Australian Capital Territory

Medicines, Poisons and Therapeutic goods (Pharmacist Extended Scope of Practice – Hormonal Contraception Continuation) Authorisation 2026 (No 1)

Notifiable instrument NI2026–189

made under the

Medicines, Poisons and Therapeutic Goods Regulation 2008, Section 490A (Approvals of dealings by health practitioners – Act, s 20 (1) (c))

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1 Name of instrument

This instrument is the Medicines, Poisons and Therapeutic Goods (Pharmacist Extended Scope of Practice - Hormonal Contraception Continuation) Authorisation 2026 (No 1).

2 Commencement

This instrument commences the day after notification.

3 Revocation

This instrument revokes the Medicines, Poisons and Therapeutic Goods (Pharmacist Extended Scope of Practice – Hormonal Contraception) Authorisation 2025 (No 1) – NI2025 – 611.

4 Authorisation

A pharmacist is authorised to supply medicine or a class of medicines to a person without a prescription if the supply is performed in accordance with the ACT Pharmacist Extended Scope of Practice - Hormonal Contraception Continuation Authorisation as set out in Schedule 1 of this document.

Dr Sally Singleton
Acting Chief Health Officer
10 April 2026

ACT Pharmacist Extended Scope of Practice Hormonal Contraception Continuation Authorisation

Introduction

This Pharmacist Extended Scope of Practice Authorisation (Hormonal Contraception Continuation Authorisation) is made under schedule 490A of the Medicines, Poisons and Therapeutic Goods Regulation 2008 for the purposes of establishing conditions and criteria under which a registered pharmacist may continue the supply of the particular medicine or class of medicine to which the authorisation relates in the absence of a supply authority (prescription).

This Hormonal Contraception Continuation Authorisation should be read in conjunction with the *Medicines, Poisons and Therapeutic Goods Act 2008*, the Medicines, Poisons and Therapeutic Goods Regulation 2008 (from www.legislation.act.gov.au) to ensure pharmacists are fully aware of their obligations when providing services.

Authorisation for pharmacists to supply medicines

A registered pharmacist[#] may deal with a medicine or a class of medicine to which the authorisation relates to under their own authority (without a prescription) to a person under the following conditions:

- The medicine is listed under Part A – Medicines Authorisations;
- The patient is eligible under the "patient eligibility criteria" under the relevant section of Part A – Medicines Authorisations;
- Any other conditions listed under the relevant section of Part A – Medicines Authorisations;
- The prescribed training requirements listed under the appropriate section of Part B – Pharmacist Training Requirements are met;
- The patient and the pharmacist must both be physically present at a pharmacy that meets the listed requirements of Part C – Premises Standard, for consultation with the patient to occur prior to supply.
- The prescribed record keeping requirements listed under Part D – Record Keeping Requirements are met;
- Pharmacists must follow all clinical protocols, if any clinical protocols are approved, under the appropriate section of Part E – Clinical Protocols;
- Pharmacists must comply with Australian Health Practitioner Regulation Agency (Ahpra) and the Pharmacy Board of Australia Code of Conduct, and the expected standards of ethical behaviour of pharmacists towards individuals, the community and society. Breaches will be dealt with in accordance with Part F- Governance and Complaints; and
- The pharmacist must consider any supplemental information and notes listed at Appendix 2 – Supplementary Information and Notes.

[#] A Pharmacist is a person who holds registration under the Health Practitioner Regulation National Law (ACT) and is employed or engaged in a pharmacy that meets the requirements in Part C.

For further information about this authorisation please contact the Health Protection Service on 02 5124 9700 or at HPS@act.gov.au

Contents

Part A - Medicines Authorisations

i. Approved Medicines

Eligible pharmacists may supply the following hormonal contraception continuation medicines:

Single or combined oral forms:

- ethinylestradiol (35mcg or less)
- levonorgestrel
- norethisterone
- drospirenone
- nomegestrol
- desogestrel
- dienogest
- gestodene

Injectable form:

- medroxyprogesterone (150 mg/mL)

Combined intravaginal form:

