



ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Department of Health Services Standing Order for Self-Administered Hormonal Contraception

Revised July 6, 2023

I. AUTHORITY

This standing order is issued pursuant to [A.R.S. 32-1979.01](#). The aforementioned statute allows pharmacists practicing in the state of Arizona and licensed by the Arizona Board of Pharmacy to dispense a self-administered hormonal contraceptive to a patient who is at least eighteen years of age without any other patient-specific prescription drug order.

II. SCOPE

This standing order applies to trained licensed pharmacists in the State of Arizona who dispense self-administered hormonal contraceptives by utilizing the standard of care and acting in compliance with A.R.S. 32-1964, R4-23-407 except subsection (A)(1)(b), R4-23-408, and R4-23-409.

This standing order pertains to self-administered hormonal contraceptives that are approved by the United States Food and Drug Administration to prevent pregnancy, and include only a) an oral hormonal contraceptive b) a hormonal contraceptive vaginal ring and c) a hormonal contraceptive patch.

This standing order does not override a valid patient-specific prescription for a hormonal contraceptive that is issued by an authorized prescriber and dispensed by a pharmacist pursuant to that valid prescription.

This standing order is not intended to be used by organizations who employ or contract with medical staff who are authorized to write standing orders and prescriptions. Such medical staff may create their own standing orders for their patients.



III. DISPENSING PROCESS

A. Determine Patient Eligibility

The first time a pharmacist dispenses a self-administered hormonal contraceptive to a patient, the pharmacist shall determine that the patient is at least 18 years old.

If the requesting patient is not 18 years old, a self-hormonal contraceptive cannot be dispensed under this standing order, skip to Step E [Education].

B. Obtain Hormonal Contraceptive Self-Screening Questionnaire

The first time a pharmacist dispenses a self-administered hormonal contraceptive to a patient under this order, the pharmacist shall obtain from the patient a completed nationally recognized Hormonal Contraceptive Self-Screening Questionnaire. This questionnaire must be completed and obtained annually.

If the Hormonal Contraceptive Self-Screening Questionnaire is unable to be completed, skip to Step F [Referrals].

C. Determine Appropriate Self Administered Hormonal Contraceptive

A pharmacist shall utilize the Standard Procedures Algorithm, the table below and the patient's preference to determine the appropriate self-administered hormonal contraceptive.

If the pharmacists' review of the patient's completed Hormonal Contraceptive Self-Screening Questionnaire indicates the patient's preferred method is unsafe or inappropriate without medical supervision, they should not dispense the contraceptive method and refer the patient to a physician or other applicable health provider; Skip to Step F [Referrals].



ARIZONA DEPARTMENT OF HEALTH SERVICES

TABLE: FDA-Approved Self Administered Contraceptives Included in Standing Order

Route of administration	Oral (Combined Oral Contraceptive)	Oral (Progestin Only Pill)	Oral (Emergency Contraception - Pill)	Transvaginal (Ring)	Transdermal (Patch)
Medication	<ul style="list-style-type: none"> • ethinyl estradiol/desogestrel <ul style="list-style-type: none"> • 20mcg/0.15mg • 30mcg/0.15mg • 25mcg/0.125mg/0.15mg • 25mcg/0.1mg/0.125mg/0.15mg • ethinyl estradiol/drospirenone <ul style="list-style-type: none"> • 20mcg/3mg • 30mcg/3mg • ethinyl estradiol/drospirenone/levomefolate <ul style="list-style-type: none"> • 20mcg/3mg/451mcg • ethinyl estradiol/ethynodiol diacetate <ul style="list-style-type: none"> • 35mcg/1mg • ethinyl estradiol/levonorgestrel <ul style="list-style-type: none"> • 10mcg/0.1mg/20mcg • 20mcg/0.1mg • 20mcg/0.09mg • 20mcg/0.15 • 30mcg/0.15mg • 30mcg/3mg • 30mcg/0.05mg/0.075mg/0.125mg • ethinyl estradiol/norethindrone <ul style="list-style-type: none"> • 10mcg/1mg • 20mcg/1mg • 20mcg/1.5mg • 25mcg/0.8mg • 30mcg/1.5mg • 35mcg/0.4mg • 35mcg/0.5mg • 35mcg/0.8mg • 35mcg/1mg • 35mcg/0.5mg/1mg • 35mcg/0.5mg/1mg/0.5mg • 35mcg/0.5mg/0.75mg/1mg • 20mcg/30mcg/35mcg/1mg • ethinyl estradiol/norethindrone/ferrous fumarate <ul style="list-style-type: none"> • 20mcg/1mg/75mg • 20mcg/30mcg/35mcg/1mg • ethinyl estradiol/norgestimate <ul style="list-style-type: none"> • 35mcg/0.25mg • 25mcg/0.18mg/0.215mg/0.25mg • 35mcg/0.18mg/0.215mg/0.25mg • ethinyl estradiol/norgestrel <ul style="list-style-type: none"> • 30mcg/0.3mg • 35mcg/0.4mg 	<ul style="list-style-type: none"> • drospirenone 4mg • norethindrone 0.35mg • norgestrel 0.075mg 	<ul style="list-style-type: none"> • Ulipristal 30mg • Levonorgestrel 1.5mg** 	<ul style="list-style-type: none"> • ethinyl estradiol/etonogestrel 15mcg/120mcg • ethinyl estradiol/segesterone 13mcg/0.15mg 	<ul style="list-style-type: none"> • ethinyl estradiol/levonorgestrel 30mcg/120mcg • ethinyl estradiol/norelgestromin 35mcg/150mg
Directions for use	Take one tablet by mouth daily and follow instructions per package insert.	Take one tablet by mouth daily and follow instructions per package insert.	Take one tablet by mouth and follow instructions per package insert.	Insert one ring vaginally and leave in place x 3 wks. Then remove and remain ring-free for 1 week. Follow instructions per package insert.	Apply one patch to the skin once a week x 3 wks, then remain patch-free x 1 week. Follow instructions per package insert.
Eligibility	Patients with all NO answers on AZ Questionnaire.	Patients EXCEPT those with current breast cancer diagnosis, cirrhosis or lupus.	Patients desiring emergency contraception.	Patients with all NO answers on AZ Questionnaire.	Patients with all NO answers on questionnaire AND BMI <30.

