any concerns or other questions that you would like to ask about your injection?
    - 2.2.7. Would you like to consider another method of contraception?
    - 2.2.8. Are you considering a pregnancy within the next year?
    - 2.2.9. Discuss effects of injectable contraception on bone density and uncertainty about risk of later osteoporosis / fracture. Are there any risk factors for osteoporosis? (alcohol, exercise, diet, smoking, family history, medical conditions or drug use e.g. steroids)
    - 2.2.10. Have you noticed any changes in your skin at the injection sites?
    - 2.2.11. *For Sayana Press:* Have you a sharps bin at home?
    - 2.2.12. Check BP and BMI or if consulting remotely ask patient for their BP, weight and height.
  - 2.3. The following questions are good practice but not essential.
    - 2.3.1. For health promotion, blood pressure, BMI and smoking and cervical screening status could be checked.
    - 2.3.2. Enquiry about risk of sexually transmitted infection. For example, *Have you had any change in sexual partner in the last 24 months or Would you like an STI check?*
  - 2.4. Any concerns that are raised by the above should be discussed with the

patients GP.

2.5. The consultation should be recorded via the template on EMIS PCS

2.6. The contraceptive injection medication can be added as a repeat medication and **limited to appropriate number of issues depending when next review would be due** prior to printing whilst explaining to the patient that they will require an annual review and that should their situation change with respect to any of the questions covered today then they should let the practice know.