- ethinylestradiol+etonogestrel (2.7+11.7 mg) ring

Table 1: Formulations of approved medicines and brand examples

Combined oral contraceptive pills – to women aged 18 years to 49 years		
Estrogen dose (micrograms)	**Progestogen dose (micrograms)**	**Brand name examples**
Monophasic oral formulations: low-dose estrogen		
ethinylestradiol 20	levonorgestrel 100	Femme-Tab ED 20/100, Loette, Microgynon 20 ED, Micronelle 20 ED
	drospirenone 3000	Bella, Brooke, Rosie, Yana, Yaz
estradiol 1500	nomegestrol 2500	Zoely
Monophasic oral formulations: standard-dose estrogen		
ethinylestradiol 30	levonorgestrel 150	Eleanor 150/30 ED, Evelyn 150/30 ED, Femme-Tab ED 30/150, Lenest 30 ED, Leveth 150/30 ED, Levlen ED, Microgynon 30 ED, Micronelle 30 ED, Monofeme Seasonique
	desogestrel 150	Madeline, Marvelon
	dienogest 2000	Valette
	drospirenone 3000	Brooklynn, Isabelle, Petibelle, Rosalee, Yasmin, Yelena
	gestodene 75	Minulet
ethinylestradiol 35	norethisterone 500	Brevinor, Norimin
	norethisterone 1000	Brevinor-1, Norimin-1, Pirmella
estetrol 14200 (14.2 mg)	drospirenone 3000	Nextstellis
Triphasic: low or standard dose estrogen		
Phase 1 (6 pills): ethinylestradiol 30 + levonorgestrel 50 Phase 2 (10 pills: ethinylestradiol 40 + levonorgestrel 75 Phase 3 (10 pills): ethinylestradiol 30 + levonorgestrel 125		Logynon ED, Trifeme, Triquilar ED
Progestogen only pills (POP) oral contraception		
Progestogen dose		**Brand name examples**
levonorgestrel 30 micrograms		Microlut
norethisterone 350 micrograms		Noriday
drospirenone 4 mg		Slinda
Depot medroxyprogesterone injection – to women aged 25 years to 39 years only		
Progestogen dose		**Brand name examples**
medroxyprogesterone 150 mg/mL		Depo-Provera, Depo-Ralovera
Combined hormonal contraceptive vaginal ring – to women aged 18 years to 49 years		
Estrogen dose	**Progestogen dose**	**Brand name examples**
ethinylestradiol 2.7 mg (15 mcg/24 hours)	etonogestrel 11.7 mg (120 mcg/24 hours)	NuvaRing

ii. Eligible Patients

Eligible pharmacists can supply single or combined oral contraception or combined intravaginal form of hormonal contraception to women and people with a uterus aged 18 years to 49 years who have been supplied or prescribed the same form of hormonal contraception by a medical practitioner or nurse practitioner for the previous 24 months, with continuous use.

Eligible pharmacists can supply injectable medroxyprogesterone (150mg/ml) to women and people with a uterus aged 25 years to 39 years who have been supplied or prescribed injectable medroxyprogesterone (150mg/mL), by a medical practitioner or nurse practitioner for the previous 24 months, with continuous use.

The flowchart provided in Appendix 1 should be used to assess the eligibility, identity, govern the supply of suitable treatments, and guide associated referral requirements. This flowchart should be read alongside with all the information provided in Appendix 2.

iii. Other Conditions

Supply of hormonal contraception is subject to the following conditions:

- The supply to the patient must be primarily for the purpose of contraception,
- The patient must have been treated with the eligible medicine for the past 24 months and that use has been continuous,
- The pharmacist must ensure the patient will not be supplied any hormonal contraception continuation by a pharmacist acting under this authority for a period exceeding 12 months,
- The patient and the pharmacist must both be physically present at a pharmacy that meets the listed requirements of Part C – Premises Standard.

iv. Adverse Events

If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at https://aems.tga.gov.au/

Part B - Pharmacist Training Requirements

Pharmacists are considered to have appropriate training and competence to administer extended scope of practice services in the ACT, as outlined in this instrument, if they hold current registration with the Pharmacy Board of Australia under the Australian Health Practitioner Regulation Agency (Ahpra), and have completed an Accredited clinical training course as described below:

- Pharmaceutical Society of Australia – Contraception Essentials, **OR**

- Australasian College of Pharmacy Oral Contraceptives: a comprehensive training course for pharmacists, **OR**

- James Cook University – Extended Community practice pharmacists' course – Professional Practice for Pharmacists 1 (Subject PC6100) and Professional Practice for Pharmacists 2 (Subject PC6200), **AND**
    - The Queensland University of Technology's Safe prescribing and quality use of medicines course, **OR**
    - James Cook University's Safe Prescribing for Pharmacists (subject PC6300),

- Any other Accredited training recognised or required by the Chief Health Officer

- DMPA must only be administered by pharmacists who have successfully completed the Pharmaceutical Society of Australia (PSA) Administering Medicines by Injection Course or a similar course approved by the Chief Pharmacist. Otherwise, the patient needs to be referred to their GP or relevant health service for deep IM administration.