* Estradiol valerate/dienogestestretol/drospirenone, mestranol/norethindrone (50mcg/1mg) or any tablet with more than 35 mcg EE are not included in the standing order due to complexity of administration or the need for medical supervision. Consultation with a medical provider is recommended.

** Levonorgestrel 1.5mg is also available OTC; utilization of this standing order is not necessary for dispensing.



D. Dispense Self Administered Hormonal Contraceptive

If the requesting individual is 18 years old or older, the Arizona Hormonal Contraceptive Self-Screening Questionnaire has been completed and the method is deemed medically appropriate by the Standard Procedures Algorithm and the Centers for Disease Control and Prevention's (CDC) U.S. Medical Eligibility Criteria guidelines, pharmacists have the authority under this standing order to provide it.

If the eligible individual is requesting Emergency Contraception, this may be dispensed alone or with other non-emergent self-administered hormonal contraception.

Self-administered hormonal contraceptive methods that can be dispensed under this standing order must be approved by the US Food and Drug Administration (FDA) to prevent pregnancy and include only the following:

- Oral hormonal contraceptive;
- Hormonal vaginal ring;
- Hormonal contraceptive patch

Per patient preference, up to 12-months of a self-administered hormonal contraceptive, may be dispensed at one time.

E. Provide Patient with Education + Resources

The first time a pharmacist dispenses a self-administered hormonal contraceptive under this order to a patient, the pharmacist should provide the patient with written information prepared by the manufacturer of the hormonal contraceptive. Additionally, the pharmacist should provide standard counseling with medication dispensing, including: how hormonal contraception works, when and how to specifically take the self-administered hormonal contraceptive, risks associated with taking a self-administered hormonal contraceptive, that self-administered contraceptives cannot protect against sexually-transmitted



infections, and when to seek medical assistance while taking a self-administered hormonal contraceptive.

Whether or not a self-administered hormonal contraceptive has been dispensed, a pharmacist should provide all requesting patients with information about tobacco/vaping cessation ([ASHLine](#)), sexually transmitted infection prevention ([CDC](#)), cervical cancer screening ([CDC](#)), other pregnancy resources provided by local health departments, and the importance of having a regular source of health care/primary care provider.

Any requesting individual, including those less than 18 years of age, who is not dispensed a hormonal contraceptive during their visit should be counseled on over-the-counter methodologies of preventing pregnancy.

F. Make Referrals

If the requesting patient is not considered eligible for a self-administered hormonal contraceptive or wants a contraceptive method not available through the pharmacy or the standing order, the pharmacist should provide information on nearby clinics, federally qualified health centers, primary care or sexual and reproductive health clinics.

All patients, regardless of age or receipt of a self-administered hormonal contraceptive, should be referred to nearby primary care clinics, federally qualified health centers or womens health providers for ongoing health care.