Part C - Premises Standards

For a pharmacist to supply extended scope of practice services, the services must be provided in a pharmacy that meets the following requirements:

- Maintain up-to-date service availability listings on Health Direct;
- Has a consulting room consistent with the following:
    - is not to be used for any other purpose (such as a dispensary, storeroom, staff room or retail area),
    - is fully enclosed and provides adequate privacy for confidential conversations and any required examination (a divider or curtain in a dispensary, storeroom, staff room or retail area is not acceptable),
    - has adequate lighting,
    - is maintained at a comfortable ambient temperature,
    - has hand sanitisation facilities, and
    - has sufficient floor area, clear of equipment and furniture, to accommodate the applicable patient receiving the consultation and an accompanying person, and to allow the pharmacist adequate space to manoeuvre.

Part D - Record Keeping Requirements

After providing a service under this authorisation, pharmacists are required to complete a full clinical record of the consultation and should share a record of the consultation with the patient's usual treating medical practitioner, with the client's consent.

Full Clinical Record

Pharmacists are required to make a full clinical record of the consultation using secure digital software. Records must be stored securely for a minimum of seven years and must contain:

- Sufficient information to identify the patient;
- The date of the consultation;
- The name of the pharmacist who undertook the consultation and their Healthcare Provider Identifier – Individual;
- Any information known to the pharmacist that is relevant to the patient's diagnosis or treatment (for example, information concerning the patient's medical history, including new or recently diagnosed conditions with a UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) 3 and 4);
- Any clinical opinion reached by the pharmacist;
- Actions and management plan taken by the pharmacist;
- Particulars of any medication supplied for the patient (such as form, strength and amount);
- Notes or advice given to the patient in relation to any treatment proposed by the pharmacist who is treating the patient;
- Any consent given by a patient to the consultation, supply of medication and treatment proposed; and
- Any referrals made to a medical practitioner or other healthcare professional.

Sharing Clinical Record

The pharmacist must seek the patient's consent to share a record of the consultation and any subsequent consultations (including adverse events) with the patient's usual treating medical practitioner or medical practice, where the patient has one, following consent by the patient. If the patient **does** consent to the disclosure, the record must be shared within seven (7) days following the consultation.

Communication with the patient's usual treating medical practitioner or medical practice should ensure patient confidentiality is maintained. Use of a secure digital messaging platform is considered best practice.

Part E - Clinical Protocols

All pharmacists must act in accordance with the approved Hormonal Contraception Continuation Clinical Protocol as included in **Appendix 1**.

Part F - Governance and complaints

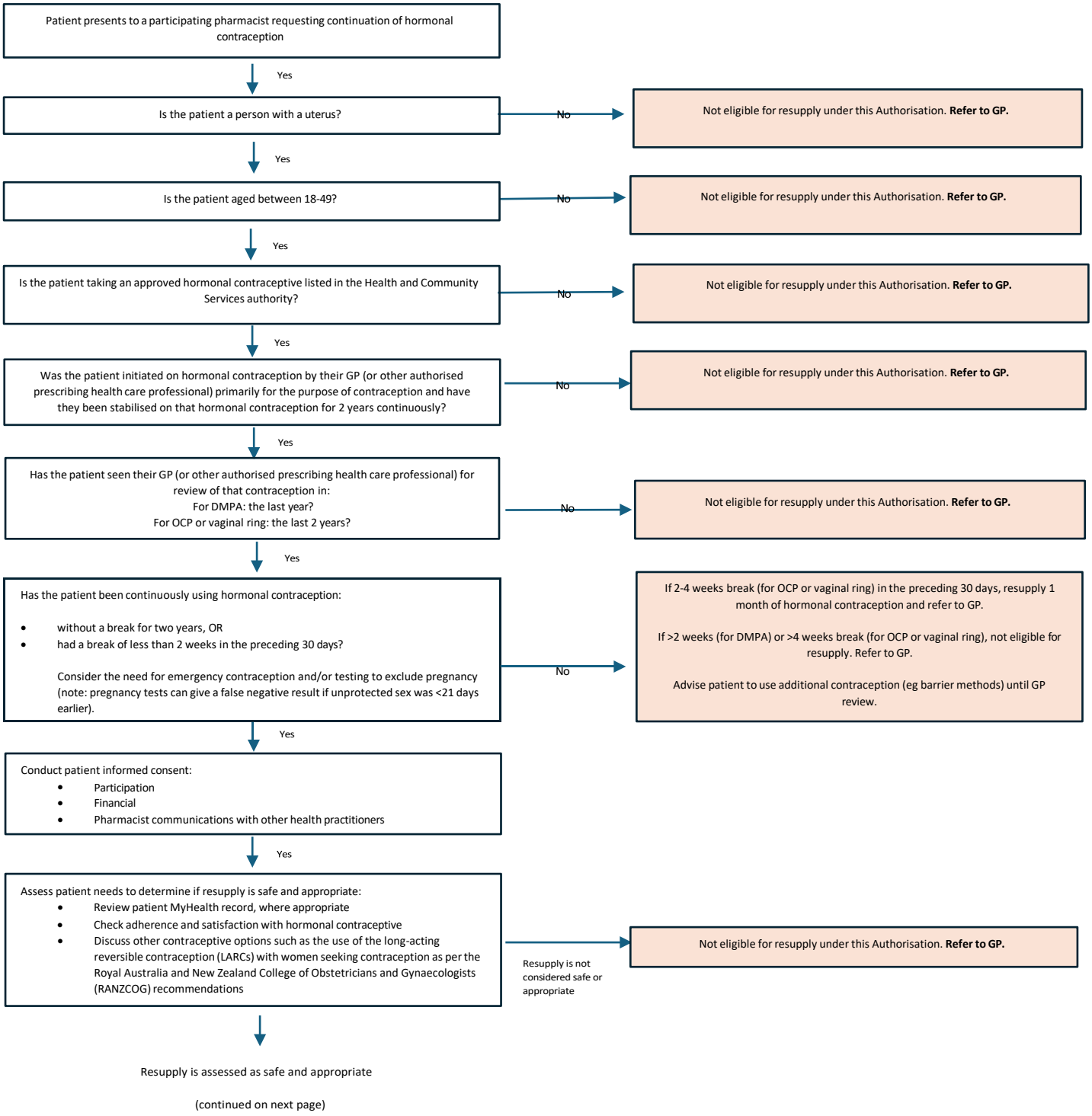
The Health and Community Services Directorate takes an engage and educate approach to regulation including for activities under the *Medicines, Poisons and Therapeutic Goods Act 2008*. This approach focuses on providing education directly to community pharmacists choosing to offer extended scope of practice services to ensure they understand their roles and responsibilities. Pharmacists are expected to follow the Ahpra Code of Conduct.

Contravening any condition of this authorisation is grounds for disciplinary action under Section 140 of the *Medicines, Poisons and Therapeutic Goods Act 2008 - Grounds for disciplinary action against authorisation holders*. A contravention of Section 140 of the Act may result in disciplinary action under *Section 141 - Disciplinary action against authorisation holders*.

Reports of unsafe practices, poor clinical practice or failure to adhere to the Code of Conduct may be reported to Ahpra and/or the ACT Health Services Commissioner.

Appendix 1 – Hormonal Contraception Continuation Clinical Protocol

This clinical protocol has been adapted from the NSW Pharmacist Practice Standards for the Continuation of Hormonal Contraception created by NSW Health and adapted for the ACT and used with permission.



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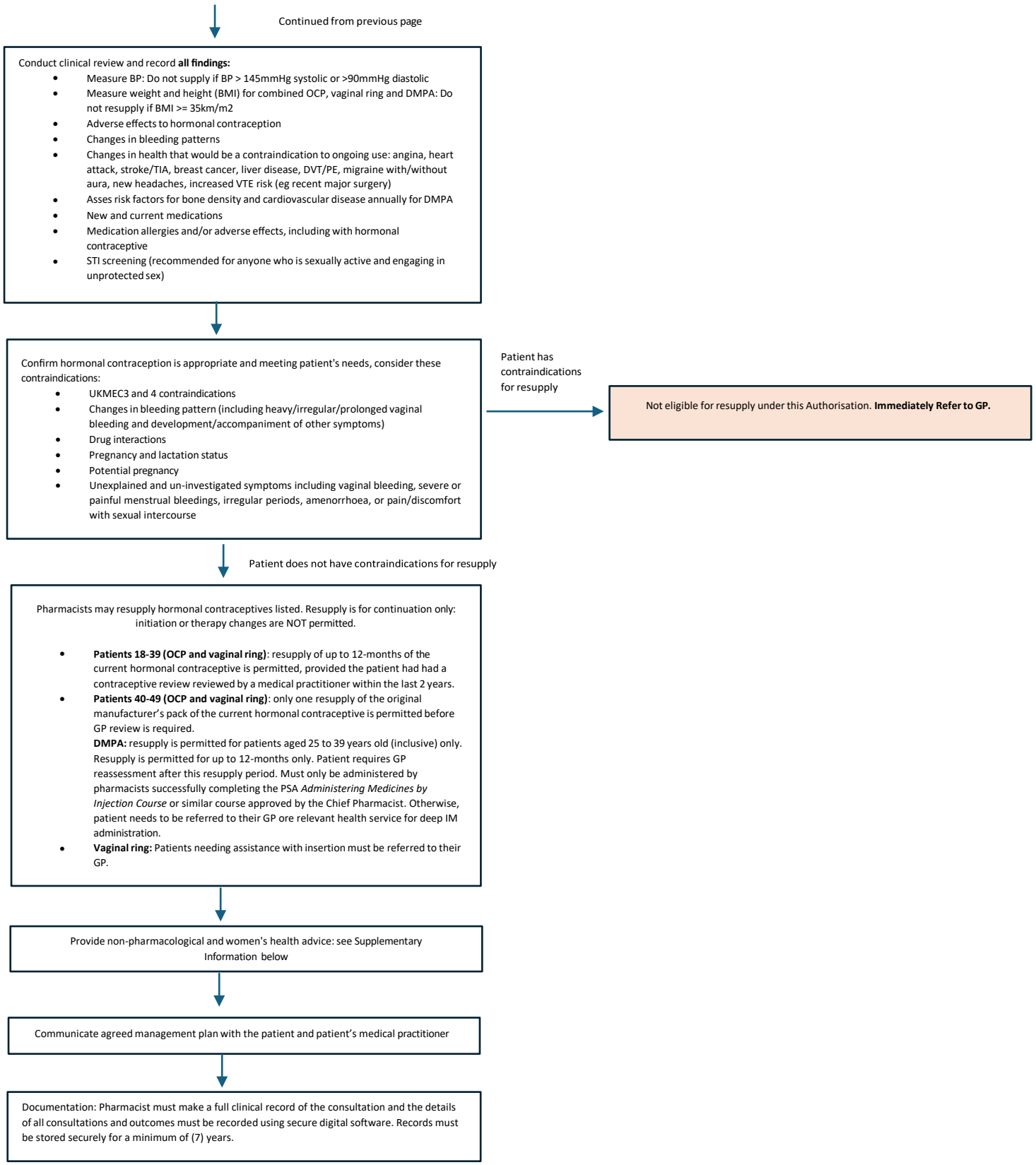