G. Authorize refills

Refills are allowed pursuant to this standing order and may depend on product availability and patient preference. The Hormonal Contraceptive Self-Screening Questionnaire must be completed at least annually.



H. Maintain records

A pharmacist who dispenses a self-administered hormonal contraceptive under this standing order shall maintain evidence of the patient's age at the time of initial dispensing and the completed Self-Screening Questionnaire for at least seven years. The pharmacist shall ensure this information is readily retrievable and available to the Arizona Board of Pharmacy on request.

VII. REVIEW

This standing order will be reviewed and may be updated if there is relevant new evidence, data, reporting requirement or legal language that would impact the process or utilization.

This standing order may be revised or withdrawn at any time by the signee or a higher ranking physician at the Department with prescribing ability.

This standing order is issued by Dr. Lisa Villarroel, Chief Medical Officer for Public Health at the Arizona Department of Health Services (NPI# 1598085896). It will be reviewed as needed on an annual basis, by the first of July.

A handwritten signature in black ink, reading "Lisa Villarroel, MD MPH".

Lisa Villarroel, MD MPH, Chief Medical Officer for Public Health, ADHS
Signed 7/6/23, expires 7/6/25

Today's date ____/____/____

Arizona Hormonal Contraception Self-Screening Questionnaire

Patient name _____ Patient date of birth ____/____/____

Patient age ____ (must be ≥18 years old) Patient home address _____

Do you have health insurance? Yes No

Have you ever taken birth control pills, or used a birth control patch, ring, or injection? Yes No

Are you currently using birth control? Yes No If so, what product? _____

What is your preferred method of birth control?

A daily tablet

A weekly patch

A monthly vaginal ring

Injectable (every 3 months), IUD, Implant*

* Requires a referral. Mark your interest, then complete questionnaire to use pill, patch or ring birth control method until referral occurs.

Are you also requesting emergency contraception today? Yes No

Do you have any allergies to medications? Yes No If yes, list them:

Background Information

1	Do you think you might be pregnant now?	Yes No
2	Have you ever been told by a medical professional not to take hormones?	Yes No
3	Did you ever experience a bad reaction to using hormonal birth control? - If yes, what kind of reaction occurred? _____	Yes No
4	Do you smoke cigarettes?	Yes No

Health History

5	Have you had a recent change in vaginal bleeding that worries you?	Yes No
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6	Have you given birth within the past 21 days? If yes, how long ago? _____	Yes No
7	Are you currently breastfeeding?	Yes No
8	Do you have diabetes?	Yes No
9	Have you ever had migraine headaches, or headaches so bad that you feel sick to your stomach, you lose the ability to see, to be in the light, or it involves numbness?	Yes No
10	Are you being treated for inflammatory bowel disease?	Yes No
11	Do you have high blood pressure or high cholesterol? (Please indicate yes, even if it is being controlled by medication).	Yes No
12	Have you ever had a heart attack or stroke or been told you have any heart disease?	Yes No
13	Have you ever had a blood clot in your leg or in your lung?	Yes No
14	Have you ever been told by a medical professional you are at risk of developing a blood clot?	Yes No
15	Have you had recent major surgery or are you planning to have surgery?	Yes No
16	Will you be immobile for a long period (e.g. planned leg surgery or regular long-distance airplane or road trips without the ability to get out and walk to keep the leg muscles moving)?	Yes No
17	Have you had bariatric surgery or stomach reduction surgery?	Yes No
18	Do you have or have you ever had breast cancer?	Yes No
19	Have you had a solid organ transplant?	Yes No
20	Do you have or have you ever had hepatitis, liver disease, liver cancer, or gallbladder disease, or do you have jaundice (yellow skin or eyes)?	Yes No
21	Do you have lupus, rheumatoid arthritis, or any blood disorders?	Yes No

Medication / Vaccination History

22	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)? - If yes, list them here: _____	Yes No
23	Do you have any other medical problems or take any medications, including herbs or supplements? - If yes, list them here: _____	Yes No
24	Have you had any of the following vaccinations? If yes, when? HPV _____ Tdap/Td _____ Hep A _____ Hep B _____ Flu _____ Meningitis _____ Pneumococcal _____ COVID-19 _____	Yes No

Attestation

I attest that I am here voluntarily and that I am not being coerced.

(initials)

I attest that to my knowledge, I am not currently pregnant.

(initials)

I attest that to my knowledge, all of the above is true and accurate. I understand that false responses could lead to unintended health consequences. I understand that if I still have concerns or questions I can seek out primary care.

(signature)

(date)

FOR PHARMACIST USE WITH THE ADHS STANDING ORDER

Encounter Summary

Verified DOB with valid photo ID

RPh must refer patient if < 18 years old.