Appendix 2 – Supplemental Information and Notes

This supplementary information provides additional guidance and information for pharmacists. It is to be used together with the flowchart and training modules and other resources provided by education providers.

Key points

- The ACT Pharmacist Extended Scope of Practice Hormonal Contraception Continuation Authorisation provides a framework for appropriately trained and authorised pharmacists to provide continuation of hormonal contraception to eligible patients in the ACT.
- To receive a resupply of hormonal contraception, the patient must fulfill the eligibility requirements of the Practice Standard. Patients who have requested the service but are not eligible for resupply should be referred to their regular medical practitioner or health service.
- Pharmacists can resupply up to 12-months[1] of the patient's current hormonal contraception if it has been prescribed primarily for the purpose of contraception provided the patient has been reviewed by their treating medical practitioner or health service for the purposes of contraception within the last 2 years (i.e. pharmacists are not permitted to initiate or change therapy).
- Pharmacists must only resupply formulations listed in the Authority.
- Patients must be physically present in the pharmacy to be eligible for resupply.
- Patients are required to have a private pharmacist consultation, including blood pressure monitoring, before a hormonal contraceptive method may be resupplied.
- DMPA: Continuation is permitted for patients aged 25 to 39 years old (inclusive) only. Continuation is permitted for up to 12-months only. Patient requires GP reassessment after this period. Must only be administered by pharmacists successfully completing the Pharmaceutical Society of Australia (PSA) Administering medicines by injection course or a similar course approved by the Chief Pharmacist. Otherwise refer the patient to their GP or relevant health service for deep IM administration.
- Vaginal ring: Patients requiring additional assistance with insertion should be referred to a medical practitioner or health service.
- Pharmacists must make a full clinical record of the consultation and the details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years.
- Pharmacists may prefer to supply the contraceptive pill utilising the Pharmaceutical Benefits Scheme Continued Dispensing Arrangements for eligible patients. Continued Dispensing under the PBS may reduce the cost of these medicines to the patient, particularly for those with a health care card.

Clinical Documentation and Communication

- The pharmacist must make an electronic clinical consultation record, as well as a record of dispensing in the pharmacy's dispensing system, in accordance with the Authority.

[1]For patients aged 40-49: pharmacists can only provide one original manufacturer's pack (only one resupply is allowed before the patient will need to be reviewed by their GP or other authorising prescribing healthcare practitioner).

- Where a patient has a My Health Record, the pharmacist should ensure the details of the hormonal contraception supply are uploaded to the patient's My Health Record, unless requested otherwise by the patient.

Patient History

- Sufficient information must be obtained from the patient to assess the safety and appropriateness of resupply of the hormonal contraception. The patient's My Health Record should be reviewed where appropriate and available.
- The patient history should include:
    - Age
    - Pregnancy and breastfeeding status
    - Underlying medical conditions, including new or recently diagnosed medical conditions (see UK Medical Eligibility Criteria [UKMEC] 3 and 4[1]), which may:
        - Be a contraindication to hormonal contraception e.g. migraine with aura (patients with a UKMEC category 3 or 4 condition are not eligible for resupply and require a referral)
        - Impact on contraceptive effectiveness and choice
    - Current medications, including adherence and satisfaction with hormonal contraception
        - Pharmacists must ascertain whether use of hormonal contraception has been continuous and can resupply according to the Practice Standard.
        - If a patient frequently takes pill breaks, pharmacists should use professional judgement and consider referring the patient to explore alternative contraception options e.g. long-acting reversible contraception (LARCs).
    - Drug allergies/adverse effects, including any adverse effects of hormonal contraception
    - Prior use of contraceptives, tolerability, and adverse effects
    - Smoking status, including vaping:
        - There is an increased risk of using hormonal contraception in smokers over 35 years.[2]
    - Any unexplained and un-investigated vaginal bleeding or acute, severe menstrual bleeding
    - Any headaches indicative of migraines
    - Last Cervical Screening Test[3] and Breast check
    - HPV vaccination status

Sexual and social history

- In addition to a standard patient history, pharmacists should consider taking a brief sexual history from the patient to inform shared decision making/appropriateness of hormonal contraception continuation.

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[2] Family Planning Alliance Australia recommends: 'Until further evidence is available, vaping with nicotine is considered equivalent to cigarette smoking in relation to the MEC for contraceptive use. As it is not possible to determine equivalency of exposure between vaping and smoking, any vaping in those aged 35 years and older will be MEC 4 (i.e. absolutely contraindicated) for use of combined hormonal contraception.' [13]

[3]All patients seeking contraception who have not had a cervical screening test (CST) in the previous 5 years should be advised to see a medical practitioner for a CST, and a referral provided if the patient consents. They are still eligible for the hormonal contraception resupply service.

- Issues that may be relevant include previous use and experiences with contraception, current relationship status, and risk factors for STIs, including any known STI history of current and/or recent partner (if applicable).
- Guidance and information on how to take a sexual history is available at: https://sti.guidelines.org.au/sexual-history/
- Pharmacists should provide sexual health promotion advice, including:
  - Condoms, when used correctly and consistently, are safe and highly effective in preventing transmission of most STIs (including HIV) and in reducing the risk of unplanned pregnancy.
  - Condoms are safe, inexpensive, and widely available.
  - If the patient may be at increased risk of HIV and other STIs, pharmacists should advise them to seek review from their GP or a sexual health service for further assessment, testing, and discussion of HIV and STI prevention options.

Sexually transmitted infection (STI) screening

- STI screening is recommended for anyone who is sexually active and engaging in unprotected sex, has a new partner since their last STI test, or thinks they may be at risk.
- Pharmacists should recommend STI testing for individuals who may be at risk even if the individual does not report any symptoms.
- Presence of genitourinary symptoms that might suggest a STI: changes in vaginal or urethral discharge; vulval, genital skin problems or symptoms; lower abdominal pain; dysuria.
- Guidance and information on how to take a sexual history is available at: https://sti.guidelines.org.au/sexual-history/
- Aboriginal and Torres Strait Islander People are disproportionally affected by STIs. Consider the Australian Consensus STI Testing Guideline for Aboriginal and Torres Strait Islander People for priority populations testing and frequency or recommendations on STI screening.[3]

Bleeding pattern and menstrual history

- Any changes in vaginal bleeding and the development or accompaniment of other symptoms may indicate underlying pathology. This requires referral to a medical practitioner or health service for further investigation and management.
- Changes in bleeding pattern may include abnormalities in frequency (e.g. heavy bleeding), irregular bleeding, prolonged menstrual bleeding, abnormalities in volume, intermenstrual bleeding, and post-coital bleeding.
- Development or accompaniment of other symptoms may include dysmenorrhea (pain and cramping with bleeding), vaginal discharge, dyspareunia (pain with intercourse), changes in bladder or bowel function, weight gain or loss, headaches, visual disturbances, hirsutism, and acne.

Women over 40

- Despite a natural decline in fertility, women over 40 require ongoing contraception until they reach menopause if they wish to avoid unplanned pregnancy.
- According to the College of Sexual and Reproductive Health (CoSRH) (previously known as FSRH), women over 40 have an age-related increased background risk of cardiovascular disease, obesity, breast cancer and most gynaecological cancers.[4] As a result, choice of contraceptive method needs to be reviewed with their medical practitioner or health service.

- Women over 35 who smoke should be advised to stop combined hormonal contraception as the risk of mortality associated with smoking becomes clinically significant at this point. Smoking cessation advice should also be provided.
- Women over 40 using DMPA injections should be regularly asked about additional risk factors for osteoporosis or osteopenia and referred to their healthcare provider if these risks are present.
- Women over 50 should be advised to no longer use combined hormonal contraception as there are safer methods of contraception at this point.[5]

EXAMINATION

- The pharmacist should measure blood pressure (BP) for all patients, and measure the patient's height and weight to calculate BMI (for patients requesting continuation of the combined hormonal OCP, vaginal ring and DMPA) to determine the patient's suitability for continuing their hormonal contraceptive and record this information in their clinical software program.
- Note that a single elevated BP reading is not enough to classify an individual as hypertensive (note that activity immediately prior to consultation should also be taken into consideration) and a second BP reading should be taken at the end of the consultation. If BP remains elevated, the patient should be referred to a medical practitioner or health service for further assessment and selection of an appropriate contraceptive method.
- BP should be monitored and recorded every 12 months.
- BMI should be calculated on the first presentation, and professional judgement exercised regarding whether BMI needs to be recalculated on subsequent presentations (i.e., consider length of time between presentations, changes in body weight).