Final BP Reading ____/____

(must be taken by RPh)

Patient BMI ____/____

(if dispensing patch)

OPTION Emergency contraceptive dispensed ____ (quantity)

OPTION Contraceptive dispensed

Drug Dispensed (circle: pill | patch | ring) _____

Duration _____

Oral instructions given

Written instructions given

OPTION Contraceptive NOT dispensed (circle all reasons that apply)

Age requirement | Not medically eligible | Requested contraceptive not available | Other

AND/OR Patient referred to a provider (circle all reasons that apply)

LARC or injection requested | <18 years old | Medical Eligibility | Establish care | Other

Notes: _____

AND/OR Patient provided additional education (circle all that apply:)

Immunizations _____ | Tobacco/Vaping Cessation | STI Prevention | Other _____

Pharmacist name _____ Pharmacist signature _____

Pharmacy Zip Code _____

Fecha de hoy ____/____/____

Cuestionario de autoevaluación para anticonceptivos hormonales de Arizona

Nombre del paciente _____ Fecha de nacimiento del paciente ____/____/____

Edad del paciente ____ (tiene que ser mayor de 18 años de edad) Dirección del paciente _____

¿Tiene seguro médico? Sí No

¿Alguna vez ha tomado pastillas anticonceptivas, usado un parche anticonceptivo, anillo vaginal o inyecciones anticonceptivas? Sí No

¿Está usando actualmente algún método anticonceptivo? Sí No Si es así, ¿qué producto?

¿Cuál es su método anticonceptivo preferido?

Una pastilla diaria

Un parche semanal

Un anillo vaginal mensual

Injectable (cada 3 meses), DIU, Implante*

* Se requiere una derivación médica. Marque su preferencia luego llene el cuestionario para usar como método anticonceptivo una pastilla, parche o anillo hasta que haya una derivación u orden médica.

¿Está también solicitando anticonceptivo de emergencia hoy, para usar dentro de 120 horas después de tener relaciones sexuales sin protección? Sí No

¿Tiene alergia a alguna medicina? Sí No Si es así, anótelas aquí:

Antecedentes

1	¿Cree que pudiera estar embarazada?	Sí No
2	¿Alguna vez le ha dicho un profesional médico que no tome hormonas?	Sí No
3	¿Ha sufrido reacciones adversas al usar el método anticonceptivo hormonal? - Si es así, ¿qué tipo de reacción tuvo? _____	Sí No
4	¿Fuma?	Sí No

Historial médico

5	¿Ha habido un cambio reciente en su sangrado vaginal que le preocupe?	Sí No
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6	¿Ha tenido un parto en los pasados 21 días? Si es así, ¿cuánto tiempo hace? _____	Sí No
7	¿Está amamantando actualmente?	Sí No
8	¿Tiene diabetes?	Sí No
9	¿Alguna vez ha tenido dolores de cabeza por migraña, o dolores de cabeza tan fuertes que se siente mal del estómago, pierde la capacidad de ver, se le hace difícil ver la luz o se siente entumecido?	Sí No
10	¿Está recibiendo tratamiento para enfermedad inflamatoria intestinal?	Sí No
11	¿Sufre de presión arterial alta o colesterol alto? (Por favor indique sí, aunque la esté controlando con medicina).	Sí No
12	¿Alguna vez ha tenido un ataque al corazón o un derrame cerebral o le han dicho que tiene una enfermedad cardíaca?	Sí No
13	¿Ha tenido un coágulo sanguíneo en una pierna o en su pulmón?	Sí No
14	¿Alguna vez le ha dicho un profesional médico que está en riesgo de tener un coágulo sanguíneo?	Sí No
15	¿Está planeando tener o ha tenido alguna cirugía reciente?	Sí No
16	¿Estará inmóvil por un período prolongado (p. Ej. una cirugía de la pierna, un vuelo de larga distancia o un viaje por carretera donde no tendrá la capacidad de caminar y mantener sus piernas en movimiento)?	Sí No
17	¿Ha tenido cirugía bariátrica o de reducción de estómago?	Sí No
18	¿Tiene o ha tenido cáncer de seno?	Sí No
19	¿Ha tenido un trasplante de órganos sólidos?	Sí No
20	¿Tiene o ha tenido hepatitis, enfermedades del hígado, cáncer del hígado, enfermedades de la vesícula biliar o sufre de ictericia (piel u ojos amarillos)?	Sí No
21	¿Tiene lupus, artritis reumatoide o algún trastorno sanguíneo?	Sí No