SEXUAL AND REPRODUCTIVE HEALTH COUNSELLING

Sexual and domestic abuse

- Pharmacists must be aware of the possibility that a woman seeking contraception may be and/or has been subjected to sexual violence or abuse (assault or sexual coercion), either within a relationship or outside of a relationship.
- If the pharmacist becomes aware of this during the consultation, they should provide appropriate support and assistance, including referral to support options depending on the patient circumstances:
    - Referral options include to the local hospital, sexual health clinic and/or community-based sexual violence support services. Lists of family violence support services in both the ACT and NSW, including confidential crisis support, information and counselling are available at the ACT Government Domestic, Family and Sexual Violence and the NSW Government Domestic, Family and Sexual Violence.
- If required, emergency contraception may be supplied as per standard pharmacy care, or the person may be referred to an appropriate medical practitioner or health service for another method of emergency contraception e.g. insertion of a copper intrauterine device.

Transgender, gender diverse and non-binary people

- These services are inclusive of transgender, gender diverse, intersex or nonbinary people assigned and/or presumed female at birth - current gender identity does not impose any

restrictions on methods of contraception that may be used; the same considerations apply for choosing safe and effective contraception, including personal characteristics, existing medical conditions and current medicines.

- Pharmacists may refer individuals assigned and/or presumed female at birth who are at risk of pregnancy to a general practitioner or specialist sexual health services, if not already engaging with these services, to ensure that they receive comprehensive and culturally safe sexual healthcare that is tailored to their individual needs.

Provision of non-pharmacological and women's health advice

- Offering comprehensive counselling that covers adverse effects, instructions for use and patient expectations where this is required assists to promote effective and ongoing contraceptive use.
- Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook, UKMEC, and other relevant resources, should be provided to the patient:
    - Consumer Medicines Information and/or other resources/handouts endorsed by relevant organisations.
    - Appropriate counselling on the hormonal contraception supplied, (i.e., how to take, side effects to expect/how to manage side effects, when the hormonal contraception is less effective, what to do in the event of a missed pill /late injection/late insertion of next vaginal ring, 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
- If patients have a concern with the type of hormonal contraception they are using, encourage them to speak with their medical practitioner or health service and make appropriate referrals.
- Presentations to the community pharmacy for contraceptive resupply provide an important opportunity to engage patients in preventative healthcare, such as screening, education, vaccination, and referral to a medical practitioner or health service where appropriate. Patients should be provided information about and be encouraged to make an appointment for the following screening:
    - Cervical screening – routine screening is available for people from the age of 25 and is recommended every five years
    - Breast checks – people who have a personal or family history of breast cancer, should be advised to see their medical practitioner or health service for advice regarding frequency and type of screening. Breast screening is available for all women from age 40 years (women are actively invited from age 50 years).
    - STI screening – recommended for anyone who is sexually active and engaging in unprotected sex, has a new partner since their last STI test, or thinks they may be at risk.
    - Pharmacists should provide sexual health promotion advice, including:
        - Condoms, when used correctly and consistently, are safe and highly effective in preventing transmission of most STIs (including HIV) and in reducing the risk of unplanned pregnancy.
        - Condoms are safe, inexpensive, and widely available.
        - If the patient may be at increased risk of HIV and other STIs, pharmacists should advise them to seek review from their GP or a sexual health service

for further assessment, testing, and discussion of HIV and STI prevention options.

- Pharmacists may also discuss the use of LARCs with patients when appropriate, as per the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommendations. See Long-Acting Reversible Contraception (LARC) - Consensus Statement for further information.

Excluding pregnancy

- If the patient has been using the hormonal contraception consistently and reliably, they can be reasonably assumed not to be pregnant.
- However, if the patient has not been using the method reliably and consistently and has had unprotected sex, then there is a risk of pregnancy. Pharmacists should take all reasonable steps and assessment to exclude pregnancy before continuation of hormonal contraception. Otherwise, the patient should be referred to a medical practitioner (or other authorised prescribing health practitioner) for assessment, pregnancy testing, and advice regarding ongoing contraception.
- Note that pregnancy tests can give a false negative result if unprotected sex was less than 21 days earlier.

Depot medroxyprogesterone acetate (DMPA) injection

- Continuation of DMPA under this service is permitted for patients aged 25 to 39 years old (inclusive) only.
- Continuation of DMPA under this service is permitted for up to 12-months only. Patients require GP reassessment after this period.
- DMPA is associated with a reduction in bone mineral density (BMD) during use, which usually recovers after discontinuation.
- As per RANZCOG, women using DMPA should be reviewed every 2 years by their medical practitioner or health service to assess individual situations and to discuss the benefits and potential risks. The Therapeutic Guidelines recommend review for osteoporosis and cardiovascular risk factors annually.
- For women with multiple lifestyle and/or medical risk factors for osteopenia, osteoporosis, CV disease or VTE, other methods of contraception may be more appropriate.
- Use of DMPA by perimenopausal women needs to be reviewed by a medical practitioner or health service.
- The Royal Australian and New Zealand College of Obstetrics and Gynaecology best practice clinical guideline on DMPA is available here.
- DMPA injection must only be administered by pharmacists successfully completing the PSA Administering Medicines by Injection Course or a similar course approved by the Chief Pharmacist. Otherwise, the patient needs to be referred to their GP or relevant health service for deep IM administration. Pharmacists performing this function should be familiar with, and practice in accordance to the PSA Guidelines for pharmacists administering medicines by injection. It is advisable pharmacists contact their professional indemnity insurer to confirm they are covered to administer medicines by injection under their policy.

Combined Hormonal Vaginal Ring

- Pharmacists must not assist with physical insertion of a combined hormonal vaginal ring.
- Patients requiring assistance with insertion, reinsertion, troubleshooting of placement, or clinical assessment related to discomfort, expulsion, pain, abnormal bleeding, suspected infection, or any concern about correct placement must be referred to their GP or another appropriate health provider.
- The combined hormonal vaginal ring works in the same way as combined oral hormonal contraception and is treated similarly in terms of contraindications, complications, side effects and most drug interactions. It may be a useful option when a combined hormonal contraceptive is desired but non-oral option is preferred (e.g. malabsorptive conditions).

CONTRAINDICATIONS TO HORMONAL CONTRACEPTION

- To determine whether continuation of hormonal contraception is safe and appropriate, pharmacists must understand the contraindications and precautions of the different hormonal contraceptives.
- Pharmacists can find further information in the Therapeutic Guidelines - Contraception and the current versions of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the College of Sexual and Reproductive Healthcare (previously known as FSRH) documentation.
- Pharmacists must consult these resources and remain up to date with revisions to safely undertake this service.
    - CoSRH: UK Medical Eligibility Criteria for Contraceptive Use
    - FSRH Guideline Combined Hormonal Contraception
    - FSRH Clinical Guideline: Progestogen-only Pills
    - FSRH Progestogen-only Injectable Contraception
    - RANZCOG Contraception Clinical Guideline

RESOURCES

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources provided to patients.

Patient information/resources:

- Family Planning Hub: Combined Hormonal Contraceptive Pill Clinical Fact Sheet
- Family Planning Hub: Combined Hormonal Contraceptive Pill Troubleshooting Clinical Fact Sheet
- Family Planning Hub: Factsheet: Progestogen-only Pills (Drospirenone) Clinical Fact Sheet
- Family Planning Hub: Progestogen-only pill (POP or MINI-PILL) Clinical Fact Sheet
- Family Planning Hub: Vaginal Ring (Nuvaring) Clinical Fact Sheet
- Family Planning Hub: Vaginal Ring Troubleshooting Clinical Fact Sheet
- Family Planning Hub: Contraceptive Injection Clinical Fact Sheet
- Family Planning Hub: LARC Clinical Fact Sheet
- Family planning: Factsheet: Long acting reversable contraception
- Family Planning Hub: Contraception Clinical Fact Sheet
- Family violence support services including confidential crisis support, information and counselling is available at Australian Institute of Health and Welfare, Australian Institute of Family Studies and ACT Government Domestic, family and sexual violence and NSW Government Communities and Justice.

Pharmacist resources:

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Contraception Clinical Guideline
- CoSRH: Standards and Guidance
- FSRH Guideline Combined Hormonal Contraception
- FSRH Guideline Progestogen-only Pills
- CoSRH UK Medical Eligibility Criteria for Contraceptive Use
- FSRH Progestogen-only Injectable Contraception
- The Therapeutic Guidelines - Contraception
- National cervical screening program
- Cervical Cancer Screening Guidelines | Cancer Council
- Cancer Council guide to breast screening
- STI management guidelines, how to take a sexual history
- Aboriginal and Torres Strait Islander People are disproportionally affected by STIs. Consider the STI Testing Guideline for Aboriginal and Torres Strait Islander People for priority populations testing and frequency or recommendations on STI screening.

References

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