Historial de vacunas y medicamentos

22	¿Toma medicinas para convulsiones, tuberculosis (TB), infecciones fúngicas o virus de la inmunodeficiencia humana (VIH)? - Si es así, anótelas aquí: _____	Sí No
23	¿Tiene algún otro problema médico o toma algún medicamento, incluyendo hierbas o suplementos? - Si es así, anótelas aquí: _____	Sí No
24	¿Ha recibido alguna de las siguientes vacunas? Por favor anote las fechas: VPH (HPV por sus siglas en inglés) _____ Triple Bacteriana/Tétano y difteria _____ Hep A _____ Hep B _____ Influenza _____ Meningitis _____ Neumonía neumocócica _____ COVID-19 _____	Sí No

Atestación

Atesto que estoy aquí por mi voluntad y nadie me está forzando.

(iniciales)

Atesto que, según mi conocimiento, no estoy embarazada.

(iniciales)

Atesto que, según mi conocimiento, todo lo mencionado anteriormente es verdadero y preciso. Entiendo que las respuestas falsas podrían generar consecuencias no deseadas para la salud. Entiendo que si aún tengo dudas o preguntas, puedo buscar atención médica primaria.

(firma)

(fecha)

FOR PHARMACIST USE WITH THE ADHS STANDING ORDER

Encounter Summary

Verified DOB with valid photo ID

RPh must refer patient if < 18 years old.

Final BP Reading ____/____

(must be taken by RPh)

Patient BMI ____/____

(if dispensing patch)

OPTION Emergency contraceptive dispensed ____ (quantity)

OPTION Contraceptive dispensed

Drug Dispensed (circle: pill | patch | ring) _____

Duration _____

Oral instructions given

Written instructions given

OPTION Contraceptive NOT dispensed (circle all reasons that apply)

Age requirement | Not medically eligible | Requested contraceptive not available | Other

AND/OR Patient referred to a provider (circle all reasons that apply)

LARC or injection requested | <18 years old | Medical Eligibility | Establish care | Other

Notes: _____

AND/OR Patient provided additional education (circle all that apply:)

Immunizations _____ | Tobacco/Vaping Cessation | STI Prevention | Other _____

Pharmacist name _____ Pharmacist signature _____

Pharmacy Zip Code _____



Standard Procedures for Selection and Dispensing of Self-Administered Hormonal Contraceptives (For use with the ADHS Standing Order and Self-Screening Questionnaire)

1. **Eligibility Screen** [Questionnaire]
 - a. Review Patient's completed Hormonal Contraceptive Self-Screening Questionnaire for age eligibility (over 18 years old), possibility of pregnancy, and completion (including attestation).
 - i. *If* \geq 18YO, no possibility of pregnancy and completed questionnaire, proceed to Question 2.
 - ii. *If* less than 18YO, possibility of pregnancy, or incomplete questionnaire → **Refer**.
2. **Emergency Contraception** [Questionnaire + drug utilization review]
 - a. Review Patient's request for emergency contraception.
 - i. *If* requesting emergency contraception, dispense. If also requesting other contraceptive, continue to Question 3.
 - ii. *If* not requesting emergency contraception, proceed to Question 3.
3. **Health and History Screen** [Questions 1-21]
 - a. Review Patient's completed Hormonal Contraceptive Self-Screening Questionnaire.
 - i. *If* all answers are NO → proceed to Question 4.
 - ii. *If* some answers are YES → **Refer** and may offer Progestin-only pills.
4. **Medication Screen** [Questions 22-23 + drug utilization review]
 - a. Review Patient's medications and cross-reference with the U.S. Medical Eligibility Criteria for Contraceptive Use (2016)*. *Caution:* anticonvulsants, antiretrovirals, antimicrobials, barbiturates, SSRIs, St. John's Wort.
 - i. *If* no contraindicated medications, proceed to Question 5.
 - ii. *If* contraindicating medications → **Refer**.
5. **Blood Pressure Screen** [Pharmacist measured]
 - a. Measure and document the patient's current blood pressure.
 - i. *If* BP <140/90, proceed to Question 6.
 - ii. *If* BP >140/90 (either diastolic or systolic) → Recheck, and normalized, proceed to Question 6.
 - iii. *If* BP >140/90 (either diastolic or systolic) --> Recheck and not normalized, **Refer** and may offer Progestin only pills.
6. **Contraceptive selection and dispensation** [Questionnaire, discussion, professional judgment, standing order, U.S. MEC]
 - a. Cross-reference history, questionnaire and patient preference with the standing order.
 - i. *If* patient not on birth control: Initiate contraception, dispense up to 12 months of desired contraception (per patient preference and professional judgment), proceed to Question 7.
 - ii. *If* patient currently on birth control: Continue OR Alter based on patient or safety concerns OR **Refer**, proceed to Question 7.
7. **Education**
 - a. Provide written package insert information.
 - b. Provide oral education on how the selected hormonal contraception works, when and how to take the self-administered hormonal contraceptive, risks and side-effects associated with taking a self-administered hormonal contraceptive, and when to seek medical assistance while taking a self administered hormonal contraceptive.
 - c. Provide all patients with evidence-based education about tobacco/vaping cessation, sexually transmitted infection prevention, cervical cancer screening, and the importance of having a regular source of health care.
8. **Referrals**
 - a. Refer patients <18 years old to a provider.
 - b. Refer patients with contraindicating medical conditions or medications, possible pregnancy, and/or other safety concerns to a provider.
 - c. Refer patients with requests for IUD or injection to a medical provider.
 - d. Refer all patients to a list of local providers, clinics and FQHCs for ongoing health care management.
 - e. Refer all patients not receiving birth control that same day to the section of the pharmacy with OTC contraceptives.



Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use



Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age	Menarche to <20 yrs: ²												
	Menarche to <20 yrs: ²												
	Menarche to <20 yrs: ¹												
Anatomical abnormalities	a) Distorted uterine cavity	4	4										
	b) Other abnormalities	2	2										
Anemias	a) Thalassemia	2	1	1	1	1	1	1	1	1	1	1	1
	b) Sickle cell disease [†]	2	1	1	1	1	1	1	1	1	1	2	2
	c) Iron-deficiency anemia	2	1	1	1	1	1	1	1	1	1	1	1
Benign ovarian tumors	(including cysts)	1	1	1	1	1	1	1	1	1	1	1	1
Breast disease	a) Undiagnosed mass	1	2	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b) Benign breast disease	1	1	1	1	1	1	1	1	1	1	1	1
	c) Family history of cancer	1	1	1	1	1	1	1	1	1	1	1	1
	d) Breast cancer [†]												
	i) Current	1	4	4	4	4	4	4	4	4	4	4	4
ii) Past and no evidence of current disease for 5 years	1	3	3	3	3	3	3	3	3	3	3	3	
Breastfeeding	a) <21 days postpartum					2*	2*	2*	2*	2*	2*	4*	4*
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					2*	2*	2*	2*	2*	2*	3*	3*
	ii) Without other risk factors for VTE					2*	2*	2*	2*	2*	2*	3*	3*
	c) 30-42 days postpartum												
	i) With other risk factors for VTE					1*	1*	1*	1*	1*	1*	3*	3*
	ii) Without other risk factors for VTE					1*	1*	1*	1*	1*	1*	2*	2*
d) >42 days postpartum					1*	1*	1*	1*	1*	1*	2*	2*	
Cervical cancer	Awaiting treatment	4	2	4	2	2	2	1	1	1	2	2	2
Cervical ectropion		1	1	1	1	1	1	1	1	1	1	1	1
Cervical intraepithelial neoplasia		1	2	2	2	2	2	1	1	1	2	2	2
Cirrhosis	a) Mild (compensated)	1	1	1	1	1	1	1	1	1	1	1	1
	b) Severe [†] (decompensated)	1	3	3	3	3	3	3	3	3	4	4	4
Cystic fibrosis [‡]		1*	1*	1*	1*	2*	2*	1*	1*	1*	1*	1*	1*
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy												
	i) Higher risk for recurrent DVT/PE	1	2	2	2	2	2	2	2	2	4	4	4
	ii) Lower risk for recurrent DVT/PE	1	2	2	2	2	2	2	2	2	3	3	3
	b) Acute DVT/PE	2	2	2	2	2	2	2	2	2	4	4	4
	c) DVT/PE and established anticoagulant therapy for at least 3 months												
	i) Higher risk for recurrent DVT/PE	2	2	2	2	2	2	2	2	2	4*	4*	4*
	ii) Lower risk for recurrent DVT/PE	2	2	2	2	2	2	2	2	2	3*	3*	3*
	d) Family history (first-degree relatives)	1	1	1	1	1	1	1	1	1	2	2	2
	e) Major surgery												
	i) With prolonged immobilization	1	2	2	2	2	2	2	2	2	4	4	4
ii) Without prolonged immobilization	1	1	1	1	1	1	1	1	1	2	2	2	
f) Minor surgery without immobilization	1	1	1	1	1	1	1	1	1	1	1	1	
Depressive disorders		1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*

Key:	
1 No restriction (method can be used)	3 Theoretical or proven risks usually outweigh the advantages
2 Advantages generally outweigh theoretical or proven risks	4 Unacceptable health risk (method not to be used)

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC		
		I	C	I	C	I	C	I	C	I	C	I	C	
Diabetes	a) History of gestational disease	1	1	1	1	1	1	1	1	1	1	1	1	
	b) Nonvascular disease													
	i) Non-insulin dependent	1	2	2	2	2	2	2	2	2	2	2	2	
	ii) Insulin dependent	1	2	2	2	2	2	2	2	2	2	2	2	
	c) Nephropathy/retinopathy/neuropathy [†]	1	2	2	2	3	2	3/4*	3/4*	3/4*	3/4*	3/4*	3/4*	
d) Other vascular disease or diabetes of >20 years' duration [†]	1	2	2	2	3	2	3/4*	3/4*	3/4*	3/4*	3/4*	3/4*		
Dysmenorrhea	Severe	2	1	1	1	1	1	1	1	1	1	1	1	
Endometrial cancer [†]		4	2	4	2	1	1	1	1	1	1	1	1	
Endometrial hyperplasia		1	1	1	1	1	1	1	1	1	1	1	1	
Endometriosis		2	1	1	1	1	1	1	1	1	1	1	1	
Epilepsy [†]	(see also Drug Interactions)	1	1	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	
Gallbladder disease	a) Symptomatic													
	i) Treated by cholecystectomy	1	2	2	2	2	2	2	2	2	2	2	2	
	ii) Medically treated	1	2	2	2	2	2	2	2	2	3	3	3	
	iii) Current	1	2	2	2	2	2	2	2	2	2	2	2	
	b) Asymptomatic	1	2	2	2	2	2	2	2	2	2	2	2	
Gestational trophoblastic disease [†]	a) Suspected GTD (immediate postevacuation)													
	i) Uterine size first trimester	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	
	ii) Uterine size second trimester	2*	2*	2*	2*	1*	1*	1*	1*	1*	1*	1*	1*	
	b) Confirmed GTD													
	i) Undetectable/non-pregnant β-hCG levels	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	
	ii) Decreasing β-hCG levels	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*	1*	1*	
	iii) Persistently elevated β-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*	1*	1*	
	iv) Persistently elevated β-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*	1*	1*	1*	1*	1*	1*	1*	
	Headaches	a) Nonmigraine (mild or severe)	1	1	1	1	1	1	1	1	1	1	1*	1*
	b) Migraine													
i) Without aura (includes menstrual migraine)	1	1	1	1	1	1	1	1	1	1	2*	2*		
ii) With aura	1	1	1	1	1	1	1	1	1	1	4*	4*		
History of bariatric surgery [†]	a) Restrictive procedures	1	1	1	1	1	1	1	1	1	1	1	1	
	b) Malabsorptive procedures	1	1	1	1	1	1	3	3	3	3	3	3	
History of cholestasis	a) Pregnancy related	1	1	1	1	1	1	1	1	1	2	2	2	
	b) Past COC related	1	2	2	2	2	2	2	2	2	3	3	3	
History of high blood pressure during pregnancy		1	1	1	1	1	1	1	1	1	2	2	2	
History of Pelvic surgery		1	1	1	1	1	1	1	1	1	1	1	1	
HIV	a) High risk for HIV	1*	1*	1*	1*	1	1	1	1	1	1	1	1	
	b) HIV infection					1*	1*	1*	1*	1*	1*	1*	1*	
	i) Clinically well receiving ARV therapy	1	1	1	1									
ii) Not clinically well or not receiving ARV therapy [†]	2	1	2	1										

Abbreviations: ARV = antiretroviral; C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring; SSRI=selective serotonin reuptake inhibitor; † Condition that exposes a woman to increased risk as a result of pregnancy. *Please see the complete guidance for a clarification to this classification: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm.

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use



Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b) Elevated blood pressure levels (properly taken measurements)												
	i) Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii) Systolic ≥160 or diastolic ≥100 [†]	1*		2*		2*		3*		2*		4*	
	c) Vascular disease	1*		2*		2*		3*		2*		4*	
Inflammatory bowel disease	(Ulcerative colitis, Crohn's disease)	1		1		1		2		2		2/3*	
Ischemic heart disease [‡]	Current and history of	1		2	3	2	3	3		2	3	4	
Known thrombogenic mutations [‡]		1*		2*		2*		2*		2*		4*	
Liver tumors	a) Benign												
	i) Focal nodular hyperplasia	1		2		2		2		2		2	
	ii) Hepatocellular adenoma [‡]	1		3		3		3		3		4	
	b) Malignant [‡] (hepatoma)	1		3		3		3		3		4	
Malaria		1		1		1		1		1		1	
Multiple risk factors for atherosclerotic cardiovascular disease	(e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	1		2		2*		3*		2*		3/4*	
Multiple sclerosis	a) With prolonged immobility	1		1		1		2		1		3	
	b) Without prolonged immobility	1		1		1		2		1		1	
Obesity	a) Body mass index (BMI) ≥30 kg/m ²	1		1		1		1		1		2	
	b) Menarche to <18 years and BMI ≥30 kg/m ²	1		1		1		2		1		2	
Ovarian cancer [‡]		1		1		1		1		1		1	
Parity	a) Nulliparous	2		2		1		1		1		1	
	b) Parous	1		1		1		1		1		1	
Past ectopic pregnancy		1		1		1		1		2		1	
Pelvic inflammatory disease	a) Past												
	i) With subsequent pregnancy	1	1	1	1	1	1	1	1	1	1	1	1
	ii) Without subsequent pregnancy	2	2	2	2	1	1	1	1	1	1	1	1
	b) Current	4	2*	4	2*	1	1	1	1	1	1	1	1
Peripartum cardiomyopathy [‡]	a) Normal or mildly impaired cardiac function												
	i) <6 months	2		2		1		1		1		4	
	ii) ≥6 months	2		2		1		1		1		3	
	b) Moderately or severely impaired cardiac function	2		2		2		2		2		4	
Postabortion	a) First trimester	1*		1*		1*		1*		1*		1*	
	b) Second trimester	2*		2*		1*		1*		1*		1*	
	c) Immediate postseptic abortion	4		4		1*		1*		1*		1*	
Postpartum (nonbreastfeeding women)	a) <21 days					1		1		1		4	
	b) 21 days to 42 days												
	i) With other risk factors for VTE					1		1		1		3*	
	ii) Without other risk factors for VTE					1		1		1		2	
	c) >42 days					1		1		1		1	
Postpartum (in breastfeeding or non-breastfeeding women, including cesarean delivery)	a) <10 minutes after delivery of the placenta												
	i) Breastfeeding	1*		2*									
	ii) Nonbreastfeeding	1*		1*									
	b) 10 minutes after delivery of the placenta to <4 weeks	2*		2*									
	c) ≥4 weeks	1*		1*									
	d) Postpartum sepsis	4		4									

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Pregnancy		4*		4*		NA*		NA*		NA*		NA*	
Rheumatoid arthritis	a) On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
	b) Not on immunosuppressive therapy	1		1		1		2		1		2	
Schistosomiasis	a) Uncomplicated	1		1		1		1		1		1	
	b) Fibrosis of the liver [‡]	1		1		1		1		1		1	
Sexually transmitted diseases (STDs)	a) Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	2	2	2	2	1		1		1		1	
	c) Other factors relating to STDs	2*	2	2*	2	1		1		1		1	
Smoking	a) Age <35	1		1		1		1		1		2	
	b) Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c) Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation [‡]	a) Complicated	3	2	3	2	2		2		2		4	
	b) Uncomplicated	2		2		2		2		2		2*	
Stroke [‡]	History of cerebrovascular accident	1		2		2	3	3		2	3	4	
Superficial venous disorders	a) Varicose veins	1		1		1		1		1		1	
	b) Superficial venous thrombosis (acute or history)	1		1		1		1		1		3*	
Systemic lupus erythematosus [‡]	a) Positive (or unknown) antiphospholipid antibodies	1*	1*	3*		3*		3*	3*	3*		4*	
	b) Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c) Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d) None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid	1		1		1		1		1		1	
Tuberculosis [‡] (see also Drug Interactions)	a) Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b) Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a) Uncomplicated	1		1		1		1		1		2	
	b) Complicated [‡]	1		1		1		1		1		4	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		1		2		2		2		1	
	b) Heavy or prolonged bleeding	2*		1*	2*	2*		2*		2*		1*	
Viral hepatitis	a) Acute or flare	1		1		1		1		1		3/4*	2
	b) Carrier/Chronic	1		1		1		1		1		1	1
Drug Interactions													
Antiretrovirals used for prevention (PrEP) or treatment of HIV	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		3*	
	All other ARVs are 1 or 2 for all methods.												
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b) Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		1		1		1	
	b) Antifungals	1		1		1		1		1		1	
	c) Antiparasitics	1		1		1		1		1		1	
	d) Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

Updated in 2020. This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm. Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condom reduces the risk of STDs and HIV.